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ARTIGO

Biographical Experience of the New and Schizophrenia: The Case of Suzanne Urban[1]

Experiência biográfica do novo e esquizofrenia: o caso Suzanne Urban

Melissa Garcia Tamelini

Abstract

Ludwig Binswanger, one of the most prominent figures in phenomenological psychopathology, excelled at elucidating the connections between philosophy and psychiatry and the interplay between the uniqueness of clinical cases and the universality of psychopathological essences. The case of Suzanne Urban, one of his five renowned cases of schizophrenia, provides a wealth of clinical insights, including the analysis of delusional form through the lens of the modality of biographical experience of novelty.

Keywords: Ludwig Binswanger; Suzanne Urban; biographical experience.

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ARTIGO

Biographical Experience of the New and Schizophrenia: The Case of Suzanne Urban

Experiência biográfica do novo e esquizofrenia: o caso Suzanne Urban[2]

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Resumo

Ludwig Binswanger, um dos maiores nomes da psicopatologia fenomenológica, destacou-se na articulação das relações entre filosofia e psiquiatria, entre a singularidade do caso clínico e o universal das essências psicopatológicas. O caso Suzanne Urban, um dos seus cinco célebres casos de esquizofrenia, é repleto de ricas discussões clínicas, dentre elas, a análise da forma delirante sob a ótica da modalidade da experiência biográfica do novo.

Palavras-chave: Ludwig Binswanger; Suzanne Urban; experiência biográfica.

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The plurality of methodological proposals within psychiatry arises directly from the heterogeneous conceptions of the psychopathological object and, consequently, from the limits and aims of clinical pragmatism (Tamelini & Messas, 2017). Phenomenological psychopathology, which provides the foundation for a psychiatry of the same orientation, emerged in the 1920s. At that time, Husserl's philosophical investigations resonated widely across the cultural landscape and decisively influenced the field of psychopathology. Their conceptual bases enabled the discipline to reclaim itself from the hegemonic ambitions of its original source—the natural sciences—and from its sense of guilt before the obstinate cryptogenic nature of the pathophysiological substrate of mental disorders (Di Petta, 2012). What resulted was the constitution of a discipline confronted with singular epistemological questions, given its hybrid position between the human and the natural sciences.

It should be emphasized that psychopathology is termed *phenomenological* not because it commits itself to a rigid philosophical program—thereby avoiding theoretical overloads and strict conceptual appropriations—but because it embraces methodological concerns that make possible the psychopathological investigation of structures of meaning. This inquiry constitutes a rich hermeneutics of the conditions of possibility underlying the most diverse manifestations of human consciousness, and, more recently, has inspired clinical practices grounded upon it (Tamelini & Messas, 2019). Yet, while the psychopathologist seeks a categorial vision in order to establish his discipline and finds in philosophy a major source of inspiration, his investigations are ultimately rooted in practice, and his world is, in the end, the embodied realm of the clinic of individual existences.

This ontic-ontological tension, inherent to the field of phenomenological psychopathology, was already made explicit in the inaugural text of the tradition, written in 1922 by one of its leading figures, Ludwig Binswanger (1973). A Swiss psychiatrist, Binswanger was born into a family with a long psychiatric tradition and directed, from 1911 to 1956, one of the most prestigious psychiatric institutions of the time, the Bellevue Sanatorium in Kreuzlingen, Switzerland. If, on the one hand, clinical experience always constituted one of the central pillars of his investigations, phenomenological philosophy, particularly that of Edmund Husserl and Martin Heidegger, also exerted a profound influence on his work. Early on, recognizing the methodological limitations of the natural sciences within the field of psychopathology led Binswanger to turn to phenomenology as the basis for formulating his own anthropology, one oriented toward apprehending psychopathological phenomena from within themselves and considering them as different

ways of structuring the existence of man as being-in-the-world (Basso, 2009). That is, not merely as "abnormal," but as modifications of the habitual conditions of possibility of consciousness.

In addition to his contribution to epistemological and methodological issues, Binswanger moved with mastery in the terrain of the clinical case, contributing significantly to transforming the problem of the relationship between the singularity of the patient and the universality of the laws accepted by medical knowledge as a science (Basso, 2015). His work *Schizophrenie* (1957), still unpublished in Portuguese and written under the strong influence of Heidegger's *Being and Time* (1927), brings together five celebrated cases of schizophrenia: Ellen West (1944–1945), Ilse (1945), Jürg Zünd (1946–1947), Lola Voss (1949), and Suzanne Urban (1952–1953). According to Binswanger (1963), these are "attempts to gain insight into the structural and dynamic order of human existence that is designated in psychiatric clinics as schizophrenia" (p. 249).

