The body language: a semiotic reading of Szasz’ Anti-psychiatry

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In “The myth of mental illness” Thomas Szasz challenges the idea that mental illnesses are diseases in the biomedical sense. In his view they are more similar to a foreign language and for this reason they cannot be treated by means of biomedical therapies. The present article explores the semiotic implications of Szasz’s view of the hysterical symptoms as an iconic language. Following Reichenbach, Szasz distinguishes three classes of signs: indexical, iconic and symbolic. The somatic language of the hysteric person would be an iconic protolanguage which is more primordial than the objective language. Nevertheless, it retains all the basic functions of the language: to transmit information, to induce mood, and to promote action. Five different but intertwined reasons for the use of such an iconic form of communication are discussed. In conclusion, the hysterical symptom speaks its proper language and our ethical commitment is primarily to empathically listen to it.

Keywords: protolanguage, myth of mental illness, hysteria, semiotics, iconic sign.

Most people know the book “The myth of mental illness” (Szasz, 1961) as the foundation of Anti-Psychiatry. In this work the author refuses to accept the idea that mental illnesses can be treated as illnesses from the biomedical point of view. If hysteria is considered not as a disease but as a foreign language, then it has no meaning talking about therapy. As a consequence of this reasoning hysteria is considered as a peculiar type of a communicative behaviour and so we do no task the “cause”; it would be as if we ask the aetiology of speaking French. In order to understand the relative behaviour it is necessary to reason about learning and meaning, ending with the conclusion that speaking French is a consequence of leaving between people speaking that language. Refusing the physicalist interpretation of the human behaviour, Szasz states that explanations about mind and human behaviour should be searched around totally different concepts, that is tracing “mental illness” back to its own language. Before Szasz theories other studies treated the language of “mental patients”, but nobody arrived to analyze in such a radical way mental pathologies, interpreting them as languages. The true revolution is to state, as Szasz himself does, that “mental patients” are their language, indeed they are their mysterious and indecipherable proto-communicative system. Following these preliminary remarks, the article will deal with a semiotic reading of contribution by Szasz. The main theory by Szasz is that “mental patient” summarizes in his language his own human story. In particular he analyzes hysteria as an example, interpreting it as communication through somatic signs; this one is explained to be a peculiar type of communication based on signs.

The presentation by Szasz is based on the conceptual scheme created by Reichenbach (1947) from which he borrows logical/symbolic definitions of words like “language”, “sign” and “symbol”. In logic terms the language is communication mediated by conventional signs (symbols) systematically coordinated (the author talks about signs having a conventional or arbitrary relationship with the object; for example: words or mathematical symbols). Following Reichenbach theories, Szasz notices that different languages can be discerned the one from the other basing on the complexity level each of them uses to describe and to execute logical operations. The simplest level is that of the objective language in which signs denote
physical objects like a cat, a chair, etc. in a subsequent level signs referring to signs can be introduced (the terms “clause”, “word” are signs belonging to a first level metalanguage). Higher and higher levels of metalanguages can be built inserting constantly signs denoting other signs belonging to the inferior (logical) level. In order to talk about any objective language a metalanguage is necessary (both levels using the same linguistic basis). The common language consists of a mix of objective languages and metalanguages. The common conversational language has always an informative function always easy to be decoded. On the opposite non conversational languages are above all necessary to express emotions. Art, dance and rituals are the most characteristic examples. In these types of communication symbolizing is an (individual) idiosyncrasy, more than a conventional one.

Following this schema, the somatic symptoms of hysteria cannot be considered languages similar to the conversational ones, strictly speaking. In this case Szasz thinks that these are not conventional signs (symbols), but rather they are iconic signs, that is signs having a similarity with the objects they want to denote (for example, the shot of a human being). So, more than talking about language Szasz talks about a communication through somatic signs, which is protolanguage. If we followed strictly the logical schema saying that only what is expressed through objective language or metalanguage can be considered as knowledge then the somatic language (protolanguage) would not express knowledge. But in Szasz opinion this thesis is not completely true, because he thinks that the hysterical protolanguage has got all the communicative functions described by Reichenbach for the language (to transmit information, to induce mood, and to promote action). The only exception is that in his opinion the hysterical protolanguage communicates in a non-conversational way through iconic signs. From this point of view the hysterical symptom is an iconic sign of a genuine epileptic seizure. A hysterical paralysis or a weakness of lower limbs could be (thought as) an iconic sign of a weakness due to a multiple sclerosis.

