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2

Schizophrenia and Society

The Two Poles of Schizophrenia

Organ-Machines

This theme, i.e. the machine, does not mean that the schizophrenic lives like a machine in a global way. He or she lives traversed by machines. The schizophrenic lives in machines, alongside machines, or the machines are in him, in her. The schizophrenic's organs are not provisional machines but function only as machine parts, random components connected up with other external components (a tree, a star, a light-bulb, a motor). Once the organs have been connected to a power source, once they have been plugged into flows, the organs then comprise larger, complex machines. It has nothing to do with the idea of mechanism. *This* machinery is totally disparate. The schizophrenic reveals the unconscious for what it truly is: a factory. This is the picture Bruno Bettelheim gives us of little Joey, the machine-child who lives, eats, defecates, breathes and sleeps only when he is plugged into motors, carburetors, steering wheels, lamps, and electric circuits, whether they are real, contrived or imaginary: "He had to establish these imaginary electric connections before being able to eat, because it was the current that made his digestive tract work. This ritual was performed with such

dexterity, that we had to check more than once to verify there were no wires or outlets."¹ A journey or just a walk in the park forms a circuit for the schizophrenic, who ceaselessly flows, fleeing along machinic lines. Even the schizophrenic's utterances seem not to be the combinations of signs, but the product of machine assemblages. *Connect-I-Cut!* cries little Joey. Here is how Louis Wolfson explains the language machine which he invented: a finger in one ear, a head-phone in the other, a foreign book in one hand, growling in his throat, etc. He invented it to flee his mother tongue, to put it to flight, to make it flow and spring a leak, to be able to translate each sentence into a mixture of sounds and words resembling him, but which were at the same time borrowed from foreign languages.

The peculiar character of schizophrenic machines derives from their putting elements in play that are totally disparate and foreign to one another. Schizophrenic machines are aggregates. And yet they work. But their function is to put something or someone to flight, to make a flow, to spring a leak. We cannot even say that the schizophrenic machine is comprised of the parts and elements of various pre-existing machines. Essentially, the schizophrenic is a functional machine making use of left-over elements that no longer function in any context, and that will enter into relation with each other *precisely by having no relation*—as if the concrete distinction, the disparity of the different parts became a reason in itself to group them together and put them to work, according to what chemists call a non-localizable relation. Psychoanalyst Serge Leclaire says the ultimate elements of the unconscious have not been reached as long as pure singularities have not been observed; they are fused or stuck together "precisely by an absence of connection," they are disparate and irreducible elements connected only by a non-localizable relation, such as "the very force of desire."² This suggests the need to rethink

the fundamental assumptions of psychoanalysis regarding the association of ideas, including both relations and structures. The schizophrenic unconscious is an unconscious of left-over elements that comprise a machine simply by being irreducible and truly distinct. For instance, the sequences of Beckett's characters: pebble-pocket-mouth; a shoe-a pipe stem-a small indeterminate pouch-a bicycle bell lid-a half crutch. An infernal machine preparing for action. As in a W.C. Fields film, the hero prepares a dish whose recipe is an exercise program: a short-circuit between two machines, establishing a non-localizable relation of elements that will animate an explosive machine, a generalized flow, a properly schizophrenic non-sense.

The Organless Body

In the necessary description of schizophrenia, there is another theme besides the organ-machine, with its flows, vibrations, and breakdowns. There is the theme of the organless body, a body deprived of organs: eyes shut, nostrils plugged, anus blocked, stomach rotten, throat ripped out, "no mouth, no tongue, no teeth, no throat, no esophagus, no stomach, no intestines, no anus."³ A body swollen like a giant molecule or an undifferentiated egg. This catatonic stupor has often been described. The machines grind to a halt, and the schizophrenic is frozen in rigid poses that can last for days or years. And what characterizes catatonic states and outbreaks of delirium is not simply their periodic alternation. Rather, at every moment, a struggle seems to be taking place between two poles: 1) the exacerbated workings of the machines, and 2) the catatonic stasis of the organless body. All the phases of this struggle are translated in the type of anxiety which is specific to the schizophrenic. There is always some stimulus or impulse stealing into the heart of the catatonic stupor; and vice versa, stupor and rigid stasis are forever

creeping over the swarming machines, as though the organless body were perpetually shutting down machinic connections, and organ-machines were ceaselessly erupting on the organless body.