The central concept that brings together cases so distinct from the biographical point of view, in their clinical presentation and course, is that of the breakdown of the consistency of natural experience. Natural experience is that in which our existence moves in a non-reflective and non-problematic way, as a gentle and self-consistent chain of events ("axioms of everydayness," Straus). This tacit quality of the non-problematic is related above all to the objectivity of reality, which, in most cases, resists being disrupted even in the face of something unknown (Binswanger, 1963). Such inconsistency is in broad consonance with other classical concepts of phenomenological psychopathology of schizophrenia, such as the rupture of vital contact with reality (Minkowski, 2000) and the loss of natural evidence (Blankenburg, 2013), all of which point to a profound modification in the habitual relation between the most basic sense of self and the world as the matrix of schizophrenic alienation.

For Binswanger, the biography of the schizophrenic represents an empirical realization grounded in the inability to find a way out when faced with culminating antinomic tensions, leading to the alteration of natural experience and, consequently, to different forms of existential withdrawal. Ellen West withdraws incisively and dramatically through suicide; Jürg Zünd seeks refuge in monastic life through autism; Lola Voss abandons her capacity for decision, letting herself be guided by the linguistic models of the oracle's games. In the case of Suzanne Urban, we are faced with the paradigmatic clinical alternative of withdrawal through the delusional path. In place of the antinomic tension

between two irreconcilable alternatives, what now emerges is merely one side of experience, closed off from the world, incorrigible and unproblematic, disconnected from the intersubjective world—that is, the delusion (Tatossian, 2006).

In the present text, we will analyze an excerpt from the case of Suzanne Urban (Binswanger, 2012) through the lens of the biographical experience of novelty in schizophrenia, one of the many elements of great clinical richness illustrated in this case.

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In broad terms, the guiding thread of the biographical analysis of the case follows the transformations of a theme that was given to Suzanne Urban as a task in the initial situation (at the urologist's clinic). Binswanger (2012) identifies the conditions of possibility for the strength and persistence of this theme within the patient's premorbid personality and world, then discusses the transition of the theme into an extravagant ideal (one of the forms of failed presence detailed in another of his works, Binswanger, 1977), followed by the detachment of the theme from the initial situation and its autonomization into a delusional mood, finally leading to its ultimate formal unfolding, the delusion proper (Binswanger, 2012). What follows is a brief account of this progression.

Suzanne Urban had a normal childhood and development, living with her parents to whom she was devoted with idolatrous love. She became engaged and married a cousin, and had no children. At the age of forty-six, her husband developed cystitis, and Suzanne accompanied him to a cystoscopy, during which he was diagnosed with bladder cancer (Binswanger, 2012). Thus, Suzanne recounts the occasion of the original scene, eleven months before her hospitalization in Kreuzlingen:

> I went with him to the doctor, waited in the next room, and listened, trembling and crying, to his terrible groans. The doctor told him that there was a part of the bladder that was injured, but when he turned his back, he made a face toward me so terribly hopeless that I became completely paralyzed, I just opened my mouth in shock, so the doctor grabbed my hand to indicate that I should not show him any of my feelings. That expression was something dreadful! My husband also noticed something, perhaps, but he showed a completely friendly expression and only asked the doctor where this could have come from; the doctor replied that it is often in the blood, without anyone knowing its origin (Binswanger, 2012, p. 225).

The scene of the cystoscopy is one of torment and torture, a moment of tense expectation before the doctor's sentence. With the phrase "that expression was something dreadful" (Binswanger, 2012, p. 226), Suzanne Urban attests that it was through horror that she experienced the situation. The word *cancer* transforms the physiognomy of the world, which, despite all previous worries, had still been one of "domestic trust," into one

with a sinister and hostile physiognomy (Binswanger, 2012). Her entire existence comes to fall under the dominion of the theme "husband's cancer," which is given to her as a task. Strikingly, this theme carries with it not an opening in the sense of a consequence of experience, but a closure that will not be overcome. Binswanger notes that, at the time, Suzanne Urban was already facing a vital crisis due to the climacteric period, and this key experience places her in extreme danger regarding the very foundation of what constitutes her existential "security": the familiar world, once protected, there begins to collapse (Binswanger, 2012).

In the following months (between the eighth and sixth months before Kreuzlingen), we notice energetic attempts not to succumb to the theme but to overcome it. Suzanne Urban becomes extremely sensitive, interested only in her husband's illness and unable to tolerate any other subject. The so-called absolute dominance of the theme prevails as an increasingly prominent burden, promoting her progressive withdrawal from the shared intersubjective world. An extravagant ideal takes shape, allowing Suzanne still some struggle and claim for agency. She wanted to kill her husband herself and then commit suicide; she imagined saving him through surgery or alternative possibilities; she even said that perhaps it was a mistake and not really cancer. Yet, at this point, we are already faced with the first step in the blinding of existence (Binswanger, 1977, 2012).

