

# Onset in Acute Schizophrenia

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# Onset in Acute Schizophrenia

Anton T. Boisen\*

THIS PAPER will attempt to show that the successive stages in the development of acute schizophrenia bear a striking similarity to those of insightful thinking. This similarity supports the view that the schizophrenic reaction should be sharply distinguished from certain other formations with which it is commonly associated, formations which obscure its true significance as a manifestation of nature's power to heal, analogous to fever and inflammation in the body.<sup>1</sup>

Let me begin with a case which exemplifies the schizophrenic reaction, a case unusually free from malignant involvements.<sup>2</sup> The patient in question, Oscar O., was brought to the hospital after an attempt at suicide. He had been found in his home with the gas turned on and both wrists cut. According to the commitment papers the motive was self-sacrifice. He wanted to relieve the world of its sins. The onset of the illness, according to the patient, was "quite long—it was a whole week!" His wife states that she noticed nothing wrong until two days before. She then observed that he had become self-absorbed and unable to sleep. There had been a previous commitment 13 years before. Then also the onset had been sudden, the disturbance severe, and the duration brief.

In appearance he was a stocky man of 53 with barrel chest and heavy muscles. When first seen, he had just emerged from the disturbed condition. He was eager to understand what had happened to him, and he talked frankly of his experience in a sensible and matter-of-fact manner.

He was a native of Sweden, the second

in a family of nine, seven of whom were boys. All of the children lived to maturity and have given a good account of themselves.

He considered himself to have been a fairly normal boy. He went through seven grades in school without repeating any grades, but he hated school and his scholastic standing was only fair. In a fight, however, he was not so dumb. He could lick any boy in his room. After leaving school, he served an apprenticeship as a mechanic; then at the age of 21 he went to sea. After seven years of roving he settled down in this country, and at the age of 31 he married. His vocational record was excellent. His trade, however, was a highly specialized one, and the assignment of jobs was determined by the union. For this reason he was often idle.

He talked frankly of his sex adjustments. There had been the usual difficulty with masturbation in the adolescent period, but he thought it had not been excessive. While at sea he had sometimes gone with his mates to houses of prostitution, but apparently he had kept within the bounds of respectability as judged by his group. His wife, at the time he met her, was a working girl. He became interested

\* This case I have used before in an article which appeared in the *Elgin Papers* for 1932 and in another article in the *Crozer Quarterly* for 1940.

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<sup>1</sup> Cf. Boisen, A. T., *The Form and Content of Schizophrenic Thinking*, *PSYCHIATRY* (1942) 5:23-33; also *Exploration of the Inner World* (Chicago, Willett, Clark & Co., 1936) chapter 1. For a related interpretation, see Sullivan, Harry Stack, *Conceptions of Modern Psychiatry*, *PSYCHIATRY* (1940) 3:1-117, particularly pp. 69-82.

in her, and then discovered that she came from his native town in Sweden. The marital adjustments, he says, have been happy on both sides. In this the wife agrees. One gets the impression, however, that the home life is somewhat matriarchal. The wife is a quick, attractive, business-like person, accustomed apparently to having her own way. She says of him: "He says that anything I say is all right." He says of himself that he has good will power and that whenever he wanted to, he did not hesitate to assert it.

The patient and his wife were brought up in the Lutheran church. Of his early training he says that he was dragged off to church and Sunday school and that he hated it. He never did "grab anything in religion." He claims to be something of a free-thinker. In politics, he is inclined toward Socialism. In religion, he came from Missouri: he wanted proof before he was ready to believe. Neither he nor his wife were active in church.

He was quite ready to talk of his experience and allowed me to get it down pretty much word for word. Here is his account:

I must give it to you in order. You can't understand unless we go back to the beginning 13 years ago. You must know how the whole thing started, how I made a sort of bet with God.

I was at a Socialist meeting one night. A man there spoke of Jesus and of his giving his life for others. He asked if there were not many others who would be willing to do that.

That night I was thinking about what the Socialist speaker said and that I would gladly give my life for my family alone. In the night I was waked up and a voice said, 'You must be put to the test to see if you will really give up your life.' It seemed as though God were right in front of me and the voice seemed to be God's voice, and words from the Bible came into my head. I began to feel very nervous. It seemed as though something was getting into me. I did not tell my wife. I felt she would not understand. I got up and ran out into the street in my underwear. Of course that was a very strange thing to do, but it was just like the old Greek who found out how to weigh a ship. He was in his bathtub at the time the idea came to him, but he got so excited that he got up and ran out without anything on. You get an idea so big it just carries you away.

