

**Struggling with Reality: Anomalous Self-Experiences in Max Blecher's *Adventures in Immediate Irreality***

**Lutando com a Realidade: Experiências Anômalas de Si em *Acontecimentos na Irrealidade Imediata*, de Max Blecher**

Adrian Nicholas Spremberg<sup>1</sup>; Ana Maria Galdini Raimundo Oda<sup>2</sup>;  
Claudio E. M. Banzato<sup>3</sup>

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<sup>1</sup>MA. Department of Psychiatry, University of Campinas (Unicamp). Section "Phenomenological Psychopathology and Psychotherapy", Clinic for General Psychiatry, Centre for Psychosocial Medicine, Heidelberg, Germany. E-mail: ad.spremberg@gmail.com.

<sup>2</sup> Department of Psychiatry, University of Campinas (Unicamp). E-mail: anaoda@fcm.unicamp.br.

<sup>3</sup> Department of Psychiatry, University of Campinas (Unicamp). E-mail: cbanzato@fcm.unicamp.br.

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## **Abstract**

In this article, we combine a brief historical sketch of Max Blecher (1909-1938) and his literary masterpiece with a qualitative method utilized in phenomenological psychopathology, more specifically, the EASE (Examination of Anomalous Self-Experiences) checklist. We begin by introducing a brief historical sketch of the author's life and central work. Following this, we compare some of his vivid experiences with a number of phenomenological EASE dimensions, i.e. anomalous bodily experiences, such as described in the checklist. However, we would like to indicate that our claim is not to make any assumptions concerning the normal or pathological nature of the experiences, but to point out some similarities between Blecher's beautiful and insightful accounts and some of the EASE formulations. By doing so, we point out the importance of grasping the subjective experience (related both to the self and the world) of psychiatric patients within the clinical realm, so that students and clinicians might perhaps gain novel perspectives on their patients' inner life.

**Keywords:** Anomalous Subjective Experiences; Max Blecher; Psychopathology; EASE; Phenomenology.

## **Resumo**

No presente artigo, combinamos uma breve apresentação histórica sobre Max Blecher (1909-1938) e sua obra-prima literária, com um método qualitativo utilizado em psicopatologia fenomenológica, a EASE (Avaliação das Experiências Anômalas de Si). Introduzimos um breve esboço da vida e da obra central do autor, para em seguida, compararmos algumas de suas vívidas experiências narradas com certas dimensões fenomenológicas da EASE, como, por exemplo, do corpo vivido, tais como descritas na entrevista. Entretanto, gostaríamos de salientar que não entramos na discussão sobre a natureza normal ou patológica das experiências, mas sim, pretendemos apenas realçar as similaridades de formulações da EASE com as experiências relatadas por Blecher. Sendo assim, destacamos a importância da compreensão de experiências subjetivas (relacionadas tanto ao *self* como ao mundo) no campo clínico, a fim de que, estudantes e profissionais, possam vislumbrar novas perspectivas a respeito da vivência íntima de seus pacientes.

**Palavras-chave:** Experiências Subjetivas Anômalas; Max Blecher; Psicopatologia; EASE; Fenomenologia.

## Introduction

Max Blecher (1909-1938), a Romanian modernist writer, is the author of a short but relevant literary work. At the age of 18, his medical studies in France were interrupted due to the diagnosis of spinal tuberculosis. As a result of this malady, he spent the next six years in various sanatoria in France, Switzerland, and Romania, and stayed confined to bed until death in his hometown Roman. During his lifetime, he published a volume of poetry, *Transparent Body* (1934), and two novels, *Adventures in Immediate Irreality* (1936) and *Scarred Hearts* (1937) (Glăvan, 2014).

Blecher's oeuvre represents a highlight of twentieth-century Eastern-European literature (Glăvan, 2014) and currently *Adventures in Immediate Irreality* is widely regarded as a masterpiece (Mironescu, 2014). According to Glăvan, "Blecher belongs to a paradigm outlined by authors who redefined both subjective experience and the categories that articulate identity and the self." (Glăvan, 2014, p. 19).

It is important to emphasize Blecher's affinity with the *Avant-garde* (French Surrealism and Romanian Dadaism/Surrealism) and his direct contact with relevant French surrealist authors. Some surrealist *topoi* are central to his work: issues related to the uncertainty of identity, the limits of the body and the inconsistency of the material world. The strongly picturesque narrative is also a surrealist feature present in Blecher's work, especially in *Adventures in Immediate Irreality*. It is worth mentioning that his appropriation of modernist literary principles is very unique (Glăvan, 2014).

