ON THE THERAPY OF SCHIZOPHRENIA

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I believe schizophrenia to be a complicated form of human existence, beginning in childhood and evolving out of basic needs to maintain life and growth under unnatural conditions. The consequences and patterns of this kind of growing are such that a person's premises become almost entirely irrational, his feelings terrifying, his behavior bizarre and his style of living strikingly different from that of others in his society. The styles of life vary from person to person, but fall into broad general groupings. Varying, also, are the degrees of apparent disorder.

A schizophrenic person has lived, for nearly all of his lifetime, in chronic anxiety and terror. His sense of self is compounded of contradictions and unrealities. He feels empty; while yearning to be open, he feels closed off from others. Psychic pain pervades him and appears to him as concrete external reality. Living in a subjective nightmare he experiences the threat of becoming separated from the outer world. He cannot reach it and yearns to have it reach him across his barriers. He has a sense of being permanently defective and of having been irreparably damaged, to which belief he responds with feelings of being abused. He hates, envies and distrusts others. Whatever spontaneity he has, is buried. To say that he hates himself implies a "he" that hates and a "himself" that is hated, but this is not the case. Rather, feeling loathsome, he believes he is inhuman.

Seemingly strange goals bring him to a psychoanalyst. They are not so very strange as that he must state them indirectly. He may say, "I have no friends, I want you to tell me what to do"; or "I smell bad"; or "The F.B.I. has microphones in my house and I have heard that you have influence."

One man telephoned, asking for a single consultation. Half an hour after the appointed time he rushed in, saying: "Here I am." A woman, at our first meeting, glared furiously for forty minutes and then exploded with: "I hate them all." Another patient excoriated himself for an hour with his needs for revenge upon his parents.

It is of the utmost significance for an analyst to recognize that such a person does make contact, immediately and with immediacy. Felt coming from him towards oneself is a wall which shoots "walling." A demanding clamors at one. He stares a guarded, watchful hostility. His anxiety shatters. His passivity clings. Feeling himself as being forced to take shape from others, he rebels violently and throws up a stony standing-still into which his hatred, longing, envy and fear are all poured into one moment of being. All this is happening in him at the first meeting and at other meetings. His eyes do not quite focus. Restlessness flickers over his face. In a skin of peculiar texture, his features do not hang together.

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even though he may be handsome. He walks with an oddly disjointed gait and his clothes do not seem to belong together.

Much depends upon this first meeting and upon each subsequent meeting for, to the schizophrenic, each is a first. Yesterday was not; tomorrow will not be; now is barely here. He feels himself transfixed in a timeless, changeless chaos. Hence, he often pays his analyst at the beginning of each session or each week. At the ending of an hour, he asks “I’ll see you Thursday?” Since time is not, he hangs on to fixed moments of time as though they were concrete things in the world outside of himself. The analyst, too, is a thing to be fixated sharply lest he disappear.

I cannot say what schizophrenia is because, when I say the word, I do not conceptualize a constellation of processes, or a disease with cause, pathology and method of cure. I do, however, feel-think a person who looks out at the world with bewilderment, asking—“What are they all doing?”—who tries to do as “they” are doing and fails in his trying. I do, as well, have an evolving series of beliefs as to how this person became the way he is, as to what he is doing, what he is feeling and how he feels what he is feeling. These beliefs, which I feel as having movement, are an interwoven tapestry of guesses, inferences and happenings. (They grew from years of making mistakes, feeling lost, and from insisting.)

In order to describe what I believe schizophrenic development to be, I shall contrast it with usual development. In an ideal family, a child expands into the world and in relationship with it. He grows from babyhood on and from before, tendency appears as possibility and then emerges as ability. What appears as a meaningless gesture today is seen tomorrow as the beginning of comprehension and communication. He lives within his family in the rhythmically occurring sequences of their and his daily happenings. From these he forms indelible patterns of a relational nature. No thing or person, no movement or sensation stands out by itself, apart. All are in relation to each other. He is uneasy and seems in pain if the sequential rhythm is broken. A baby is fed, dressed, taken to the park, home, bathed and then fed again, by a certain person. This is done in relation to changing degrees of slant of sunlight, that is, in relation to time; it is done in relation to the presence, absence, or movement of certain other persons; it is done in relation to certain sounds. Each action follows another in a sequential rhythm. Throughout this doing, the child is warm, cold, full, hungry. He experiences himself and outer events simultaneously. Evidence points to the probability that he experiences his living as embedded in relational patterns. Should change occur, sufficient to throw the events out of pattern, he cries with a special cry, that of disorientation.

There is evidence that his comprehending, interpreting, his speech and his attempts to influence his environment all grow out of and into his experience of living as a relational, expanding flow around him and in him. A child of a year says his first word, “deenair,” when four events occur in relation to each other: sounds of pans in the kitchen, his mother’s voice, sunlight of eleven-thirty in the morning, and his sensation of hunger. Next day, his mother may be late in starting and he says “deenair” again, when the sounds occur. Another child, ten months of age, had repeatedly sat on her doctor father’s lap while the latter took her grandmother’s blood pressure. One day, on seeing her grandmother come in and greet her son, the little girl quickly performed all the movements of taking a blood pressure reading, smiling from grandmother to father. She experienced the event—grandmother in relationship to father—as signifying the