The organs themselves, however, are not the real enemy of the organless body. Organism is the enemy, in other words, any organization which imposes on the organs a regime of totalization, collaboration, synergy, integration, inhibition and disjunction. Only in this sense are the organs indeed the enemy of the organless body, which exerts a repulsive action on them and treats them like instruments of persecution. On the other hand, the organless body attracts the organs, appropriates them for itself, and makes them function in a regime other than the one imposed by the organism, in such a way that each organ is the whole body—all the more so, given that the organ functions for itself and includes the functions of all the others. The organs are thus “miraculously” born on the organless body, obeying a machinic regime that should not be confused either with organic mechanism or with the organization of the organism. For example, the mouth-anus-lung of the anorexic. Or certain drug-induced schizoid states, as William Burroughs describes them in relation to the organless body: “The human organism, what a scandal, it’s so inefficient. Rather than a mouth and an anus, both constantly in danger of infection, why don’t we have a single orifice for nourishment and defecation? We could plug our mouth and nose, fill in the stomach, and pierce an air-hole directly into the lungs—which should have been done from the beginning.”⁴ Artaud himself describes the ferocious struggle of the organless body against the organism, and against God, master of organisms and organization. President Schreber describes the alternating attraction and repulsion that ensues according to whether the organless body repudiates the organization of the organs or, on the contrary, appropriates the organs in a non-organic regime.

An Intensive Relation

One can say that the two poles of schizophrenia (the catatonic state of the organless body, and the non-organic functioning of the organ-machines) are never isolated from one another. Together they produce forms where sometimes repulsion has the upper hand (the paranoid form), and sometimes attraction (the miraculous or fantastic form of schizophrenia). If we think of the organless body as a solid egg, it follows that, *beneath* the organization that it will assume, that will develop, the egg does not present itself as an undifferentiated milieu: it is traversed by axes and gradients, by poles and potentials, by thresholds and zones destined later to produce one or another organic part. For the time being, however, the egg's organization is intensive. It's as if a flow of variable intensity permeated the egg. It is in this sense that the organless body ignores and repudiates the organism, in other words, the organization of *extended* organs, and instead forms a matrix of intensity that appropriates the *intensive* organs. It seems that the various proportions of attraction and repulsion on the body without schizophrenic organs produces various intensive states through which the schizophrenic passes. The schizophrenic journey can be stationary; but even in motion, it happens on the organless body—it is an intensive journey. The organless body is at zero-degrees intensity, but is enveloped by the production of intensive quantities. From zero, these intensities are effectively produced as that which will fill up space to this or that degree. Thus the organ-machines are like the direct powers of the organless body. The organless body is the pure intensive matter, or the stationary motor, whose organ-machines will constitute the working parts and the appropriate powers. And this is confirmed by schizophrenic delirium: beneath the sensory hallucinations, beneath even the delirium of thought, there is something more profound, a

feeling of intensity, i.e. a becoming or a passage. A gradient is crossed, a threshold traversed, forward or backward. A migration is under way: *I feel* that I am becoming a woman, *I feel* that I am becoming god, that I am becoming clairvoyant, that I am becoming pure matter... Schizophrenic delirium can be grasped only at the level of this 'I feel' which every moment records the intensive relationship between the organless body and the machine-organs.

This is why pharmacology in the most general sense promises to be so extremely important for practical and theoretical research on schizophrenia. The study of the metabolism of schizophrenics opens up a vast field of research in which molecular biology has a crucial role to play. A chemistry at once intensive and experiential seems able to go beyond the traditional organic/psychic duality, at least in two directions: 1) the experimental schizoid states induced through mescaline, bulbo-capnine, LSD, etc.; 2) the therapeutic initiative to calm the anxiety of schizophrenics, while dismantling their catatonic shell in order to jump-start the schizophrenic machines and get them running again (the use of "major tranquilizers" or even LSD).

Schizophrenia as a Process

Psychoanalysis and the 'Schizogenetic' Family

The problem is twofold: at once the indeterminate extension of schizophrenia, and the nature of the symptoms that constitute schizophrenia as a whole. The very nature of the symptoms makes them difficult to systematize, to combine in a coherent and readily localizable entity. They come apart at the seams. Schizophrenia is a syndrome in disarray at every point, ceaselessly retreating from itself. Emil Kraepelin formulated his concept of dementia praecox using two main poles: 1) hebephrenia as a post-pubescent psychosis