I think it was the same night that blood came into my mouth, and something said it

took almost two thousand years to produce a man like me. I had lived for two thousand years. It was just like I had gone through many generations. Sometimes I was born rich and sometimes I was born poor.

About a week after that I was sent to the hospital. After that dream I was nervous. I had a feeling like when they bind up your arm and give you a blood test. I was sort of filled up. It was a queer feeling—something you don't understand what it is. I had the feeling that there were two sides and that I had to go to one side or the other in order to get salvation.

In the hospital I was put in a strait jacket. The first night I had a dream. I seemed to be crucified, and the whole room was full of devils. They were trying to hurt me, but I was full of power. You see I was in a delirium. I dreamed I was dead. I dreamed I was lying in the grave just like Jesus did.

In about three days my mind came back, and I was released at the end of three weeks. I got along very well after that. I had steady work and there was nothing to worry about. During the last three years work has been scarce and there has been plenty of time to think. No, I had not been thinking much about religion. My wife was told at the hospital that the trouble came from reading the Bible; so I put the Bible in the attic. I didn't want to make her nervous. And I didn't go to church.

The last attack began when something told me to go and get the Bible. I had started then to pray to God. I had been feeling lonesome and I had it in my mind that there is a God. Then it came to me that I had a second installment to pay. I had to finish paying my bet with God. I came then into a state of fear. Something said to me, 'Are you willing to commit suicide?' And it was just like I had to do it. I turned on the gas. That was for my wife. Then I slashed my wrists, one for one daughter and the other for the other daughter. But everything I have done before came to a good end, and I have the feeling that this will too. I just felt that I had to do it to keep my promise. I have the feeling now that I am a new man. All this is over. I have done my part.

No, I didn't hear anything. It's just like when you sit and think. Something comes to you. Sometimes it comes quick just like something talk to you. I suppose it comes from God. I can't see any other explanation.

Yes, I did say when this came on it was just like I hypnotized myself. When I talk with a doctor, I talk about self-hypnotizing. A doctor understand that. He don't understand about religion.

Did I think of myself as Christ? Yes, I guess I did. That was before I understand. You get happy and you wake up and think you are it. You get puzzled as to who you are.

My plans? I want to get to work as soon as possible and get along the same as before. I don't want to take any more of them fits. When this thing came on, I thought I was going to have to preach; but the voice said, 'You was going right the way you was. I don't need you to preach. I have other men I can send to do that.'

This case shows the schizophrenic reaction with unusual clarity and completeness. Its representative character is apparent when we review its successive stages in the light of a statistical study of 75 other cases likewise characterized by sudden onset, severe disturbance, and relative freedom from complications.

#### PERIOD OF PREPARATION OR FRUSTRATION

In all of our cases we find evidence of some unsolved problem relating to the patient's role in life—a problem which arouses intense emotion. Nearly always this problem involves some sense of personal failure and guilt.<sup>3</sup> It has usually been on the patient's mind for many years as a source of distress and uneasiness until finally, in cases of this type, there comes a desperate attempt at solution.

What the problem was in the case of Oscar O. is suggested by the question which precipitated the disturbance. The Socialist speaker asked, "Are there not many men who are willing to give their lives for others?" The fact that this question touched off an explosion may be taken to indicate that it bore on some problem with which he was already grappling. His immediate response was: "Of course, I would gladly give my life for my family alone." As a matter of fact he had been doing exactly that. His entire life had been organized around his home. He had been carrying out quite faithfully the professions of undying devotion which he had undoubtedly made as a lover. But that night he was waked up and a voice said to him, "You must be put to the test to see if you will really give up your life." Clearly there was

something in his relationship with his wife which was 'getting on his nerves.' Not merely was it becoming increasingly difficult for him to continue to say that "everything she said was all right," but there was a situation here which demanded attention. It will perhaps not seem farfetched to suggest that his relationship with his wife had involved certain therapeutic aspects. It had been something in the nature of a "transference" involving dependence upon a finite love object which needed now to be "broken up," or "resolved."<sup>4</sup>

This case would then differ from the majority of such cases in that the life situation did not involve the sense of personal failure and guilt but rather a forward step in his development or maturation.

