A summarization of the aspects of "*The Symmetry of Schizophrenia and The Anti-Symmetry of Schizophrenic Life"*

By

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Annotated notes and meta-theoretical derivatives from the radio play of the same name

Author's Note

These notes were compiled in 2021 upon the completion of graduate work in sociology and social theory undertaken by the author [Savreux] and qualitative sociologist Dr. Brian L. Zirkle from 2014-2015. Savreux was born with schizophrenia. Disorganized thinking and disorganized writing are pronounced in most forms of schizophrenia so the Savreux did not complete a traditional thesis upon conclusion of their collaboration. Instead, he wrote a radio play, for sake of concision and per the student's limitations in presenting theoretical material in an organized way owing to neurological limitations. Via extensive investigation into the social construction of schizophrenia, and derived from empirical experience the author's notes and findings on this social system are presented as small paragraph bullet points instead of the 60+ page radio play for easier comprehension for purposes of publication with the University of Missouri-Kansas City and MOSpace. In short, what follows is a summarization and explanation of Savreux's theories contained within the play along with deliberations and asides also made via character dialogue. The theatrical work being summarized was entitled *The Symmetry of Schizophrenia and the Anti-Symmetry of Schizophrenic Life* in noting the symmetry of the disease concept and the anti-symmetry underpinning the reality of that unreality. The play was completed in 2015 and written by the student, Alexej Savreux. This work was submitted in February of 2021 as a graduate student at the University of Missouri-Kansas City to MOSpace system digital library collections for permanent archival.

Abstract

The following paper is the student's original theory derived from his radio play written as a sociology protege some years prior. The theoretical objectives outlined in this summary of the radio play can also read as context and outline of the radio play's plot. It deals with the social, medical, and psychoanalytic politics of the multi-factory theory of schizophrenia and its longitudinal impact on the schizophrenic patient in post-modernity.

“The world of reality has its limitations…”

Jean-Jacques Rosseau

(z) The field of psychiatry as monolithic preliminaries

From Act 1, Scene 1. "Alexej tha Kid"

The play is comprised of three acts. The first act is entitled "Alexej tha Kid" and follows an expansive introduction, abstract, dedication, and centers around a constructed mock debate at the University of Prague during the height of Cold War tensions. It is modeled as transcription and written as a radio broadcast and, for theatrical purposes, a radio play in performance. The characters include a psychiatrist and author R.D. Laing, philosopher and historian Michel Foucault from the College de France, (via self-insertion) artist and critic, Alexej Savreux, and a fictionalized character entitled Dr. Brian L. Zacou, the Institute Professor Emeritus at the University of Prague detailed around the character profile of Dr. Brian L. Zirkle the sociologist in charge of the original IS. The other fictionalized character represents conventional allopathic medicine and is a Visiting Professor of Psychology at Harvard University and Head of Psychiatry at a hospital in Boston, Massachusetts, Dr. Wytt Thomas, MD. This section details primarily with dense, expository historical sociology and contextualizes and conceptualizes the experiences, paradoxes, and social realities of living with schizophrenia as related by Savreux and supplemented with the social thought of Laing and Foucault. The remarks below are more succinct sociological and philosophical theories of schizophrenia that are original to both the playwright and to the fictionalized version of Alexej Savreux. Every act is also the first scene with the scenery never changing, instead demarcated by major breaks in dialogue, thematic elements, conversational exchanges, and philosophical deliberations. This act ends with a crescendo of dialogue on what is later referenced as the 'moment of marginalization' and schizophrenia as an experience akin to a lack of minority-autonomy in the form of the dynamics of reverse progress and themes of alienation in schizophrenic patients.

Schizophrenia as multi-factor theory;

1. *Psychological Reality and Reality is Psychological* (ai) Schizophrenia is a multi-factor theory and we emphasize the word theory because every science is a series of unverifiable theories with certain exceptions within certain mathematical sciences. Schizophrenia is less of an illness and more of an alternate and distinct psychological reality-formation. It falls under the umbrella of a condition or syndrome akin to ASD (autism spectrum disorder) as opposed to the absurdly complex disease concept or purported concretion the psychological sciences describe in the detailed clinical and medical literature.