exhibiting phenomena of disaggregation, and 2) catatonia as a form of stupor with problems in muscular activity. In 1911, Eugene Bleuler coined the term *schizophrenia*, which stresses a fragmentation or functional dislocation of associations. The primary disturbance is the absence of any relation among them. But these fragmented associations are also the flip-side of a dissociation of the person, a schism with reality, a certain priority or autonomy granted to an inner life that is rigid and closed-in on itself (the "autism" which Bleuler increasingly stresses: "I would almost say that the original disturbance applies primarily to the life of the instincts.") It appears that psychiatry, in its present state, has had little success in its efforts to determine a comprehensive unity for schizophrenia in terms of causes or symptoms, having sought it instead in the disturbed personality as a whole, which each symptom expresses in its own way. More promising are the efforts of Eugene Minkowski and especially Ludvig Binswanger, who have sought this unity in the psychotic forms of "being-in-the-world," its spatialization and temporalization ("leaps," "eddies," "shrinkage," "stagnation"). Nor should we neglect to mention Gisela Pankow, who locates it in the image of the body, using a practical method of spatial and temporal restructuring to exorcise the schizophrenic phenomena of dissociation and render them accessible to psychoanalysis ("to repair the zones of destruction in the image of the body and gain access to the familial structure").⁵

However, the real difficulty is to give an account of schizophrenia as something with positive traits, and as such, not to reduce it to the lacunal or destructive traits it engenders in a person. These negative traits include the deficits and dissociations which schizophrenia causes to appear in a hypothetical structure. It cannot be said that psychoanalysis offers us a way out of this essentially negative perspective because psychoanalysis has an ambiguous relationship to

schizophrenia. On the one hand, psychoanalysis realizes that its clinical material derives from psychosis (this is the case for Freud in Zurich, and it is also the case for Melanie Klein and Jacques Lacan: paranoia attracts psychoanalysis more than schizophrenia). On the other hand, because the method of psychoanalysis has been tailored to the phenomena of neurosis, it has experienced serious difficulty in discovering a satisfactory gateway to psychosis (if only because of the dislocation of associations). Freud proposed a simple distinction between neurosis and psychosis: in neurosis, the reality principle is safeguarded in exchange for a repression of the "complex," whereas in psychosis, the complex shows up in consciousness in exchange for a destruction of reality caused by the libido turning away from the external world. Lacan's research posits a distinction between neurotic repression, involving the "signified," and psychotic foreclosure, which operates in the symbolic order at the very level of the "signifier," a kind of hole in the structure, an empty place, which causes whatever is foreclosed in the symbolic to reappear as hallucination in the real. The schizophrenic now appears as someone who cannot *recognize* or *place* his or her own desire. The negative perspective is reinforced to the extent that psychoanalysis asks: What is missing from the schizophrenic that would allow the psychoanalytic mechanism to "take hold" of him or her?

Could it be that whatever the schizophrenic lacks is something in Oedipus? Could it be a disfigurement, from the earliest age, of the maternal role in combination with an annihilation of the father, both of which would explain the existence of a lacuna in the Oedipal structure? Following Lacan, Maud Mannoni points to "an initial foreclosure of the signifier of the father," such that "the Oedipal characters are in place but, in the play of permutations that results, there is something like an empty place. This place remains enigmatic

and is open to the anxiety which desire elicits."⁶ However, it is not at all certain that a structure which is undeniably familial is a good unit of measure for schizophrenia, even if the structure is extended over three generations by including the grandparents. The effort to study "schizogenetic" families, or schizogenetic mechanisms in the family, is a common trait shared by traditional psychiatry, psychology, psychoanalysis, and even anti-psychiatry. What is so disappointing in these efforts is that the commonly cited mechanisms (for example, Gregory Bateson's double bind or the simultaneous emission of two orders of messages, the one contradicting the other: "Do this, but don't do it...") are in fact a banal part of the daily existence of every family, giving us no insight into the schizophrenic's mode of production. Even if we raise the familial coordinates to a properly symbolic power by making the father a metaphor, or by making the name-of-the-father a signifier coextensive with language, we still do not escape a narrowly familial discourse, in which the schizophrenic is negatively defined by the hypothetical foreclosure of the signifier.

Breaking Through to "More Reality"

It is strange how schizophrenics keep being brought back to problems that are not their own, as is abundantly clear: father, mother, law, signifier, etc. The schizophrenic is elsewhere, and there is no reason to conclude that the schizophrenic lacks something that does not concern him or her. Beckett and Artaud have said all there is to say about it. We must get used to the idea that certain artists or writers have had greater insight into schizophrenia than psychiatrists or psychoanalysts. We make the same mistake when we define schizophrenia in negative terms or in terms of a lack (dissociation, loss of reality, autism, foreclosure) and when we model schizophrenia on a familial structure in