#### PERIOD OF NARROWED ATTENTION

Asked if the disturbance came on suddenly, Oscar O. replied: "No, it took a whole week, and it took a whole week before." We would say that it came on very suddenly. At the time of the second admission, the wife did not notice anything out of the way until two days before. He had then become self-absorbed and unable to sleep. In many of our cases the information regarding the period of onset is deficient, but in 42 of them there is clear evidence of a period of preoccupation lasting from a few days to a few weeks. In more than half of these, there is mention of praying and reading the Bible, in 15 of preoccupation, in 10 of sleeplessness, in 4 of crying spells. In 5 cases the patient had become absorbed in writing. A classic description of this stage is to be found in John Bunyan's *Grace Abounding to the Chief of Sinners*:

By these things my mind was so turned that it lay like a horse leech at the vein. Yea, it was so fixed on eternity and on the things about the kingdom of God, that neither pleasures nor profits, nor persuasions nor threats could loose it or make it let go its hold; and though I speak it with shame, yet indeed it is a certain truth; it would have been as difficult

<sup>3</sup> Cf. Boisen, *The Sense of Isolation in Mental Disorder: Its Religious Significance*, *Amer. J. Sociology* (1928) 33:555-567; *The Problem of Sin and Salvation in the Light of Psychopathology*, *J. Religion* (1942) 22:288-301; and *Exploration of the Inner World* (reference footnote 1), chapter 6.

<sup>4</sup> For an illuminating discussion of this point, see Hocking, W. E., *Human Nature and Its Re-making* (New Haven, Yale University Press, 1923), chapter 42.

for me to have taken my mind from heaven to earth as I have found it often since to get again from earth to heaven.

Narrowing of attention is in fact so characteristic as to justify a question as to whether Oscar O.'s suggestion regarding autohypnosis may not be worthy of consideration. Certainly we know that Hindu holy men and others of the shaman type employ techniques for the narrowing of attention in order to induce the trance condition.<sup>5</sup>

#### AN UPSETTING IDEA

The patient states that he ran out into the street in his underwear. Of course, he explains, that was a very strange thing to do, but like Archimedes of old he had got an idea so big it just carried him away. This is an explanation which will apply to many other cases. What the "big idea" was in his case is clear. He thought God had spoken to him, and he got a new concept of his own role. In most of our 75 cases we find similar ideas. In 54 there is specific mention of contact with the superhuman, and in 42 we find the idea of cosmic identification.

In the case of Oscar O. the upsetting idea was imparted by means of a "voice." It seemed as though God were right in front of him, and the voice seemed to be God's voice. Questioned later regarding this voice, he emphatically denied that it was anything he heard with his ears. "It was just like when you sit and think. Something comes to you." So also in the other cases. The term *voice* is the one most frequently used. It is employed 14 times. However, most of these patients, when questioned, will explain that it is not something they heard with their ears. Many of them use other terms. Thus one young man says: "I got such funny ideas. Things just popped into my head." Others describe it as follows: "I got funny thoughts and felt myself under some sort of control." "I can't explain it. It was just the way I felt. . . . It came to me as a revelation in a dream." "I got inner

pushes." "My conscience told me." "I had the impulse." One interesting patient explained: "I had to give up my work and sat around brooding. Then ideas came to me. I didn't have to search for words. It was just as if I was commanded to say certain words I had never heard of before." Another says, "Communications came to me from out of the ether. . . . I felt as though I were directed by someone higher than myself. . . . The word 'Judas' flashed across my mind. . . . I heard an infinite voice—though not human in sound." A woman patient said: "I got the inspiration to write poetry. It just seemed to flow without my trying. There weren't any voices. It was just ideas that came to me. I got up one morning at five o'clock and wrote my first poem. When I put it together it was complete." Later on the idea came to her that she was to have an immaculate conception. She then "went into a tail spin."

The point to notice is that the mechanism involved in these *voices* is not different from the 'insights' or 'inspirations' of normal persons.<sup>6</sup> The important consideration is what the voices say and the fact that they are attributed to a superhuman source.

