THE SCHIZOCOCCUS:
AN INTERPERSONAL PERSPECTIVE

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Forty years ago, Don Bannister's ground-breaking research on schizophrenic thought disorder suggested that the problem should be understood as a loosening of individual construing. Thought disordered schizophrenics were seen as loose construers when making sense of other people, and this, it was proposed, was the result of serial invalidation. Although Don derided medical accounts as a search for the 'schizococcus', his own understanding was still couched in intrapsychic terms. In this article, it is argued that we might usefully think of this and other problems not as residing within people, but between them.

SCHIZOPHRENIC THOUGHT DISORDER AND INDIVIDUAL CONSTRUCTION

In this paper, I want to consider the substance of Don Bannister's ground-breaking research on schizophrenic thought disorder, and then go on to suggest how the insights he offered might relate to more recent developments in constructionist understandings. In particular, I will argue that we should think of construing not as something that is the property of separate individuals. Rather, it is a process that occupies the space between them.

Forty years ago Don Bannister embarked on a research programme to investigate schizophrenic thought disorder. Using grids that used either people or objects as elements, he showed that thought disordered schizophrenics had characteristically loosened constructions of people, while retaining relatively tight constructions of objects. He theorised that this lack of an effective theory about other people was brought about through a process of serial invalidation, in which the person had been unable to develop a way of making sense of others.

With this elegant series of well-designed experiments underpinning each stage in his ongoing argument, Don succeeded in outlining a comprehensive theory of schizophrenic thought disorder. This has led to recent work that has resulted in support for this explanation (Cipolletta & Roserro, 2003). So far from being a generalised brain malfunction causing a lack of conceptual structure – the schizococcus, as he dubbed it - thought disorder evidently applied in a highly specific way, affecting only psychological spheres, and leaving intact understandings of the physical world. Nor did this condition arise inexplicably, out of the blue, but was apparently the outcome of successive experiences of invalidation.

In contrast with the conceptual ragbag of biomedical explanations, Don's understanding cogently embraced within a single universe of discourse aetiology, symptomatology, and - potentially at least – psychotherapeutic treatment. The scope and power of this work is of course, characteristic of all Don's thinking. But I'd like to add a personal note, and say that, beyond this, there were special reasons why this particular sphere engaged him so deeply. In being apparently meaningless, thought disorder presented the greatest possible challenge to understanding, to the power of thought itself, in which Don was always passionately invested. And in addition, he carried with him a profound grief over an intimate friend who had come to develop thought-disordered schizophrenia.

In Don's vision, thought-disordered schizophrenics made fine physicists, but hopeless psychologists. The accuracy of this portrayal became

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vividly clear to me, during this research, in my year-long daily meetings with a man called Percy. Try as I would, I could not elicit from Percy a single reference to any aspect of human personality or interpersonal relationships. Asked about psychological qualities, he could only resort to a physicalistic vocabulary: how big, how much hair, and so on. But to enquiries about places in England, Percy, who had worked as a post office clerk, could respond with a fully detailed and highly accurate account.

Within Kelly's theoretical formulation, it is the commonality and the sociality corollaries that are most obviously entailed in the predicament of schizophrenic thought disorder. The condition evidently involves at least partial commonality with others, insofar as the whole physical world is seen in a similar way. This is of course quite obvious from the fact that even the most apparently disturbed schizophrenics can find their way about, dress themselves, use knives and forks for eating and so on. The lack of commonality with others applies only within the sphere of psychological understanding – the sense we make of ourselves and others, our behaviour and experience, our social and interpersonal relationships.

And here, the argument brings in schizophrenics who are not thought-disordered. An incidental finding in this work, as I indicated earlier, was the fact that in the people grid - the psychological grid - this group demonstrated somewhat idiosyncratic relationships. Don speculated that non-thought-disordered schizophrenia might be a bus stop on the way to thought disorder. Whether it progressed in this way would depend on whether or not the eccentricity applied within an area of vital social concern. If you believe your neighbour is sending death rays through the wall, leading you to take drastic action against him, then you are likely to meet strongly invalidating responses – social sanctions of one kind or another. But if you merely hold the conviction that you are descended from George the Third, you will probably be generally tolerated as a deluded but harmless eccentric.