(bi)

Attempting to relativize and rationalize irrational behavior is inversely paradoxical. Social workers, clinicians, psychiatrists, and psychotherapists alike cannot understand the schizophrenic (but can still understand schizophrenia as such a complex intertwined theoretical matrix). The schizophrenic version of the experience is not designed to be rationalized according to more normative criteria for this reason: rationalizing irrational behavior is itself irrational as the barometer for rationality and the bar for judging that is entirely subjective. Normative standards via population health have significant variance and are consistently lacking in neutrality. A more agreed-upon version of reality (such as a statistical mean of perception or meaning of conventional saturation) is permissible excepting the fact that schizophrenics are behaving rationally according to their normative standards within the parameters of the intersubjective, the infinitely complex interactive psychosocial environment of an undefined and singular reality. Therefore the observer (e.g., psychiatrist) appears irrational or psychotic to the self-perceiving rational observer (say, the radical empiricist, or schizophrenic patient) in any combination. Hence, both psychiatrists and psychiatric patients are psychotic on a fundamental level. The paradox is a pseudo-reality that transmutes into psychological power-struggles over schizophrenic-autonomy.

(ci)

The general literature on the synthesis of objective reality is not defined by psychiatric medical professionals or the psychological sciences and if it were would be fundamentally lacking in evidentiary support and analysis. And, as every patient afflicted with schizophrenia runs a different prognostic course with regards to symptomatology and longitudinal outcomes the general population would also seem to experience variance or variability of a more proper or precisely defined or encoded reality. Therefore being for interpretive analyses in psychosis, (and context being everything in the process of the interpretation of the experience) indicates a routine presumption based on interpretive objectivity in concert with diagnostic guidelines for psychosis along with the entire population as well. The experiences and elements of psychosis could (theoretically) be diagnosed or applied to most any mental illness or most any individual or subgroup in any conceivable culture, region, or subculture. Much of the medical practice (e.g., psychoanalysis, occupational therapy, and psychiatry and human services) are more precisely defined artistic practice(s) than they are well-developed scientific endeavors with objectively outlined strategy, methodology, and protocol (such as otherwise seen in other areas of medical endeavor). Further, if we take psychosis to mean an involuntary departure from normative behavior, then we are all psychotic.

From Act 2, Scene 1, “Institutionalizing Psychiatry”

The second act is incisively entitled “Institutionalizing Psychiatry” and is a critique of psychiatry as a historical experiment and social institution. It focuses again on themes of alienation, social inequities, the ostracized, the ignored, and the forgotten. Savreux sees psychiatry and historical medical experiments relating to the human psyche and schizophrenia as being centered around inadvertent placation and dehumanization. In one sense, Savreux’s dialogue during this act

indicates a kind of exhaustion, suffering, and incisive wit describing social services and western medicine as a mechanism of further sociological institutionalization in non-medical facilities (or in other words outside of psychiatric facilities) in the form of the invalidation and restriction of permissible behavior and permissible experience. He views the work of psychiatry as crazier ("institutionalizing" here takes on a multiplicity of perspectives and meanings) than the theory or the life of the schizophrenic. This is owed in his view, not just to the lack of minority-autonomy as referenced in Act 1, but also to critical periods of human social development that are ignored or missed by being in the hands of placating caregivers. It is not merely a refusal or lack of control the schizophrenic suffers from, but it is also a form of misguided behavior superimposed or projected onto the allegedly incompetent or invalid that's more damaging than the professionals may realize. Laing and Foucault discuss the peculiarities of schizoid and schizophrenic patients as being relegated to the margins of society akin to lepers during the time of Christ. The majority of this activity centers around Savreux's dialogue and interchange with Dr. Thomas, the most conventional and less open-minded character in the play (a character thus representing all institutions, as in Savreux's thought institutions serve a function as a total disservice to his ideal of the individualist, self-growth and the schizophrenic as being the paragon of individualism against a not-so-subtle backdrop of psychological and civilizational monotony). In this act more invasive psychopharmacological treatment methods are discussed as is electro-convulsive therapy; philosophical aberrations in antiquated medical logic, and brief reenactments of what the experience of schizophrenia is like in performance for the benefit of the broadcast's audience.