#### PERIOD OF ELABORATION

What happens next is likely to depend upon what the *voices* say. The most frequent of all the ideas found in the schizophrenic reaction is that of death. We find this in 50 of our 75 cases. When this idea is passively accepted and no action is called for, the picture is likely to be one of depression or stupor. Seven of our cases were stuporous and showed marked paucity of ideation.<sup>7</sup>

When, however, the idea comes that one has an important role in life—after an initial idea of death which is accepted in a spirit of sacrificial renunciation—then

<sup>5</sup> Cf. Coe, G. A., *Psychology of Religion*; Chicago, University of Chicago Press, 1916; chapters 11 and 16. Also Weber, Max, *Gesammelte Aufsätze zur Religionssoziologie* (3 vols.); Tübingen, J. C. B. Mohr, 1923; 2:169ff.

<sup>6</sup> An excellent discussion of the 'dynamism' involved is to be found in Coe's *Psychology of Religion* (reference footnote 5), p. 193ff. See also Hutchinson, Eliot Dole, *The Nature of Insight*, *PSYCHIATRY* (1941) 4:31-43.

<sup>7</sup> According to August Hoch in chapter 5 of *Benign Stupors* (New York, Macmillan, 1921), the idea of rebirth is characteristic of stuporous patients. The idea was clear in one of the seven cases. The others were inaccessible.

this paper.<sup>10</sup> His summary may help in the interpretation of our findings.

The scientist, the artist, the practical thinker—the profession makes little difference—has before him a problem involving some explicit production or decision in life situations. For months or years, it may be, this problem remains unsolved, this creative intention unfulfilled. Attempts at solution have ended only in bafflement. But suddenly, usually in a moment when the work has been abandoned temporarily, or when the attention is absorbed by irrelevant matters, comes an unpredicted *insight* into the solution. As if 'inspired,' 'given,' ideas arise which constitute a real integration of previously accumulated experience—an answer, a brilliant hypothesis, a useful 'hunch,' forming, it seems, a short cut to artistic or scientific advance. Exhilaration marks such moments of insight, a glow or elation goes with them, a feeling of adequacy, finality, accomplishment. The content of these insights . . . takes full form only in a later period of verification and criticism.

Thus the pattern of insightful thinking . . . involves a period of preparation, a period of renunciation or recession, a period or moment of insight, and a period of verification, elaboration, or evaluation. The process of creative thinking is the cycle of these stages in multiple and ever-changing emphasis.

That there is much similarity between the process of creative thinking, as thus analyzed, and that of the schizophrenic reaction is apparent. They have in common the period of preparation or frustration, the unpredicted insight which comes as 'inspired' or 'given,' carrying authority because of the way in which it comes and producing a mood of exaltation and a sense of finality. In both there is the period of elaboration and criticism represented in the flood of new ideas and a consequent strain upon the critical faculties. What is not so clear is the period of "renunciation" or "recession." We do find in a large proportion of our cases the renunciation of some longed-for hope and the sacrificial acceptance of the idea of death. It is generally following this that the idea of cosmic identification makes its

appearance. But there is no recession in the sense of turning the attention to irrelevant matters. In most schizophrenic reactions, the new idea or insight follows a period of intense preoccupation and concentration. The explanation may be found in Professor Hutchinson's suggestion that the period of recession which he finds in normal creative thinking is the temporary giving up of the problem as a *defence against emotional unbalance*. It follows then that the schizophrenic condition results when, in some desperate problem-solving effort, the creative, intuitive forces take possession at the expense of the organized self. The main difference between the process of creative thinking, as Professor Hutchinson has described it, and the schizophrenic reaction is to be found in the intensely personal significance of the problem which is involved, in the profoundness of the emotion which is evoked, and in the loss of perspective and balance.

#### THE SCHIZOPHRENIC REACTION AND MALIGNANT INVOLVEMENTS

This interpretation of schizophrenia may help in the understanding of what is found in the complex of reactions presented in most of our hospital cases. The four types generally labeled *schizophrenic* are to be regarded as four different ways of dealing with the sense of personal failure and intra-psychic disharmony; three of these are not problem-solving reactions but end results of malignant character trends.

In the *simple* type there are those who in the face of accumulating difficulties withdraw into the realm of phantasy and wishful thinking. This is a reaction which tends to eventuate in progressive dissolution. Such a process may be an insidious one, unmarked by any stormy episodes. Frequently, however, patients of this type become aware of their danger. One is likely then to see the reaction which I refer to as *schizophrenic*. It is important to recognize that such a disturbance is not an evil thing but a desperate attempt to correct a way of life which is leading to destruction.