SCHIZOPHRENIC THOUGHT DISORDER AND INTERSUBJECTIVITY

However, total lack of commonality in psychological understanding is surely a very different matter. Some degree of common ground with others must be the prerequisite for sociality. We make sense of other people by drawing on our own conceptual repertoire. If we do not necessarily see the human world in the same way as another person – may, indeed, view it in diametrically opposite ways – nevertheless, we can still imagine something of that person's point of view, enough to be able to anticipate and react in socially appropriate terms. We possess within our construct system the raw material for representing, positioning, and responding to other human beings.

In every area of human existence, sociality is crucial. This is true of even superficial encounters. Life itself depends upon the accurate reading of the intentions of other drivers in the road. Longer-term and personally significant relationships are built upon a mutual appreciation of each other's point of view, and become unviable if this is lost. In interaction with strangers, we regularly assume at least some reciprocal understanding. You're standing in a crowded tube train which has stopped in a tunnel for 10 minutes. A voice makes an announcement which is completely inaudible. You risk a smile, a resigned shake of the head to the woman standing beside you; in return she raises her eyebrows with a comic grimace.

But suppose instead of the expected reciprocity she tells you, as did one of Don's patients, 'I'm time up and straight myself.' How would we respond to such a conversational overture? The general reaction to thought disorder is one of bewilderment and dismay. Goffman (1963), described the deeply felt necessity, in any kind of interpersonal encounter, to maintain the social fabric – the smooth running, the spontaneous flow, of conversational negotiations. We make huge efforts, he believes, to avoid social embarrassment. If the social fabric becomes ruptured, action must be taken, urgently, to repair it.

For most people, the utterances of thought-disordered schizophrenics produce extreme social embarrassment, by seeming bafflingly strange. But the socially reparative work Goffman (1963) describes appears impossible, because there seems

no mutuality – no shared sense of how the encounter should proceed. As Barham and Haywood (1995) suggest, writing of long-term schizophrenics now living in the community, in talking of their own experience such people seem incomprehensible because they cannot account for their lives as socially intelligible projects. And short-term encounters typically move quickly from tension and constraint into mistrust, avoidance, even hostility.

In relating thought disordered schizophrenia to spheres of common and mutual understanding, Don's work locates it as essentially something between people, an inter-subjective state, rather than a thing within the individual. And in contrast with the static condition depicted by biomedical definitions, Don's portrayal makes it a stage – a late, often, alas, a final stage - within a process. That process is of course exactly the same process of relating to one another in which we are all engaged.

On this logic, to understand the development of thought-disordered schizophrenia, we have to look to relational rather than individualistic matters. If this condition is the outcome of a prolonged experience of invalidation, we need to focus closely on the transactions and negotiations in which those concerned have been embroiled. In examining these, two particular directions in recent thinking seem potentially helpful: the work of John Shotter (1989) on the one hand, and that of Trevor Butt, Vivien Burr and Richard Bell (1997) on the other.

John Shotter (1989) argued that, in establishing a sense of personal identity, the pronoun You is prior to that of I. As he put it,

> *The thou is older than the I in the sense that the capacity to be addressed as a 'you' by others is a preliminary to being able to say 'I' of oneself, of being able to understand the uniqueness of one's own 'position' in relation to others, and to take responsibility for one's actions.*

In childhood, Shotter suggested, the use of You is ontologically formative; 'When small children are addressed as You they are being instructed how TO BE.' Since we can act only in to the opportunities offered us, such early communica-

tions must be vital in governing the sense, or the lack of a sense, of one's own personhood.