Another point to underline is that, according to literary scholars (Glăvan, 2014), Blecher's work has an evident autobiographical dimension, but cannot be considered as an autobiography in a strict sense. *Adventures in Immediate Irreality* is written in the first person and alludes to recognizable realities from the author's hometown, but this is not enough to denote the autobiographical genre, as argued by Mironescu (2014). Therefore, she proposes the use of the concept of "autobiografiction"— a term coined in 1906 (Saunders, 2009) – in the analysis of Blecher's work. In her words, this literary concept "puts together autobiography and fiction by claiming that they are actually interdependent and both can be found in various combinations in all the historic versions of modernism." (Mironescu, 2014, p. 116).

Interestingly, while literary studies and the medical disciplines (psychopathology, in our case) devote themselves to investigating their objects of study in different manners,

there have been quite thought-provoking attempts to bridging the epistemological frameworks of both areas of research. Sass (1994) draws sophisticated and insightful parallels between both fields, considering how modern civilization deeply influences alterations in schizophrenic experiences, and how the historical underpinnings of the notion of "madness" and "rationality" in civilized cultures (particularly western) have changed, over the centuries.

He argues that the notion of "insanity" was charged with strongly negative connotations: being "insane" meant one was driven by primitive human urges and needs, which would place the person, as Sass coins, close to a "bestial state" (1994, p.84). This portrait of madness would continue pervading the historical ethos until the modernist turn, which occurred within the realm of the human and natural sciences (medicine). With the beginning of the 19<sup>th</sup> century, these fields of research would turn their attention to other dimensions of how the subject understands and behaves in his surroundings and, consequently, in society.

Sass indicates that the "subjectification", in other words, the focus toward the "inner" world of men continues permeating much of modern thought, resulting in the individualization of contemporary society. The author says that "it seems clear that one of the most distinctive and widely ramifying features of modernity is the intense focus on the value and power of the individual self, conceived both as a subject as an object of experience" (1994, p. 102). The notion of "madness" thus also takes on new forms and is not presumed to only pertain to our innermost "primal" urges, but the mentally ill person is embedded into a chaotic social context on one hand, and an individualistic and self-centred way of life, on the other.

It is also worth pointing out that modern thought, art, and literature reflect modes of subjective life marked by hyperreflexivity and alienation. As said by Sass, "hyperreflexivity refers to the exaggerated tendency for focal or explicit attention to be directed toward what would normally remain tacit or implicit, lying latent and un-illuminated in the foundations, horizon or take-for-granted background of awareness" (2017, p. X) and "the key features of alienation are experiences of devitalization, fragmentation, and disconnectedness, all associated with disengagement from the world and from oneself" (2017, p. 340). These would be two characteristics shared by modernist culture (modernist style and sensibility) and madness.

A caveat is in order: in this paper, we make no claim about the normal or pathological character of narrated experiences or the metaphorical or concrete nature of Blecher's descriptions. As this intriguing title suggests, Blecher describes a striking series of odd, vivid and sometimes excruciating subjective experiences from the narrator's early years onwards. We just want to point out the flagrant similarity between Blecher's beautiful and insightful accounts of a rich and troubled inner life and the so-called anomalous self-experiences (Parnas et al., 2005).

### **Bringing together Blecher's and the EASE checklist**

The Examination of Anomalous Self-Experience (EASE) checklist, which builds on the notions of basic symptoms (Gross et al., 1987), was conceived and developed by Parnas et al. (2005) to allow for a systematic investigation of the subjective anomalous experiences, particularly those related to alterations in self-awareness. Though they are not specific at all, they have been observed foremost in disorders of the schizophrenia spectrum. The patients interviewed during the elaboration of EASE presented a vast variety of self-alterations over time as well as persisting feelings of self-transformation, which revealed to be a recurring complaint.

The checklist was developed within the framework of the phenomenological psychopathology, thus it targets especially qualitative phenomena, rather than behavioral or neurophysiological variables. Thus, we deem it important to delineate briefly some of the central epistemological foundations of EASE and other phenomenological interviews. Parnas et al. (2012), for instance, argue toward a more integrated epistemological framework in psychiatry. The authors believe that a purely mechanistic and reductionist model, which mostly focuses on physiological alterations in the brain, does not suffice for a more in-depth understanding of psychiatric disorders and, consequently, the patient suffering from a specific disorder.

While it is plausible to assert that certain physical alterations might play a role in bringing about symptoms such as delusions and hallucinations, they can hardly account for all alterations in schizophrenia, such as anomalous modifications of experiential dimensions such as temporality and selfhood.