<sup>10</sup> Varieties of Insight in Humans, *PSYCHIATRY* (1939) 2:323-332; The Period of Frustration in Creative Endeavor, *PSYCHIATRY* (1940) 3:351-359; The Nature of Insight, *PSYCHIATRY* (1941) 4:31-43; The Period of Elaboration in Creative Endeavor, *PSYCHIATRY* (1942) 5:165-176; The Phenomenon of Insight in Relation to Education, *PSYCHIATRY* (1942) 5:499-507; The Phenomenon of Insight in Relation to Religion, *PSYCHIATRY* (1943) 6:347-357.

new and strange ideas come surging in. In the case of Oscar O. one sees the entire constellation with unusual vividness. Following his readiness to give his life for his family, it came to him that he was called upon to save the world from its sins. He saw himself lying in the grave "just like Jesus did." It seemed to him that he had lived for two thousand years. Sometimes he had been born rich and sometimes poor. Here is a set of ideas which occur in case after case. Out of our 75 cases, ideas of cosmic catastrophe appear in 43, of cosmic identification in 42, of rebirth or previous incarnation in 14, of prophetic mission in 16. These ideas and their significance I have dealt with elsewhere.<sup>8</sup> What claims our attention here is the fact that this period is not only characterized by elation, exaltation, and a great profusion of new ideas but is also marked by bewilderment and perplexity, with the central problem pertaining usually to the patient's own role. Oscar O. was thus puzzled as to who he was and what he was to do. He thought he was going to have to preach. When, however, the voice said to him, "You was going right the way you was—I don't need you to preach," he was able then to get well.

As in mystical experiences generally, the mind is stirred to its profoundest levels. There is great enlargement of the field within which intuition is valid,<sup>9</sup> and the critical faculties are in abeyance. They are however by no means absent. One sees it in the overwhelming perplexity which is so often present. In many instances the patient is sure of only one thing—that things are not what they seem to be. He seeks communications from above not merely in the ideas which come into his head but also in all sorts of trivial happenings. Here are some examples:

H.D. thought some strange struggle was going on and that it was his duty to fathom it. He had to find the hidden meaning of things. The food thus had symbolic significance. The

way the other patients walked up and down the ward and grouped themselves was meant to convey a message. He was especially terrified by the bells. He knew that they were doctors' calls, but it came to him that every time a bell sounded, one of his friends was being shot.

R.W. saw something strange in everything that happened and ominous signs in the most trivial affairs. If another patient put his hand to his face, he was conveying some sort of warning. To touch a steam pipe was especially alarming. He was extremely observant of the feet.

C.T. attached symbolic significance to the arrangement of the furniture, to incidental remarks, to snatches of song, to selections on the radio, and so on. A crow flying over the ball field indicated a somber future for him. A bunch of syringas on the ward were orange blossoms and meant that he was going to be married.

C.C. became much disturbed after attending the religious services at the hospital. The sermon had been about the five loaves and two little fishes. He interpreted this to refer to himself and his wife and their five children.

R.M. was especially concerned with colors and sounds. Yellow meant cowardice, blue truthfulness, red blood, black sorrow, purple death. The sight of a girl holding a banana signified that she, the patient, was not a good woman. She felt herself influenced by everyone on the ward and did not know which way to go.

Similar perplexity was shown in 29 of our cases. The proportion would have been much higher if there had been full information regarding the period of onset. In subsequent stages the patient may build up a new system of beliefs centering in some new concept of his role in life or, like Oscar O., he may conclude that he was going right the way he was. In such cases the perplexity gives place to some degree of self-assurance.

#### SCHIZOPHRENIC THINKING AS A CREATIVE PROCESS

Professor Eliot Dole Hutchinson has set forth in a series of articles certain conceptions regarding the process of "insightful" thinking in the fields of science and art and religion from which I have borrowed some of the categories used in

<sup>8</sup> Reference footnote 1. See also Storch, Alfred, *Primitive Archaic Thought in Schizophrenia*; Washington, Nervous and Mental Disease Publishing Co., 1924.

<sup>9</sup> Delacroix, Henri, *Etudes d'Histoire et de Psychologie du Mysticisme*; Paris, Felix Alcan, 1908; p. 376.