This vision offers a different, and I think potentially fruitful perspective on the many well-documented clinical studies of schizophrenics. Among those who have closely researched the development of schizophrenia, its genesis in early relationships is generally agreed. As perhaps most vividly illustrated in the early work of R. D. Laing (1959), the symptoms of young schizophrenic men and women can be seen as meaningful responses to complex and contradictory family communications. Their ontological insecurity, Laing argued, is the outcome of parental refusal to allow them a separate identity. This picture is broadly endorsed by more recent research. Here is Lucy Johnstone, writing in 1989:

> *Parents, due to psychological problems that may date back several generations, are unable to facilitate their infant's very early development of a sense of identity and separateness. Problems come to the fore when separation becomes an issue in adolescence or early adulthood. Because of the crucial role that the child has come to play in the parents' fragile psychological adjustment, any moves that he or she makes towards independence are very threatening. However, since these difficulties are largely out of awareness and are in conflict with the parents' genuine love and concern, they can only emerge in the form of confused and contradictory communications.*

In the terms John Shotter offers, the You with which these parents address their young sons and daughters is highly problematic. Because You is never clearly separate from I, there is a fundamental ambiguity in formative messages as to how to be – how to act out a particular personhood. Within the emotional intensity and intrusiveness of virtually symbiotic relationships, young people cannot clearly differentiate themselves from their parents. They lack the opportunities which would allow them to act as independent persons. They cannot achieve the sense of being both uniquely positioned and socially accountable, which characterises personhood.

It is essentially the lack of personhood, in this vision, which defines thought-disordered schizophrenia. And in thinking about personhood, a further recent line of thought, one developed by Trevor Butt and his colleagues, seems potentially enlightening. In a social self grid, followed by an interview, subjects were invited to consider themselves in a series of different relationships. While construing themselves as dispersed through these relationships – as having a plurality of selves - people also experienced a sense of 'being themselves' within relationships which allowed spontaneous, pre-reflective functioning. The sense of self, it seems, is not identified by fixed positions on a number of particular constructs, but is anchored in some perhaps unarticulated yet deeply felt superordinate. In particular relationships, it seems, the other person is felt to recognise this deep self; and it is this sense of security in personal recognition – the awareness that one's identity is safely lodged with the other - which allows interaction to flow, to be spontaneous.

To take the logic of this approach one step further, the same superordinate, hard-to-articulate yet confident sense of the other must apply within relationships which allow spontaneity. Such situations must surely involve a reciprocal recognition of each others' unique personhood. This is perhaps why it is impossible to describe, to portray in words, an intimately known and loved person. For in the freedom, the generosity of deep personal recognition, we do not stick to a familiar script, but play, go off at tangents, become inconsequential, wayward, capricious. And we delight in the other's unexpected turns, their whimsicality, perversity even. In the moment-to-moment fluidity of encounters like these, there is plenty of room in how, as Shotter puts it, we go on together.

But clearly, the relational circumstances in which schizophrenics grow up do not allow this kind of freedom, its largeness of space, its trustful openness to unforeseen directions. In the claustrophobic, suffocating closeness of parent-child relations, young people are subject to constant anxious monitoring, to moment-to-moment personal constraints on how they are expected to be. Spontaneity becomes impossible, since it carries risks of departure from the family script.

And because the young person's identity is essentially merged with that of a parent, there can be no sense of a truly self-other relation through which, for all of us, our personhood becomes constituted.

When those whose development of personhood has been impeded in this way enter the psychiatric world, their problems are likely to be at best, crystallised, and at worst, seriously worsened. The non-person status of diagnosed schizophrenics is itself heavily endorsed within conventional psychiatric treatment. Hospitalisation means being subject to a regime which blocks and disregards the subjective intentions and agency of patients, and denies their capacity for responsibility and accountability to others. For Rufus May (2002), the self-dubbed mad psychologist, this last aspect was particularly damaging. He contrasts his treatment by medical and nursing staff, who did not listen to him, with the profound help offered by a fellow-patient:

> *I was challenged respectfully about my bizarre or emotive behaviour by a fellow-patient, and that had a memorable impact in getting me to become more accountable for my actions and take more responsibility for my behaviour.* (2002, p.224)

This seems important. Being challenged, being asked to account for ones behaviour, to be responsible to others: surely this is what constitutes moral character. And I think it is the implicit denial of moral character that is the most damaging feature of the label schizophrenic.

Once a schizophrenic, always a schizophrenic. That was Peter Barham's sad conclusion, following years of painstaking research. This was not the consequence of the condition itself, but rather the outcome of social exclusion. Must this always be true? Don himself did not think so. He saw his work as leading to therapeutic endeavour. In the logic of his findings about its genesis, the last phase of his research was geared towards reversing thought disorder. Working within each patient's construct system, islands of stable construct relationships were to form the focus of consistent validational evidence. That way, he hoped, larger spheres of meaning, within the world of people and their inter-relations, could be gradually built up. But this venture ran into the sand; it proved

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too difficult, even within an institutional environment, to exercise sufficient control over the validational fortunes of patients living there.