which this lack can be located. In fact, the phenomenon of delirium does not reproduce, even in an imaginary way, a family story organized around a lack. On the contrary, delirium is an overflowing of history; it is universal history set adrift. Races, civilizations, cultures, continents, kingdoms, powers, wars, classes, and revolutions are all mixed together. To be delirious in this sense requires no advanced learning. In delirium you always find a Black, a Jew, a Chinese, a Great Mongol, an Aryan. Delirium is composed of politics and economics. And there is no reason to believe that what delirium expresses is merely its manifest content. What delirium expresses is the way in which desire invests a whole social field that is historical, and the way in which unconscious desire embraces its irreducible objects. Even when delirium traffics in familial themes, the holes, cuts, and flows that traverse the family and constitute it as schizogenetic are extra-familial in nature, causing the whole social field in its unconscious determinations to be brought in. As Marcel Jaeger has put it so well: "Despite what the gurus of psychiatry think, the things that mental patients say do not merely express the opacity of their individual psychic disorders. The discourse of madness, in all its articulations, joins up with another discourse, the discourse of history—political, social, and religious—which speaks in each of them." Delirium is not constructed around the name-of-the-father, but on the names of history: proper names. It's as if the zones, the thresholds or the gradients of intensity which the schizophrenic traverses on the organless body (I feel that I am becoming...) are designated by the proper names of races, continents, classes, persons. Not that the schizophrenic identifies with persons. Rather, the schizophrenic identifies domains and zones located on the organless body by these proper names.

Hence schizophrenia needs to be described in positive terms. "Dissociation," "autism," and "loss of reality" are convenient terms

for those who wish to silence schizophrenics. "Dissociation" is a poor word to designate the state of those elements which make up these special, schizophrenic machines which can be positively determined—in this respect, we quickly recognized the machinic role played by the absence of connection. "Autism" is also a rather poor word to designate the organless body and all that flows over it; this has nothing to do with an inner life cut off from reality. And "loss of reality"—how can we say this about someone who lives in an almost unbearable proximity with the real ("this emotion, which communicates to the mind the shattering sound of matter," writes Artaud in *The Nerve Meter*)? Rather than conceptualizing schizophrenia in terms of the havoc which it wreaks in a person, or in terms of the holes and lacunae which it reveals in a structure, we must grasp schizophrenia as a *process*. When Kraepelin was trying to forge his concept of dementia praecox, he did not define it by its causes or symptoms, but as a process, i.e. an evolution and a terminal state. Unfortunately, this terminal state was conceived as a total and definitive disaggregation, which justified locking up the patient for the rest of his or her natural life. Today Karl Jaspers and Ronald D. Laing understand this rich notion of process in a totally different way: a rupture, an eruption, a break-through which smashes the continuity of a personality and takes it on a kind of trip through "more reality," at once intense and terrifying, following lines of flight that engulf nature and history, organism and spirit. This is how the schizophrenic organ-machines, the organless body, and the flows of intensity on the body interact, bringing about a connection of machines and a setting adrift of history.

Now we see the difference between paranoia and schizophrenia (even those forms of schizophrenia labeled paranoid): the "I-will-not-leave-you-alone" of the paranoid, and the "leave-me-alone" of

the schizophrenic; the paranoid combination of signs, and the machinic assemblages of schizophrenia; the massive wholes of paranoia, and the tiny multiplicities of schizophrenia; paranoia's vast territories of reactive integration, and schizophrenia's active lines of flight. If schizophrenia seems like the sickness of today's society, we should not look to generalizations about our way of life, but to very precise mechanisms of a social, political, and economic nature. Our societies no longer function on the basis of codes and territories. Quite the opposite. They function on the basis of a widespread decoding and deterritorialization. Unlike the paranoid whose delirium consists of restoring codes and reinventing territories, the schizophrenic never ceases to go one more step in a movement of self-decoding and self-deterritorialization (this is the schizophrenic break-through, the voyage or trip, the process). The schizophrenic is like the limit of our society, but an abhorred limit, always suppressed, always cast out. Laing grasped the real problem of schizophrenia: What can we do so the break-through does not become a break-down? How can we prevent the organless body from shutting down in a catatonic stupor? How can the acute state of delirium overcome its attendant anxiety, and yet not give way to a chronic state of exhaustion which, as we too often see in the hospital, ends in a state of total break-down? In this respect, the conditions that prevail in the hospital, as well as those that prevail in the family, are less than satisfactory. It would seem that hospitalization, and familialization, too often produce the major symptoms of autism and the loss of reality. How can the power of a lived chemistry be combined with a schizological analysis in such a way that the schizophrenic process does not turn into its opposite, i.e. the production of a schizophrenic ready to be locked-up? And in what type of group, what kind of collectivity?