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## **The Psychology of Schizophrenia<sup>1</sup>**

In the clinical symptoms of schizophrenia the psychologist finds an extraordinary and almost unique phenomenon, in any event, a phenomenon that cannot be compared with anything previously described. It is a unique and extraordinary case of a type of psychological development and alteration of consciousness and its functions that can shed light on the normal organization of consciousness. Most importantly, it can shed light on the normal organisation of the relations of consciousness to its functions and on its normal course of development. In this sense, the psychological study of schizophrenia perhaps contains the key to understanding the structure of normal consciousness. In any case, the psychological study of schizophrenia, which has not yet advanced very far, should enable us to approach normal human consciousness from the standpoint of a psychological laboratory experiment.

The essence of the novelty revealed by clinical studies of schizophrenia for the psychological analysis of pathological and normal consciousness may best be explained if we pose the question of how the relation of consciousness to its functions has usually been interpreted in psychological and psychiatric investigations. I think I should not be wrong if I said that throughout the history of psychological and psychiatric research, consciousness has always been regarded as something extrapolated from its functions. We have two main variants in approaching this problem, if we leave aside a number of other variants that we cannot deal with here because they would restrict our efforts to convey schematically the essence of the question at hand.

In the first variant, which was most prevalent in old psychiatry and old psychology, consciousness was seen as an abstract attribute, inherent in all types of activity and all functions, as the capacity to know and to experience. It was a rather meager, scraggy, sparse something in that it represented a general quality that was equally inherent in all functions, from the most elementary to the most complex, was extracted from everything that was full-blown in the activity of consciousness, from everything that constitutes the essence of this activity in its concrete, manifold forms.

In the second variant of this problem, consciousness was seen as a kind of mental space containing all functions and ontologically preceding them. In this case, psychologists and psychiatrists alike said that functions could undergo development or change, but consciousness remained immutable; functions could be impaired, but consciousness remained intact.

In both these variants consciousness was described mainly in formal terms, mainly in terms of such attributes as continuity, clarity, and the unity of this consciousness; but always and everywhere inquiry dealt with consciousness as something extrapolated from its activities.

Of course, it was a necessary postulate that consciousness itself could neither change nor evolve; hence, it is not surprising that the science of consciousness, as psychology has conceived of itself for many centuries, should have studied very attentively a whole series of activities of consciousness, but said nothing intelligible about the nature of consciousness itself and its development. It is also interesting in this respect that the science of mental illnesses or diseases of consciousness, as psychiatry conceives of itself, did a great deal in the way of studying disorders of various aspects of consciousness, but discerned only the grossest and most massive forms of alterations of consciousness, which, strictly speaking, should instead be classified as the actual extinction of consciousness rather than as a change in it.

The second aspect that distinguished earlier study of these questions was that even the activities of consciousness themselves, i.e., the specific functions of consciousness, were usually studied in isolated and abstract form, although it was postulated that these functions operated jointly. It was repeatedly asserted, by both psychopathologists and psychologists, that the activity of each particular function of consciousness was always inseparably connected to the activity of the other functions, that

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<sup>1</sup> Aus: *Sovremennaja problemy šizofrenii. Doklad na konferencii po šizofrenii* [Gegenwärtige Probleme der Schizophrenie. Bericht einer Konferenz über Schizophrenie. Moskau, 1933. S. 19-28.

memory presupposed the activity of attention, attention presupposed the activity of thought, etc. However, this postulate itself was never investigated, and it was thus implicitly assumed that, although all functions acted together, their joint activity was not essential for the fate of each particular function, since, again, it was assumed that these functions always acted together in the same identical, unchanging manner.

Hence, we see that in the study of consciousness and its functions in psychology and psychopathology, two postulates, which modern psychology has made into problems, reigned for a long time. And the most important change in the way these problems were formulated, a change that has had very valuable effects on experimental research in the psychological laboratory, whether in a psychiatric hospital or in a psychological institute, is that both these postulates (i.e., about the relation of consciousness to its functions and about the relation of the functions to each other in different forms of movement of the mind through its development and decay) have now become a specific object of empirical inquiry.

In contemporary research these problems (the problems of consciousness and its functions and the problem of the relationship among functions) have moved to the center of attention. Psychology has only just recently been able to approach these problems sufficiently concretely and empirically, since previously many of the connecting links between consciousness and its functions were missing. But when some of these connecting links – i.e., certain psychological structures of a higher order, or of a more complex structure and a more recent origin than elementary activities – were described in their normal and pathological aspects, they enabled us to pose this problem as a subject of direct investigation.

The most important thing that modern empirical psychological research has done for the study of schizophrenia and that the psychological laboratory has acquired from clinical study of schizophrenia is that the function of the dissociation of the mind has been made accessible as a direct object of empirical investigation

This phenomenon has been described in various psychological laboratories, under different names, in connection with a variety of processes. An elucidation of it that fits its clinical forms most closely is, as far as we know, found in the analysis of this function made by Kibler and, later, by Kretschmer, who generalized Kibler's findings.