Medical idiosyncrasies in treatment of schizophrenia;

2. *Popular Allopathic Treatment Methods for Schizophrenia run Counter to Medical Methodology*

Utilizing biological intervention for the treatment of schizophrenia runs contrary to medical methodology (i.e., using biological intervention for something that can't be biologically tested) and protocols in nearly every other medical domain excepting the domain of allopathic psychiatry and psychiatric drug management. Pharmaceutical companies, conversely, spend twice as much on promotion as they do on research and development as of 2003-2010; which again begets the question for Savreux of who gets to define conceptualizations of "eccentric" and "crazy".

(bii)

From every conceivable social perspective, schizophrenics lack the autonomy and liberties the general population enjoys. The environment in which they are permitted to live once identified by the state is akin to the lepers of Christ and post-Christ A.D. Social services put them on powerful, mind-altering neuroleptics, mandates work at sub-minimum wage service jobs, puts them in public housing, advocates EBT food stamps, Medicaid, and social security (whether in the form of SSI or SSDI or both), and slowly and systematically strips away individualism, self-examination, self-growth, and overall autonomy. From there, the schizophrenic patient undergoes frequent appointments and clinical assessments of all kinds multiple times per week. Economic poverty is also a problem - psychiatric patients, notably schizophrenic patients don't have the

money to live healthfully and therefore are associated with poorer health outcomes including suicide, drug addiction, metabolic syndrome, and premature death (on average 25 years earlier than the general population). In large respect, due to environmental factors including metabolic side effects of neuroleptic medication, a fundamental lack of autonomy, cigarette smoking and nicotine use, undiagnosed physical health problems, high I.Q., boredom, and circumstantial or mild clinical depression, and relational and sexual frustration and loneliness. Therefore the notion of schizophrenics isolating seems to be more of a self-fulfilling prophecy than a legitimate neuroscientific criterion.

(cii)

The differences between the clinical and colloquial definitions of "eccentric" and what is discussed in the abnormal psychology literature is marginal. Clinical definitions of "eccentric" mean "unconventional, not adhering to traditional societal customs or caring, etc." this can be seen as interchangeable with colloquial definitions. In psychiatric practice, particularly, the allopathic approach to psychiatry, we often see anyone remotely eccentric get medicated for say psychosis, develop metabolic side effects (e.g., weight gain, high lipid levels, and/or triglycerides) get depressed be put on anti-depressant medication, develop a facsimile of bipolar mania and then be put on mood-stabilizing or anticonvulsant medication or benzodiazepine medication and develop dependence, from there - develop essential hypertension related to poor health outcomes as previously discussed and be put on antihypertensives or ace inhibitors and problems continue to accumulate with or without the condition of schizophrenia having ever truly been detected or even necessarily having been present (as biological testing Savreux continues to point out is not possible with mental illness and the medical process here is inverted). As a primary note Savreux contends that schizophrenia is a very real condition, however, many things can mimic schizophrenia that is not investigated by western medical techniques including differential diagnoses, drug use, herbal medicine, (and especially) diet, behavioral eccentricities, personality abnormalities, context, social and environmental factors, and psychological and behavioral motivation which may and often does lie outside of true perceptual deficits and the reality of a pure schizophrenic variation on fundamental constituents and aspects of the condition of normative behavior.

Use of Electro-Convulsive Therapy (ECT) ;

The one area of mutual agreement excepting the approval of Dr. Thomas in dialogue and monologue is the issue of electro-shock and electro-convulsive treatment [ECT [therapy] in psychotic episodes, schizophrenic patients, in dealing with negative symptomatology or trying to break severe manic or depressive states in manic-depressive illness in concert with typical or atypical neuroleptic treatment either briefly or for prolonged phases. Foucault, Laing, Savreux, and Zacou all agree that from the dawn of human history up through the classical age in central and western Europe and into the twentieth century - the marginalization, the medical abuse, the institutionalization (both literal and sociological), the medical mistakes and errors, and use of questionable unscientific treatment methods from western medicine in psychologically aberrant or eccentric individuals (beginning through labels in the west in the late 18th century in Prague where the play is set) should be met with hostility from patients, providers, family, and caregivers alike for social, medical, and ethical reasons. In this example and exchange, only

cold-war conventional medicine thinks it proper to initiate radical treatment in a radically unsound mind. The counterpoint is that many people if not all have radically unsound minds and that everyone is psychotic in some form or another (though not schizophrenic, specifically).