Don's therapeutic focus, within the logic of his approach, was the inner world, the construing, of thought-disordered schizophrenics. But perhaps it is not to the cognitive sphere that we should be looking, rather the discursive sphere within which personhood becomes established and sustained. Certainly the few reportedly successful therapeutic endeavours have entailed a central concern with relationships – with deeply personal relationships. In the Californian Soteria project, for instance, and those that have evolved in Scandinavia, therapeutic efforts have abjured the illness model in favour of that of the person, and that person's relationships with others. Typically, the staff in such projects have been non-medical and non-professional, and the goal has been to establish respectful, non-intrusive yet empathic relations with people labelled schizophrenic.

Relationships like these aim to allow clients to express their own subjectivity, to speak of their own experience as it actually is. To quote Rufus May again, talking about the damaging character of his hospital stay:

> *There was a big mismatch between my experiences and how they were being made sense of by the professionals. They weren't trying to engage with us as patients, and they weren't listening to us.* (2002, p.224)

Being able to speak about personal experiences, however strange these may seem to the listener, means being heard as Other. And the recognition of difference, otherness, is surely essential in truly I-thou relationships. It is the refusal to allow children their otherness in over-intrusive, symbiotic early relationships which evidently forestalls the development of personhood. By the same token, an openness, on the part of another, to listen, to affirm, to engage personally with the subjective world of a disturbed person, seems to offer that person the possibility of recognising themselves, and being recognised, as a unique human being.

But of course this is a very far from easy task. It is disturbing, even frightening, to open oneself to talk which is humanly strange, perhaps barely intelligible. Entering into alien experiences can threaten one's own personal identity; it takes a special kind of courage to do so. Nor is close and empathic attention to the other enough. What is needed is a mutual, a reciprocal inter-relationship. Both sides of the encounter must be vitally present, be mutually recognised. We all come to know ourselves, to be constituted as persons, through the inter-relational process of human converse. For schizophrenics, as for anyone else, two-way responsiveness is crucial. The relationship demands the acknowledgment of an I, as well as a thou. Exclusive attention to a disturbed person, however sensitive, is not in itself sufficient. The responses, the ongoing experience of his or her partner in converse must also be brought into focus, be acknowledged, be thought about. It is the relation itself, the interaction, the to and fro, the between, which is crucial.

Surely the most skilled and courageous practitioner of this kind of process, and its most eloquent narrator, is the neurologist Oliver Sacks. Sacks (1985, 1991, 1995) enables his readers to enter into vividly rendered worlds of great human strangeness. He achieves this, as he describes, through a prolonged, intense and intimate concentration on his lived encounters with those who are 'other'. This means attending to, and deeply dwelling in, his own sensed feelings, and his tentative ideas about the expressive meaning of his subject's speech and actions. Through his delicate awareness of how he himself feels, moment-to-moment, in his ongoing relation to the other, Sacks becomes able, eventually, to enter, and to convey, that person's inner subjectivity. So it is that we, as readers, are enabled to imaginatively inhabit the strange world of Leonard, the post-encephalitic patient who is the subject of Awakenings:

> *At the end of my first meeting with Leonard, I said to him: What's it like being the way you are? What would you compare it to? He spelt out the following answer: 'Caged, deprived, like Rilke's tiger'....Again and again, with his penetrating descriptions, his imaginative metaphors, or his great stock of*

poetic images. Leonard would try to evoke the nature of his own being and experience. 'There's an awful presence', he once tapped out, 'And an awful absence. The presence is a mixture of nagging and pushing and pressure, with being held back and constrained and stopped – I often call it the goad and the halter. The absence is a terrible isolation and coldness and shrinking – a bottomless darkness and unreality.

There can be few practitioners as delicate, or as daringly imaginative, as Oliver Sacks. But his unique explorations, described so vividly in his writings, seem to show what it can mean to work towards personhood in those who have previously been denied it.

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