In a second moment (between the seventh and the third months before her hospitalization in Kreuzlingen), we can observe the "atmospherization," or detachment of the theme from the original scene—which had defined and delimited its contextual references—within what Binswanger calls the delusional mood. Here arises a vague and undefined atmosphere of torment and torture, where there is no longer any grounding in the shared world. As the theme becomes increasingly indeterminate, new determinations emerge concerning place, characters, and herself. Suzanne begins to "sense danger everywhere" (Binswanger, 2012, p. 232), and she can no longer trust anyone. She claims, for instance, that nurses and staff are negligent and eavesdrop on her conversations, and her various abstractions about atmospheric dangers are already incorrigible by rational or concrete argument. She then begins to succumb physically, becoming increasingly restless and fearful, and in place of proximity and trust, there arises the pervasive atmosphere of the dreadful, whose paradigmatic experience is that of sensing veiled dangers.

In the following phase (three months before Kreuzlingen and during her stay in the first clinic), we find the configuration of the delusional fable. The expression *odyssey* or

delusional fable denotes Suzanne Urban's "fabulating, narrative, and epic journey" (Binswanger, 2012, p. 245). Language becomes a donation within the world and is summoned in the delusion as a substitute for the initial pre-verbal domination of the dreadful. One can only speak of an authentic delusion where "the veiled atmosphere of sinisterity unveils itself or manifests in the appearance of secret enemies, where Dasein recovers in language a support, a home" (Binswanger, 2012, p. 248). Typical of the delusional phase is this epic and dramatic narration, which is a "necessary Daseinsanalytic consequence of all that preceded it" (Tatossian, 2006, p. 282).

What had previously been obscurely intuited in the atmosphere now manifests upon a stage of dread. Suzanne believes that she is being watched, pursued by the police, and radiographed; that part of her family is dead; that atrocities are being committed against the other part; that her property is being seized. She believes that electric wires record her steps in the park, that she has been infected with syphilis, that she has cancer and other diseases. Her food is poisoned, and frog sperm is placed in her medicinal powders. Even in the bath, there are devices that photograph her naked in order to expose her publicly. In contrast to this increasingly clear and comprehensive delusional system, the initial theme, "husband's cancer," almost completely withdraws from Suzanne's ideas. Throughout this evolution, she unlearns her good manners and, once very elegant, becomes careless and neglectful of her external appearance (Binswanger, 2012).

During her stay at Bellevue, Suzanne kept a detailed diary about the onset and development of her illness. At this stage, one observes a pervasive delusional fable. The patient is constantly agitated and deeply suspicious, complains about the "martyrdom" of her parents, and asks to be killed, claiming that she is the greatest of all criminals and responsible for the tragic fate of her family. Here, there is a worlding of the delusional theme, which displaces and brings people closer according to its own inner logic (for example, the nurse from the first hospital, who was supposedly her brother's lover, becomes the one responsible for the persecution, and so forth). The accent of existence now "no longer falls upon the self but upon the shared world" (Binswanger, 2012, p. 236). "Delusional perceptions are the result of a broad modification of existence; in ordinary situations, the world is never dominated by a theme, never limited to a single situation, but displays a reciprocal interplay of subjective and objective transcendence and, consequently, of situations and themes that are always new" (Binswanger, 2012, p. 253). In the world of delusion, by contrast, there is a closing of existence into "a sketch of a world dominated by one or a few themes and, in this sense, enormously narrowed" (Binswanger,

2012, p. 253), without authentic movement.

Suzanne Urban remained hospitalized at Bellevue for fourteen months, after which she was taken away by her sister against medical advice, without any clinical improvement.