Accordingly, it does not make sense to separate subjectivity from the world of the patient and his or her neurobiological functioning, since these dimensions and processes are,

necessarily, intrinsically intertwined. Therefore, a more compelling alternative epistemological model for psychiatry would include both the subjective and behavioral/neurobiological frameworks.

Given that our focus here is on the EASE checklist, the authors also provide us with valuable insights into how a phenomenologically oriented interview should be conducted, in particular with patients suffering from psychosis. Essential aspects to be addressed are an empathic and non-judgmental stance on part of the interviewer, toward the interviewee.

The authors point out that "what a phenomenological interviewer must attempt to do is to suspend the standard presuppositions of the shared, common-sense world, the unquestioned background with its assumptions about time, space, causality, and self-identity..." (2012, p. 276). This excerpt also relates to the EASE checklist and dimensions we will introduce in the next section. Given the heterogeneous nature of the anomalous self-experiences, it is important the interviewer does not discard them as being "bizarre", but carefully integrates them into the singular context of the patient being interviewed.

Therefore, for Parnas et al. (2005), the interviewer utilizing this instrument should pursue the intrinsic meaning of the schizophrenic patient's own experiences, so as to uncover his or her own subjective world and mode of being in the world. By doing this, it will be possible to further investigate the singularity of schizophrenic experiences. In this article, we present selected excerpts from Blecher's book (2015) that illustrate a variety of narrated subjective experiences with relation to experiences of self and body, objects and the world as a whole. So, we want to point out the striking similarity between three main phenomenological domains of the EASE checklist with some experiences as described by Blecher. We shall begin this discussion with a central domain in the EASE checklist.

### ***Self-Awareness and Presence***

The first domain considered relates to sensations in self-awareness and presence. These mainly involve subtle or significant alterations in the patient's daily sense of "being"; a normal sense of existing usually encompass an "unreflected and fluid sensation of being immersed in the world" (Parnas et al., 2005, p. 243-244), as "oneself". It is obvious that one normally has, as a person, a felt sense of what it means to move around the world, of perceiving, and acting. Experience itself then becomes presence; it becomes a part of who I am, and of how I am. This experience is commonly given from a first-person perspective; which means that I am the subject of my own self, I am intrinsically aware of it. This crucial feeling of being aware of

oneself has been called a mode of basic self-consciousness (Parnas et al., 2005). It refers to a mode of being, through which a variety of essential experiences arise from, such as perception and memory. Thus, experience itself cannot be set apart from having a sense of self. Two central altered experiences here include, for instance, dissociative depersonalization (EASE sub-item 2.2.8), or identity confusion (EASE sub-item 2.2.9).

This domain presents some of the most important alterations in subjective experience. Lysaker and Lysaker (2010) reviewed some paramount aspects that change in these experiences, such as Sass's schizophrenic hyperreflexivity, in which processes related to the self and cognition, such as perception, speech, and thought, become overly exacerbated for whoever is experiencing them. The person becomes exceedingly sensible toward his or her own surroundings and themselves, as a person/self. It is also worth briefly mentioning that while alterations of self-awareness and presence are mostly present in disorders of the schizophrenic spectrum, Parnas et al. (2005) have pointed out that these can surely appear in many other mental disorders as well.

Max Blecher's literary persona seems to be in constant insecurity regarding his own sense of self, and thus seems to have distanced himself from his own identity (EASE sub-item 2.2.2), as this passage shows: "Staring at a fixed point on the wall, I occasionally have the feeling I no longer know who or where I am. At such times, I experience the loss of my identity from a distance: I feel for a moment that I have become a complete stranger, this abstract personage and my real self vying for authenticity with equal strength." (Blecher, 2015, p. 3). Blecher's narrator also describes a loss of common sense and perplexity feeling (EASE sub-item 2.12), when he says that, "to make everything seem natural, I would force myself to do something banal but precise: eat, read, sleep. For example, I would climb onto the roof with the cherries and bread my grandfather gave me, dividing each cherry in four and eating each piece in turn to make my 'normal' activity last as long as possible." (Blecher, 2015, p.58).

### ***Bodily Experiences***

Another EASE dimension stands in reference to altered experiences in both the physical (*Koerper*) as well as the lived (*Leib*) bodies, namely the bodily experiences item. It must be clarified that these two are stances, which usually give us an innate sense of existing both as a physical body on one hand, and through a lived medium (*Leib*), on the other. Overall, bodily experiences are consequently both "subjectively, as well as concretely (physically)

experienced" (Parnas et al., 2005, p. 252). Important examples are morphological changes (EASE sub-item 3.1), or somatic depersonalizations (EASE sub-item 3.3).