Analyzing the origin of the hysterical protolanguage Szasz states that it has a double origin:
- the first root is in the somatic structure of human being. The human body is subject to illnesses and disabilities expressed through somatic signs (like paralysis, convulsions, etc.) and somatic sensations (like pain, tiredness, etc.);
- the second root can be found into cultural factors.

So hysteria is the “language of illness” used:
a) because another language has not been learned so well. In Szasz opinion less complex human beings have recourse to the protolanguage. For example, he reminds the period when some people tried to become literally icons of Christ on the cross showing the so-called hysterical stigmata. In his view, conversations through this protolanguage can exist when people taking part to the talk do not control a higher level language. In fact this kind of communication start to disappear with the diffusion of a scientific behaviour towards religion;
b) when the existential needs of an individual clash with the values recognized by the society. In these cases hysteria often represents the only way out as in the case of a woman with deep religious beliefs forced to hide with the vaginismus conflicts about her pregnancy;
c) when introducing through somatic signs – like paralysis and convulsions – the idea and the message summarized in the expression “I am sick” is most effective and richer in informative elements than the simple sentence “I am sick”. In this case somatic signs draw the way the suffering person considers himself sick. In the organic disease the knowledge of rules of morbid anatomy and physiology leads to infer the “meaning” of the somatic symptoms. On the opposite in the hysterical iconic signs we do not need to know medicine but it is rather necessary a deep knowledge of the person’s personality. In other words it is necessary to know patient’s family record, the history of his individual development, his religious opinions, his work, etc. It can be said that through symbolizing his own symptom the patient introduces his own strongly condensed autobiography;
d) because in general it is difficult to express the body “sensation” through the oral language.
This is due to the fact that non conversational languages are not easy to be translated in other language and, even less, to be reduced to conversational forms. Concerning this Szasz quotes Rapoport (1954) highlighting that the description, how scrupulous it can be, of a dance or a ritual will neglect the core of what it means to depict.

e) because in our culture the presentation of a problem as an organic illness can make easier the life of a patient.

At last it needs to be highlighted that in Szasz opinion the context of a message is an integral part of the entire communicational system. Appling this consideration to hysteria it is necessary to consider the communicational set including the situation in which the behaviour takes place.

CONCLUSIONS

Iconic signs are those signs having a relationship of similarity with the object they represent. As an example of iconic sign Szasz uses a shot of a human being as a close representation of the human being himself. Following this reasoning the psychiatrist should see the somatic signs as iconic signs of somatic illnesses. These signs are what can be defined as the language of illness. However it is necessary to highlight that the iconic sign representing a neurosis cannot be considered as a close copy of what neurosis really represents. This symptom must be interpreted, studied and understood together with a numerous quantity of other elements. Szasz states that the patient introduces his own strongly concentrated autobiography through the symbolism of his own symptoms. Implicitly Szasz means that the patient represents a figure that needs to be interpreted in order to reveal the message. Szasz defines protolanguage as a somatic language of illness, a “language” that cannot be considered an objective language. It comes natural to ask: being in a pre-logos status this language owns words to tell itself? In case we decide to follow the logical thesis that only what is expressed through objective language or metalanguage can be considered as knowledge, then the somatic language does not convey knowledge. But, in Szasz opinion this thesis is not completely true. A hysterical symptom, that can be a pseudoseizure or a paralysis, expresses and usually communicates a message to a certain person. Relating to Reichenbach’s theory distinguishing three different functions of the language (to transmit information, to induce mood, and to promote action), Szasz thinks the hysterical symptom summarizes in itself these three instrumental uses of the language. Even if Szasz seems to contradict himself while analysing non conversational languages (and referring in this case to art, dance and rituals), he states they are mainly useful to express emotions difficult to be translated in words. The problem of translation is a huge problem coming in a translation from one language to another, from poetry or a piece of work to its “explanation”. So, we (people full of logos) are in front of a hysterical symptom belonging to the world of the inexpressible, to a mythical world, to a primeval world, screaming through its own language. Our ethical work is that of listening t it before understanding it. Szasz states:

“empathy is a precondition of any relationship between a “healer” and a distressed person seeking his/her help. It is NOT a method of helping him, as there is no such SPECIFIC method. What I suggest is simply considering the sufferer’s nonverbal (behavioral, gestural, “silent”) communications as we consider those of a mime, the prototype of the actor. The audience is invited to understand and learn from him, not to classify or cure him” (Szasz, personal communication, 19 June 2011)

REFERENCES