In the *paranoid* type one finds persons who in the face of similar difficulties refuse to admit defeat or error and maintain their self-respect by misinterpreting the facts. They belittle others and magnify themselves. They blame others for their failures or find an alibi in the form of physical incapacitation. They resort to other face-saving devices. Such persons do not usually go to pieces, but the reaction is a malignant one. They are not likely to arrive at any satisfactory solution. Here again, however, there may come a time when the sufferer is awakened to his peril and a schizophrenic reaction develops which sometimes succeeds in breaking up the malignant formation.

In the *hebephrenic* type there is the actual disintegration of the personality from which the paranoic is seeking to save himself. This may develop insidiously, consequent upon a withdrawal reaction, or it may follow some desperate attempt at reorganization which fails. It is in this group that the leveled and inappropriate affect and the disjointed speech are found—characteristics which are sometimes mistakenly regarded as typical of the entire "*dementia præcox*" group.<sup>11</sup> Few hebephrenics, however, do not have periods in which they become aware of their unhappy state and struggle desperately to escape from the toils in which they are enmeshed.

Under this interpretation the term *cata-tonic* is the label which is usually given to those who are engaged in desperate struggle, those who are stirred to the bottommost depths of their mental life and in whom the malignant reactions have not become established. It is to be noted that of the cases under consideration which had not been selected from the chronic group 53 percent have made recoveries, 16 percent have had recurrent episodes, 13 percent have developed paranoid formations, 9 percent have gone hebephrenic, and 9 percent died before the outcome was fully clarified. While our statistical base is slender, these figures suggest that the schizophrenic reaction tends either to make or break the

patient and to produce change either for better or for worse.

#### THE SCHIZOPHRENIC REACTION AND RELIGIOUS EXPERIENCE

Oscar O. states that he "never did grab much in religion." Neither he nor his wife went to church, and he considered himself a free-thinker in matters religious. During his psychosis, however, religion was for him an all-absorbing subject, and he thought he was going to have to preach. Out of our 75 patients, 54 felt themselves in direct contact with the superhuman. More than half of them engaged in earnest prayer and Bible-reading. Twenty-six were overwhelmed with remorse for past mistakes and sins. We may say that all of them, during the acute phase of the disturbance, were grappling with the central problems of theology and philosophy as with matters of life and death.

It is to be borne in mind that a number of men of unquestioned religious genius have passed through schizophrenic episodes in the process of finding themselves, episodes during which they received revelations from above in accordance with the process which we have been considering and gave expression to the characteristic schizophrenic ideation.

Whether the outcome of a specific schizophrenic reaction is destructive or constructive depends chiefly upon the honesty and sincerity with which the patient faces his difficulties, upon the balance of assets and liabilities in his character and in his life situation, and upon the amount of social support which he receives. There have been times when reactions which were clearly schizophrenic were regarded as evidence of psychic power and served as a source of charismatic authority.<sup>12</sup> Even today there are religious groups which value abnormal manifestations of a more or less schizophrenic nature. Wherever such experiences occur within a social matrix and follow accepted social patterns, there is

<sup>11</sup> Boisen, *The Form and Content of Schizophrenic Thinking*, reference footnote 1.

<sup>12</sup> Cf. *From Max Weber* (translated and edited by Gerth, H. H., and Mills, C. W., New York, Oxford University Press, 1946), pp. 245ff.; also reference footnote 5, Coe, chapter 11.



minimum danger of serious psychic disturbance and some possibility that the subject may become a socially useful person.<sup>13</sup>

#### THERAPEUTIC IMPLICATIONS

If this interpretation of the schizophrenic reaction is correct, it follows that the shock treatments and lobotomy are not to be used indiscriminately. Such treatments may produce peace of mind, but they are not likely to contribute to the constructive solution of the problem with which the schizophrenic patient is grap-

pling so desperately. Neither are they likely to further the development of any potential Bunyans or Foxes, any Pauls or Ezeikiels.

It follows furthermore that the task of the psychotherapist requires that he have a true understanding of the constructive and destructive forces which are operating in the acutely disturbed schizophrenic and that he should assist the constructive forces by providing the social support which the patient needs so desperately. With recovery or remission, the need is to help him to interpret the experience and to see it in true perspective.

<sup>13</sup> Boisen, *Economic Distress and Religious Experience*, *PSYCHIATRY* (1939) 2:185-194.

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