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In this fifth study on schizophrenia, Binswanger advances the biographical demonstration of a schizophrenic process that culminates in the delusional experience. In Suzanne Urban, the delusional modality is presented as the ultimate formal unfolding of a central theme—the cancer of her husband, given to Dasein in the initial situation—which becomes absolute and subjugates existence. It is important to emphasize, however, as we shall detail below, that the theme is a theme in this existence only because it touches Suzanne in a unique way—who, in turn, contains "the conditions of possibility for the thematization of the theme in question" (Tatossian, 2006, p. 282). There is, therefore, a certain individual situational specificity in the experiences capable of constituting themselves as the biographical starting point for the rupture of natural experience. Not every event is capable of shaking the original faith in the world as such, of depriving it of its former meaning, and of suspending the very notion of meaning (Maldiney, 2007). One of the characteristics of such experiences is their suddenness, which breaks the presumption of continuity in the constitutive style of experience (Husserl) and culminates in the impossibility of a non-problematic encounter and of a secure and trusting proximity with others and with the objects of the world. With the disturbance of the experiential mode, existence then seeks a way out, first in the form of an extravagant ideal—marked by the disproportion between the breadth and the verticality of existence (Binswanger, 1977)—and subsequently, already outside the model of natural experience, flowing into the delusional mood and, finally, into the delusion proper. As Maldiney (2007) writes, "suddenness and inconsistency are ambiguous meanings that schizophrenic existence petrifies in a literal way" (p. 89).

This entire biographical process is guided by the dominion of the dreadful, an "originary power" of Dasein itself, whose space is that of an afflictive and threatening proximity, made explicit without intermediaries in the delusion. Binswanger (2012) understands the essence of the dreadful as an essential possibility of human destiny and schizophrenia as an experiential mode of the eruption of this anthropological essence. The dread is not merely something that Suzanne Urban describes with such accuracy, but

something that provokes a shock and subverts existence, which loses its firm ground. Suzanne Urban is struck by the dreadful in the original scene and will not only fail to free herself from it, but will gradually become completely subjected to it (Binswanger, 2012).

Throughout the evolution of the case, we witness the passage from a specific danger (the cancer and the possibility of her husband's death) to the atmospheric strangeness of dread (the indetermination of the terrifying danger) and, in the delusion, to the unveiling of an unprecedented danger detached from the reality of the intersubjective world. In the phase of persecutory delusion, Suzanne recovers a certain familiarity with an inter-human world, albeit a persecutory one—the delusion of persecution still allows existence to keep one foot in the world, Binswanger (2012) says, though at the high price of a total abdication of freedom in the sense of transcendence. There is a change in the breadth of life, a progressive modification of the original spatiality of existence: at first, it consists of a fragment of the world taken over by dread, then of a stage, and finally of a world of dread. In the delusion, Tatossian (2006) writes, "the theme no longer narrates the world but its own stories of suspicion and persecution" (p. 289).

In relation to the biographical experience of the new in the case of Suzanne Urban, we must turn to the analysis of temporality in order to understand it more clearly. Suzanne's existence is anchored in the family sphere; from an early age she devoted an idolatrous worship to her parents, showed a hypochondriacal solicitude toward her mother's health, and eventually married a member of her own family. However, as Binswanger (2012) points out, this is not a true loving community, but merely an "extension of the self, insofar as the self could only temporalize itself continuously through the maintenance of the continuity of the experiential field related to the family" (p. 284). Thus, the experience in the initial situation strikes Suzanne Urban precisely at her most sensitive point, where she had always been at risk before the sudden eruption of this new element, which then acts catastrophically upon her.

According to this prior experiential model, the new—her husband's cancer—cannot be truly experienced, that is, integrated into the biographical course and existentially elaborated. Already in the original scene at the urologist's office, there is a disruption of natural experience, since existence does not let "the new come toward it freely and openly, but reserves for itself a field in which it strives to exclude the new and in which, therefore, the novelty of the new assumes the character of threat, of an interruption in temporal continuity. In a labile temporal structure, the novelty of the new signifies what we call

dread" (Binswanger, 2012, p. 284). The dreadful of the original scene thus destroyed, so to speak, the experiential model that had prevailed until that point, for that model had been structured upon a fragile security, constituted by the absence of any possibility of failure (Binswanger, 2012).

> The submission to the dreadful in the delusion brings with it an entirely new experiential model, established once and for all. It is an experience that remains fixed in the experience of this new: the delusion does not fade; it is always a new present that comes to express the "old," the "same." Here, the particular is absorbed into the general of the dreadful. This is the core of the delusional experience: existence can no longer allow isolated experiences to exist in their particularity, in the sense of natural experience; it remains fundamentally within the experience of the single general element (Binswanger, 2012, p. 293).

This paralysis resulting from temporal disarticulation accounts for the experiential monotony that is typical of the biographies of schizophrenic patients.

Concerning the role of the original scene, Binswanger (2012) points out that "it would be a great mistake to consider an original experience of dread such as that at the urologist's office (the primordial scene) indispensable for the historical consummation of the dreadful" (p. 299). Such an experience of dread in the biographical course of schizophrenia constitutes an exception in the genesis of persecutory delusion, which may, therefore, emerge without such an experience. On the other hand, in relation to Suzanne Urban, it is also impossible to affirm whether the delusion would have arisen even without the scene at the urologist's office. Furthermore, the dread of the original scene should not be regarded as the cause of Suzanne Urban's illness: "if we wish to evaluate the role of the primordial scene in a purely clinical way, we may grant it (together with Kretschmer) the role of a 'reactive triggering' of the delusion" (Binswanger, 2012, p. 318).

