

Books Reconsidered

La Schizophrénie: E. Minkowski

Eugene Minkowski was born in St Petersburg, educated in Warsaw and obtained his medical education in Munich. He moved to France in 1915, served in the medical corps attached to the French army throughout that war and was awarded several medals for bravery. He then settled down in Paris, where he remained as a practising psychiatrist until he died in 1972. He was never a professor, nor even a consultant in a prestigious psychiatric hospital, but he was able to command respect from all who knew him.

La Schizophrénie, subtitled *Psychopathologie des Schizoïdes et des Schizophrènes*, was first published in 1927 and a revised edition appeared in 1953. At the time of the original edition Bleuler's book *Dementia Praecox oder Die Gruppe Schizophrenien* (1911) had not been translated into French and the Kraepelinian-Bleulerian notion of schizophrenia, encompassing virtually all forms of non-organic, non-affective psychosis, was not accepted by French psychiatrists. They subscribed to a more manifold classification of psychosis in which a variety of paranoid states were distinguished from hebephrenia or catatonia. It was essentially a pre-Kraepelinian classification which has persisted in attenuated form to this day.

Minkowski's aim in writing the book was to convince his compatriots that Bleuler was right in his overall scheme. However, Minkowski's intention was not merely to provide a synopsis of Bleuler's ideas for those who could not or would not read German. He wanted to put across his own quite specific and unique views about the essential psychopathology of schizophrenia, while acknowledging that "despite our divergence of opinion I am still a pupil of Bleuler. I walk in the furrow which he ploughed".

It is the nature of Minkowski's divergence from Bleuler which I want to address in this article. Until I translated one of the chapters of this book (Cutting & Shepherd, 1987), Minkowski was virtually unknown to English-speaking psychiatrists. I have rarely seen any reference to his numerous publications. Laing (1959) referred to him in his *Divided Self*, and he is sometimes regarded as an 'existential psychiatrist'. However, Laing was much more influenced by Binswanger, who, in my view, was more abstruse and quite wrong in his claims about the condition.

What was then Minkowski's contribution to the psychopathology of schizophrenia and why should we bother about it today? After all, what with magnetic resonance imaging, positron emission tomography, single photon emission computerised tomography, etc, isn't the clue to the nature of schizophrenia just around the corner?

Minkowski's claim on our attention is simply that, in my opinion, he provides the most comprehensive psychological account of schizophrenia ever written. Moreover, although his scheme lacks any biological foundation, his observations are so accurate and profound that not only can they be immediately accommodated within current neuropsychological models of schizophrenia (see Cutting, 1990), but they also illuminate and help to confirm neuropsychological theories of the mind which were formulated without reference to psychiatric disorders at all (e.g. Kosslyn, 1987). He appreciated how sterile the psychological theories of mind of his time were – associationism, psychoanalysis, Gestalt psychology. More striking, he had the ability to leap-frog over the equally bankrupt theoretical schools which came later – behaviourism, cognitive psychology – and formulate a theory of mind which is in complete accord with current neuropsychological thinking. He was, in short, ahead of his time, but, more than this, he was the first person, to my knowledge, to appreciate that a correct understanding of the nature of schizophrenia can illuminate the nature of the normal mind. All commentators, before and since, have adopted a one-way approach, trying to explain schizophrenia in terms of some theory of normal functioning (which has invariably turned out to be false). All, that is, except Jaspers, who at least had the sense to appreciate that it was 'un-understandable' according to any psychological theory or biological mechanism that he knew of. Minkowski saw schizophrenia as allowing insights into normality just as much as normality could illuminate the schizophrenic mind.

First, what did Minkowski reject of Bleuler's scheme? He disagreed with Bleuler on two points. He did not believe that a loosening of associations was an adequate explanation of the entire clinical picture, and he did not consider that emotional complexes had any specific bearing on the development of particular symptoms. It is not entirely clear why he

rejected the 'loosening of associations' theory, but it is probable that he simply saw his own theory as a better alternative. As we have seen, he was keen to promote the Bleulerian view of schizophrenia in France, referred to Bleuler at several points as his '*maitre*', and therefore probably did not want to discredit him too much. As for the influence of Freud and Jung on Bleuler's views, Minkowski is more definite. Although generally sympathetic to psychoanalytic views of normal human development, he could see no role for them in causing or even moulding any aspect of schizophrenia.