Essentially, in this new formulation of the problem the dissociation of the mind is seen as a function inherent equally in both pathological and normal consciousness, and hence as a psychological function by nature, as a function that is as necessary for abstraction, voluntary attention, and concept formation as it is for the genesis of the clinical picture of the schizophrenic process. Kretschmer commented eloquently on this function: "The capacity for dissociation, even in an experimental situation, is so conspicuous that, on the basis of this fact alone, one would be fully warranted in calling this capacity 'schizothymie', even if the psychosis of 'schizophrenia' did not exist at all." This is an excellent, concise, and accurate formulation, expressing the real state of affairs with regard to the problem of dissociation.<sup>2</sup>

If we now turn to study of this function in schizophrenies, we see that initially the psychological laboratory contributed very little on this score. It encountered the following. In addition to dissociation, which was very clearly evident, we encountered the photographic negative, as it were, of this symptom, its double, i.e., a phenomenon about which V. A. Vnukov was speaking when he called attention to the existence of internally contradictory symptoms in the psychiatric picture of schizophrenia. We encounter this phenomenon at every step in the clinical laboratory, and the clinical picture leaves no doubt that every major symptom of schizophrenia has a countersymptom, its negative double, its opposite.

We observe a disturbance of affectivity, emotional dullness, a coldness of affective life; but at the same time, no one would deny that affective aspects acquire abnormally great importance in the thought of a schizophrenic. No one would deny that schizophrenies are inclined toward abstract thinking. But on the other hand, a key aspect of their thinking is a tendency toward a graphic, primitive type of intellectual processes. We know that the schizophrenic form of thinking is often

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<sup>2</sup> Of contemporary psychologists, K. Lewin came the closest to a correct solution of this problem. In discussing the problem of the unity of consciousness, he showed that an indispensable condition for this unity was the division of consciousness into individual spheres, mental systems, layers, which were relatively well demarcated and independent of one another.

called symbolic, by which is meant that peculiar property of taking nothing literally, but everything allegorically. On the other hand, as we have seen, comprehension of metaphorical, symbolic meanings suffers severely in schizophrenia; the schizophrenic patient is unable to create a nonsensical construct; but, on the other hand, most schizophrenics produce only utter nonsense.

At each step we find that every symptom is matched by a countersymptom, which reflects the same phenomenon negatively. We have been unable to find a sufficiently clear explanation of the complex structure of the schizophrenic syndrome – perhaps because of insufficient knowledge in the clinical study of schizophrenia – but we are inclined to believe that the explanation for this phenomenon is to be found by applying the hypothesis of the systemic and sense structure of consciousness to an understanding of the psychology of schizophrenia.

Let us attempt to show how, from the standpoint of this hypothesis, we might resolve the question of the duality of the symptoms in schizophrenic disorders of consciousness in terms of the phenomenon of dissociation and its countersymptom, which we mentioned above, i.e., the tendency for disparate processes and aspects to merge together in consciousness. The starting point of our discussion will be the following: the function of dissociation, like all functions of consciousness, does not remain unchanged; it develops as consciousness develops, changing qualitatively in the process. We know that new structures that did not exist in preceding stages and are not simple combinations or modifications of rudiments present at the outset are generated in the process of development. The same takes place with regard to the function of dissociation.

This function enters as a subordinate instance, a derivative aspect, a coherent force, into structures of a higher order of which it itself is a precondition in the history of evolution. If I say that the function of dissociation is a precondition of voluntary attention and abstraction in the history of development and in ongoing functioning, what I mean is that it serves as a coherent force in the internal structure, in the psychological system of concepts, in every fully developed adult human being. It then becomes understandable that the system of concepts through which consciousness generalizes the reality given to it and the entire internal world of subjective experiences, that precisely this system in a certain sense defines the boundaries of dissociation and combination of spheres or domains in consciousness.

But this brings us to a curious observation: in experimental study, the function of dissociation has its countersymptom in the form of counterdissociation, i.e., a fusion of everything into a whole, a syncretic combination of the most varied layers and aspects of consciousness.

In other words, in addition to the extremely well developed destructive force of dissociation, in schizophrenic consciousness we find aspects that act in the opposite direction. A complete description of schizophrenic consciousness therefore necessarily requires, in addition to taking into account the tendency toward dissociation, recognition of a contrary force, which also is unleashed by the disintegration of concepts and blurs the distinct dividing lines between the different spheres and processes of consciousness. Both are linked to the breakdown of the meaning of words and of the entire sense and systemic structure of consciousness of which I spoke earlier.

I am inclined to think that the second point that may be adduced to explain the dual picture of the schizophrenic syndrome lies in an idea that I heard expressed in every one of the preceding reports, namely, that in the schizophrenic process we must not regard the ill human being solely as a patient. We must pay attention to the active role of the personality that is undergoing this disintegrating process. It is conceivable that, in addition to the traces of destruction of the personality, which is under the influence of a prolonged pathological process that destroys the highest, most complex, semantic and systemic relations and connections of consciousness, we shall find contrary traces, that this personality will, in some way, resist, modify itself, reorganize itself, and that the clinical picture of schizophrenia can never be understood merely as something emanating directly from the laying-bare of the destructive consequences of the process itself, but must be seen as a complex reaction of the personality to a process so destructive for it.<sup>3</sup>

I think that a biological orientation toward the study of schizophrenia (which we in psychology have to thank for the introduction of the problem of dissociation into empirical research) was correct when it emphasized the role of the personality in the disorder, but was emphatically wrong in that it

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<sup>3</sup> In particular, some cases of dissociation may, from this point of view, be very well regarded as defense reactions of the consciousness to the process of disintegration and fusion.

understood the personality itself incorrectly, positing a biological concept of the organism in place of a sociopsychological concept of the personality. And if modern psychology and psychopathology were to grasp that one basic and, from my point of view, important idea, namely, that it is not the depths but the heights of the personality that are decisive for understanding the disorders and reactions of the personality and for the fate of an individual's consciousness, then, it would seem to me, this understanding of individual reactions as coming from the heights, not the depths, of the personality should contain the key to deciphering the dual picture presented by schizophrenia.