Empirical social realities and the lack of schizophrenia minority-autonomy in the functions of the dynamics of change;

3. *Reductionist treatment of the marginalized*

(aiii)

Schizophrenia is the unacknowledged disease of the ostracized both medically and historically; an unacknowledged and under-cared for minority (likely the largest and most mistreated and unrecognized minority fitting these criteria in existence). For thousands of years, the insane have been confined to the wards and silence and to lives of inevitable and involuntary social, emotional, physical, and psychological poverty by the proprietors of society to avoid scandal. In short, the proprietors of society do not like scandal. In the western hemisphere in previous centuries they were put in institutions, jailed, candidates for eugenic-deletion, lobotomized, electro-shocked into psychometric incoherence or cognitive non-existence, and through to the current day practice of systematic marginalization, discrediting, and the supreme invalidation of the schizophrenic experience. Additionally, schizophrenics are the subject of psychological profiling and discrimination and 6% of hate crimes. No one looks at a cancer patient and lacks empathy except a sociopath or a clinical psychopath. A schizophrenic is often ridiculed, bullied, harassed, abused, even the victim of violence or hate crimes, or restricted U.S. constitutional and U.S. citizen rights for his, her, or their behavior and interpretation of reality (in a strictly neutral sense). The FBI has cultivated a model for would-be serial killers: twenty-something/military age (seventeen to thirty-nine), reclusive, schizophrenic, high I.Q., fascination with codes and ciphers, logical, few social and relational contacts, little familial support, and little or no romantic history. This model was introduced with the advent of the Zodiac killer and the initial forensic linguistic-model in various phases of the Unabomber investigation. Even governmental agencies have a bias toward the schizophrenic but this trend isn't a new sociological trajectory it's been ongoing at every level of organized life for thousands of years (in the form of the dynamics of what could be considered aberrant primatial syndromes and behaviors in the behaviorist and socialized sense).

From Act 3, Scene 1, "Savreux's Bohemia"

The third act, entitled "Savreux's Bohemia" is also the shortest and most emotional act of the play. During this act Savreux displays more vulnerability than before where he searches for the "what" behind his theoretical "why" and "how" throughout the debate, Savreux appears intellectually unflappable though at times agitated at the state of things. Here, however, we see a different side to this social figure. He comes to realize that while he can explain schizophrenia as a theory and as a reality in ways the theoreticians and psychiatrists can't he cannot articulate "what" is at the root of his suffering. Here, the author is doing something a bit different - universalizing the complexities and abstraction of the hypothesized theory of schizophrenia to its

ontological and existential root-cause. The fact that Savreux can articulate and explain other's suffering and his and other's reality but not the "what" of his suffering makes him identical to both the theoreticians and the psychiatrists in different ways. On the one hand, the psychiatrist can't know the "what" of the mysteries of schizophrenia, and the theoreticians can't know the reality of the schizophrenic but neither too can Savreux know the what of his suffering. The mysteriousness of what is real is therefore at the heart of all human inquiry for Savreux in its broader appeal to investigate. All characters are shown to have equally valid insights in different areas, perhaps a broader metaphor for Savreux's endorsement of self-examination and his longstanding psychoanalytic pursuit to find answers for self-actualization, but in the end, he is as clueless as to the next person. Here, it is revealed that both the theoretician and psychiatrist Laing has insight as does Dr. Thomas by describing Savreux as being thoroughly exhausted, bored, and simultaneously under and overqualified for his age. Savreux's exhaustion can be seen as an empirical (but also personal and intersubjective) reflection of the reality of life with a paranoid psychosis and serve as a reminder of the exhaustion life brings to those who relentlessly pursue its ultimate meaning. The fact that Savreux feels something at all is a fundamental improvement whereas before his affect had been blunted or agitated. The search and pursuit for meaning leaves one exhausted but feeling, instead of indifferent, — blunted. In the end, Savreux finds himself humanized by the psychiatrists he had once condemned who look at him for the first time not as a schizophrenic but as a tortured human just looking for relief. It is in this moment where all characters involved invite a kind of collective self-actualization. The play ends on a solemn note where Savreux references that his old comrade from a residential facility in the American southwest is probably living out the same existence with little variation. While those unfamiliar with Savreuxian thought may be tempted to lump this work into that of existentialism or absurdism, that would be misguided. Savreux's work and thought are multi-layered, subjective, and interdisciplinary. Throughout the play, Savreux has constructed a world where all four characters, all radically different and of different education levels, citizenship, ages, time periods, and professions find common ground through self-actualization at the end of an arduous, exhausting voyage through cross-examination. The play serves as a metaphorical vindication of the agony of humanism and ends with that plain agony on full display on the journey toward the aim of reunion with others and the loss of the sense of 'otherness'.