Minkowski's second acknowledged '*maitre*' was Henri Bergson, the French philosopher whose most well known legacy is probably the concept of a 'stream of consciousness'. A cursory acquaintance with Bergson's views on the nature of the mind is essential to understand Minkowski's ideas, because, if there was any theory of the normal mind which he tried to apply to schizophrenia, it was Bergson's.

Bergson believed that there were two forces which determined a normal person's mental life. One was 'intellect', the other 'instinct'. These two forces were diametrically opposed to one another, in that each treated the world in completely different ways.

'Intellect' was the power of seeing things as separate from one another, frozen in time and separate in space – what he called the 'cinematographic' representation of the world. Bergson was writing at the dawn of the silent film era, and it was not unnatural that he should have used this analogy. Another analogy for the property of 'intellect', used by Bertrand Russell (1946) in his commentary on Bergson, is of a carver of chicken. The 'intellect' carves up the chicken, but with "the peculiarity of imagining that the chicken always was the separate pieces into which the carving-knife divides it".

It is much harder to understand what Bergson meant by 'instinct'. His analogies belong to the realm of poetry: it is a "cavalry charge", it is a "shell which bursts into parts", it is "life itself". Somehow, 'instinct' represents the fluidity of things across time, blurring memory and perception. It also encompasses intuition or common sense.

The difficulty one has in grasping the essence of this world-view should not detract from its correctness, according to Bergson, because he wrote into it the proviso that 'intellect' is inherently incapable of understanding the nature of 'instinct'! Minkowski certainly thought that he understood it and thought that the psychopathology of schizophrenia was a living illustration of its validity. Consider this account by one of his schizophrenic patients:

"Everything is immobile around me. Things present themselves in isolation on their own, without evoking any

response in me. Some things which ought to bring back a memory, or even conjure up a thought or give rise to a picture, remain isolated. They seem to be understood rather than experienced. It is as if a pantomime were going on around me, one which I cannot take part in. There is nothing wrong with my judgement but I seem to lack any instinctive feel for life. I can't change from one emotion to another; and how can you live like that? I've lost contact with all sorts of things. The value and complexity of things no longer exists. There's no link between them and me. Everything seems frozen around me. I have even less scope for manoeuvre with respect to the future than I have about the present or the past. There is, inside me, a sort of routine which makes me quite incapable of imagining the future. Any creative ability is completely abolished. I can only see the future as a repetition of the past."

Minkowski saw overwhelming evidence in this account for a deficiency in one of Bergson's two mental forces – 'instinct' – with, at the same time, preservation of the other – 'intelligence'. He called this deficiency "lack of vital contact with reality" ("*perte du contact vital avec la réalité*"). Certainly, the words used by his patient – "I seem to lack any instinctive feel for life", "creative ability . . . abolished", "things . . . understood rather than experienced" – fit neatly into Bergson's scheme.

The intellectual activities of the mind were not just preserved, according to Minkowski. Bereft of all those "factors relating to instinct", there was now a "compensatory hypertrophy of everything which pertained to intellect". So, for example, there could appear what Minkowski referred to as "morbid rationalisations and preoccupations with geometry" ("*rationalisme et géométrisme morbides*"). Consider these examples:

"An obsession with pockets made its appearance. He wanted to know what difference there was between putting one's hands straight into a normal jacket pocket and putting them into the sloping pockets of an overcoat. . . . He also had the habit of standing in front of a mirror, legs together, trying to place his body symmetrically to achieve, as he said, "an absolutely perfect position."

"During his military service he had once been given an injection. The idea had then grown on him that a piece of cotton wool had entered his body, along with the injected fluid. . . . The obsession grew and grew. It was no longer just cotton wool that had been inserted, it was the metal from the needle as well, the glass from the syringe; "each organ in my body was systematically affected, until my brain was involved".