These experiences weigh in significantly in the EASE checklist, since they are so heterogeneous in nature that they stand out as essential alterations in the lived experience of those who suffer from mental illnesses. Just as the anomalous experiences related to self-awareness and presence, changes felt in the physical and lived body can also occur in a variety of different places. Some might sense alterations in certain body part(s), others in the entire body. Contemporary authors, such as Fuchs and Schlimme, talk about a felt sense of hyperembodiment, mostly in depressive disorders, where "the body loses the fluidity and transparency of a medium and becomes conspicuous, turning into a heavy, solid body, which puts up resistance to the individual's intentions and impulses" (Fuchs & Schlimme, 2009, p.572). In disorders of the schizophrenia spectrum, on the other hand, disembodiment experiences might occur, where perceptual and motor schemas of body lose their natural functioning. The authors say that the "immersive and practical" character of the lived body in the world becomes fragmented (Fuchs & Schlimme, 2009).

So, in order to better understand and exemplify the complexity and richness of these bodily experiences, let us now turn to some that Max Blecher, in his vivid prose, brings up: "When I closed my eyes, I could feel the wind placing its colder cheek against mine and from inside my eyelids it felt like a mask, the mask of my face, whose inside was as dark and cold as the back of an actual metal mask" (Blecher, 2015, p. 65-66). This experience correlates to the EASE sub-item 3.3.1 (morphological change), in which one gets a sense of constriction and/or diminishment of certain body parts. One more poignant example can be found when Blecher writes: "I suddenly felt as if my head had been crammed into my cranium and held prisoner there. A painful captivity" (Blecher, 2015, p. 106). Here, Blecher also gives us an example of EASE sub-item 3.3.6 (spatialization of bodily experiences), in which one may experience his internal organs or even certain physiological processes. One final interesting experience Blecher writes about refers to EASE sub-item 3.3.5 (bodily disintegration): "In such a world we humans would no longer be fleshy, gaudy excrescences full of complex, putrescible organs; we would be pure voids floating-like air bubbles in water-through the warm, soft matter of the universe." (Blecher, 2015, p. 35).

### *Demarcation/Transitivism*

The final EASE-dimension we will scrutinize here refers to sensations of anomalous subjective changes in aspects relating to demarcation and/or transitivity. Anomalous experiences in this dimension are also often closely related to disorders of self-awareness and presence. Some examples include confusion with the other (EASE sub-item 4.4.1), or threatening bodily contact (EASE sub-item 4.4.3). This particular item indicates a variety of experiences, which tend to designate a subjective "loss of permeability of self-world boundary" (Parnas et al., 2005, p. 254). In this particular sub-type, it is as if the self, body, and world seem to lose their natural interwoven alignment, and it becomes difficult for the person to distinguish between feelings and sensations that might arise subjectively, from experiences that may belong to others and even perceptions of the world.

Blecher presents us with an impressive example for EASE sub-item 4.4.5 (other transitive phenomena): "I envied the people around me who are hermetically sealed inside their secrets and isolated from the tyranny of objects. They may live out their lives as prisoners of their overcoats, but nothing external can terrorize or overcome them, nothing can penetrate their marvelous prisons. I had nothing to separate me from the world: everything around me invaded from head to toe; my skin might as well have been a sieve." (Blecher, 2015, p. 10). One more example can be found in the following account: "I thus received a number of signs from without aimed at immobilizing me and cutting me off from everyday understanding. I was dumbfounded by them, pulled up short. Whenever one came, I sensed chaos all around me..." (Blecher, 2015, p. 47). This particular experience refers to EASE sub-item 4.4.4 (passivity mood), in which one becomes eerily sensible and exposed to one's own surroundings.

## **Conclusions**

To our knowledge, this is the first time Max Blecher's remarkable literary work on subjective experience is compared with and used to illuminate some psychopathological phenomena, namely, the so-called anomalous experiences of self. In this article, we attempted to show the relevance of Blecher's very rich and nuanced description of his "inner life" (either true or fictionalized, normal or pathological, as taking a side on these issues is way beyond our point), along with its comparison with the EASE checklist, for helping us to refine our grasp of subjectivity, with special emphasis on the formation and the vicissitudes of the self. Perhaps, the knowledge of the Romanian author's literary accounts might even contribute for clinicians and students to better understand some odd and hard-to-describe psychopathological

phenomena their patients refer to them within the clinical realm. Arguably, a more accurate understanding of anomalous self and world experiences could also help to refine and strengthen interdisciplinary research between neurobiologically-oriented and phenomenologically-oriented approaches to the mental health disciplines.

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