(biii)

4. The moment of marginalization

According to the play, the "moment of marginalization" in schizophrenia occurs when the schizophrenic gains insight into his or her condition thus penetrating their sphere of psychological independence in an interdependent realistic environment. Schizophrenics and schizoids alike experience the moment of marginalization according to Savreux when they realize, quite fully that all things being fundamentally and existentially equal their positions on a cartographical chart in internal and external psychological reality remains in-flux and not as static as those who experience reality more consistently and reliably. Thus, the schizophrenic knowing he or she is being treated "inhumanely" is not a psychotic or disordered reaction but logically it is a human one and it is, therefore, the supreme moment of marginalization. Other forms of marginalization occur when the schizophrenic realizes associative properties of

marginalization such as lack of autonomy, lost time, constant questioning of reality, over contemplation, etc.

Recommendations for future research and the conclusions about moving forward with further studies and psychoanalytic and environmental analyses and goals

The plays draw heavily from Laing, Freud, Lacan, and Bleuler with sociological and historical ideas and interpretations from Foucault's remarks, however, Foucault is inserted more for comedic relief than anything else. Much of the dialogue is centered between Laing and Savreux with emphasis on a new kind of psychoanalytic or psychotherapeutic approach to patient treatment in severe schizophrenia. Fundamentally, Savreux and Laing hold similar positions on the existential backdrop of schizophrenic realities with Savreux deviating in that he views existential dilemmas as having equal footing and equal root causes, Specifically, that existentially life is fair, whereas this notion doesn't work within Laing's theoretical framework. Neither Laing nor Savreux object to treating emotional distress, however, Savreux emphasizes Laing's point about atomization and automation with Savreux detailing a more precise and clinical definition of his idea of the automated individual within the automated society. Savreux views societal norms as mechanical and indiscernible to people of ordinary intelligence. Further, Savreux's analyses of the automated society and the schizophrenic are in dialectical conflict with one another. The schizophrenic isn't made for the automated society and the schizophrenic isn't automated. This leads to further ontological and relational issues which only further reinforce existential feelings of otherness in schizophrenic patients. Both Laing and Savreux agree and append for further recommendation more holistic or osteopathic evaluations of schizophrenic patients including non-invasive treatment methods, emphasis on psychotherapy, with an existential philosophical backdrop to psychoanalysis (derivative of Sartre), with Savreux further diverging from Laing on emphasizing spirituality or a kind of spiritual life or self-awareness as being crucial. Savreux also believes dietary changes are to be investigated in the influence of the empirical subject matter in medical sociology and psychiatric medicine - a point with which Foucault finds some ideological validity. While the play is anti-institutional in its approach toward the current allopathic model of psychiatry, it is not an anti-psychiatry play. Notably, it seeks to remind the institution of psychiatry that schizophrenics are (as we realize upon the play's conclusion) just as human as the psychiatrist. In Savreux's view, then, the fundamental ingredient or the greatest medicine is mindfulness, love, creativity, empathy, and self-examination among other ideals than given account here in summary.

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