"I was tormented by the vaults in churches. I could not accept that all that weight could be supported by ribs, pillars and a keystone. I could not understand why it did not fall down. I could not see why the cement in the free stones did not crumble, because it must be a particularly vulnerable pressure point. I concluded that houses stayed up only through some terrestrial attraction. I came to doubt my own senses."

Minkowski regarded such preoccupations as evidence of an enhancement in these patients of all that Bergson's notion of 'intellect' stood for.

His most ambitious proposal was to list dichotomous properties of the mind or qualities of the world which the mind surveys, in each of which pair one element was 'atrophied' and the other 'hypertrophied'

<i>Atrophied</i>	<i>Hypertrophied</i>
Life	Planning
Instinct	Brain
Feeling	Thought
Faculty of penetration which synthesises	Analysis of details
Impressions	Proof
Movement	Immobility
Events and people	Objects
Realisation	Representation
Time	Space
Succession	Extension
End	Means

There are other elements to his theory which can only be touched on here. One is his discussion of autistic thinking. He notes that Bleuler revised his own ideas on this in 1921 by proposing that the term '*dereirendes Denken*' ("thinking which takes no account of reality or deviates from it") should replace '*autistisches Denken*'. This is closer to his own view of schizophrenia as primarily a mind turned away from reality rather than a mind primarily turned in on itself. Another profound insight is his introduction of the concept of 'a pragmatic deficit' ('*démence pragmatique*', '*déficit pragmatique*') as central to schizophrenia. Not only does it show that he appreciates the difference between the intellectual deterioration of, say, Alzheimer's disease and the mental deterioration in schizophrenia, but his very use of the word pragmatic antedates by decades the 'discovery' of pragmatic language by linguists in the 1950s.

"A schizophrenic knows the date but this knowledge has no precise meaning for him. He can't use it in a way which is appropriate to the circumstances. The pragmatic factor of things is affected from a very early stage."

The relationship between schizoid personality and schizophrenia itself also concerned him. He regards the former as a *forme fruste* of the latter, in which the atrophy of 'instinct' and hypertrophy of 'intellect' are slight, thus allowing a relatively normal life.

I hope I have given a flavour of Minkowski's ideas. The curious thing to me is why he has been neglected, certainly in the English-speaking world. Perhaps it is a consequence of the general low esteem in which psychopathology has been held since the last

war. Perhaps it is the suspicion aroused by the irrationalism and poetic imagery of Bergson's philosophy which inspired him. Most likely of all, it is the fact that it is in French, and the average professional in Britain now no longer reads foreign languages.

What of the current value of Minkowski's scheme, outlined earlier? For me, it is correct at three levels.

First, it provides a convincing account of the world-view of a schizophrenic. It certainly accords well with my own records of their experience, and illuminates many observations that I had thought trivial at the time. For example, one of my patients had spent all his days for several years before his illness was diagnosed and treated cutting out geometrical shapes. After three weeks on neuroleptics this behaviour completely disappeared. This was clearly an example of a morbid preoccupation with geometry.

Secondly, Minkowski's scheme of atrophy of certain mental functions and a compensatory hypertrophy of contrasting functions is remarkably similar to the particular pattern of deficient and overactive mental systems which I believe is the critical psychological substrate to the condition, explicable in terms of right-hemisphere dysfunction (see Cutting, 1990). If we consider that it was not until the 1940s that any specific functions at all were attributed to the right hemisphere, Minkowski's prescience on this matter is all the more astounding.

Finally, his and Bergson's notion of the normal state of affairs as consisting of two opposing forces – irrational and rational – is in my view quite correct. This, of course, is also a core concept in psychoanalytic theory. However, the particular interaction which Minkowski and Bergson proposed as existing *between* the rational and irrational parts of the mind is, in my opinion, much superior to that formulated by Freud. The rational mind, in the former scheme, has *no* way of knowing the workings of the irrational part. No amount of dream interpretation, analysis of slips of the tongue or years on the couch will uncover its secrets. It may set up hypotheses, but these will, except by chance, be specious.

References

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