It is nevertheless clear that Binswanger's analysis of the original scene differs from the classical model of reaction, still widely used today, a mechanistic prototype that presupposes an individual completely separated from the world, capable only of reacting to external stimuli. In the phenomenological approach, the concept of reaction gives way to that of situation. The situation is a cross-section within the original relation between the individual and the world and, as such, is co-constituted within a project of world. From the perspective of phenomenological psychopathology, human beings are always situated in an infinity of forms, whose fundamental and crucial elements for certain types can be grasped only through an understanding of intuitive order (Minkowski, 2005).

Thus, the fact that only some individuals are vulnerable to the pre-psychotic character of a given experience results above all from the a priori psychic structure (this is

Tellenbach's approach in his investigation of the *typus melancholicus* and its typical pathogenic situations). The analysis of the case of Suzanne Urban makes it clear that the primacy in the original scene does not lie in the raw fact itself, but in the way existence receives novelty, upon which the situation becomes what it effectively is for that existence.

In this way, the investigation of the phenomenological psychopathology of the relations between psychosis and biography restores to a place of importance the previously neglected individual biographical unfolding. It is only within this sphere of the inner history of life that we can find any lexicon for a phenomenological understanding of the delusional experience. For Binswanger, there is no ready-made metapsychological scheme to help us reassemble the biographical threads; this must be done through a plunge into the individual's own experience, into the structure of his project of world, and into the *a priori* categories that inform and constitute psychic life in general (Di Petta, 2009).

Binswanger was not the only author within the phenomenological tradition to investigate the way in which a certain biographical event strikes us and, in that very impact, reveals something fundamental about existence (Maldiney, 2000). Erwin Straus (1930), another major figure in phenomenological psychopathology, in his essay *Event and Experience*, discusses the particular character of the traumatic and the psychopathological outcomes that arise from such an experience (this text can be regarded as a precursor to the discussion of what is now called post-traumatic stress disorder). The following year, Binswanger commented on the essay, noting that Straus still followed an objectifying perspective, separating and stabilizing the concepts of event and experience without truly taking the individual into account. Binswanger then proposed that the central point of the problem of such experiences is always the singular person and his world as his own (Hegel). In this regard, Maldiney (2000) observes that meaning, for Binswanger, "is not produced between two poles, between an event that would belong simply to the world and an experience that would belong to the I" (p. 179). Any given event can only be lived according to the inner history of the individual, rendering meaning and experience inseparable. Thus, the investigation of the inner biography is only possible through a bifocal lens that simultaneously observes the external biography and the individual constitution as the incarnation of a singular existence.

In conclusion, by sustaining the diagnosis of schizophrenia through the type of world-sketch, grounded in a broad phenomenological comprehensibility of delusion, Binswanger casts new light on the category of the schizophrenic process. This is no small

advance, considering that he challenges the conception of schizophrenia of his time (and still present today), which treated the diachronic element merely as a kind of "sonar" for tracking the impersonal course of the pathology toward an inexorable demential outcome, and the view of delusion as "a leap of meaning that cannot be bridged by the categories of logic, explained in mere terms of the natural sciences" (Di Petta, 2012).

Thus, the case of Suzanne Urban reveals the idiosyncrasy of an individual structure that makes possible the emergence of particular phenomena clinically diagnosed as schizophrenic. The account shows us, frame by frame, the appearance of the psychotic form following Suzanne Urban's encounter with the doctor's dreadful expression, the collapse of the old world, and the closing of the temporal horizon in the emergence of the delusional world. From the case, therefore, we draw a model of the clinic in which the individual is understood as a unitary and meaningful structure, with nothing left to chance (Binswanger, 2012), where it is possible to trace the genesis of the projects of world and their progressive limitations that eventually culminate in the psychotic fracture (Dörr, 1995).

By moving beyond mere psychogenesis and somatogenesis, Binswanger's work renews the impulse for the continued, fine-grained investigation of the problem of the relations between schizophrenia and biography. Psychopathology thus founded is a phenomenological field that seeks to investigate the clinical manifestations of a biographical existence anchored in a world—not by emphasizing its hypothetical organic bases—while articulating the various phenomena into meaningful configurations. As a heuristic tool, this approach offers to the anthropological domain insights whose reach extends beyond the limits of psychiatric clinical practice.

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