

Towards a synthesis of Psychiatry and semiotics

Para uma síntese entre Psiquiatria e semiótica

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Abstract

Recent biosemiotic research highlights the fact that "human individuation is (...) a double-tracked process, consisting in an incessant reconciliation or negotiation between the virtual reality that we have constructed in our minds and mind-independent reality as it impresses itself upon our lives. Human life cannot therefore be defined by its uniqueness as a particular genetic combination, but must instead be defined by its uniqueness as a temporal outcome of semiotic individuation" (Hoffmeyer, 2015b). Semiotic individuation was at the core of Ernst Cassirer's "Philosophy of Symbolic Forms" (1923/25/29). His unique approach to view 'symbolic formations' like magic, myth, religion, law, science, the arts and others as universal 'mediators' within the variable and developing levels of human worldmaking (which define the make-up of language and consciousness) was to philosophically anticipate the very idea which biosemiotic research is confirming today. A synthesis of psycho/biosemiotics and Cassirer's symbol-theories can open up an entirely different approach to human interaction and consciousness, thus setting a different compass point for our theoretical attitude to psychopathology. This may help in opening up those hidden fundamentals and secretly determining factors within the puzzling and contradictory phenomenology of psychiatric symptoms.

Keywords: Psychiatry; Biosemiotics; Psychosemiotics; Psychopathology; Symbol

Resumo

A pesquisa recente em biossemiótica realça o facto de que “a individuação humana é (...) um processo que assenta em duas trajetórias, consistindo numa incessante reconciliação ou negociação entre a realidade virtual que nós construímos nas nossas mentes e a realidade independente da mente à medida que se inscreve nas nossas existências. A vida humana não pode, por conseguinte, ser definida pela sua unicidade como uma combinação genética particular, mas deve, em vez disso, ser definida pela sua unicidade enquanto produto

temporal da individuação semiótica” (Hoffmeyer, 2015b). A individuação semiótica encontrava-se no âmago da “Filosofia das Formas Simbólicas” de Ernst Cassirer (1923/25/29). A sua abordagem única para compreender ‘formações simbólicas’ como a magia, o mito, a religião, o direito, a ciência, as artes e outras enquanto ‘mediadores’ universais no interior dos níveis variáveis e em contínuo desenvolvimento da atividade humana de construção de mundos (que definem a tessitura da linguagem e da consciência) estava em condições de antecipar filosoficamente a ideia mesma que a investigação em biossemiótica hoje confirma. Uma síntese entre psico/biossemiótica e as teorias do símbolo de Cassirer pode inaugurar uma abordagem inteiramente diferente à interação humana e à consciência, fornecendo deste modo uma orientação distinta para a nossa atitude teórica relativamente à psicopatologia. Isto pode ajudar a revelar os fundamentos e fatores secretamente determinantes no interior da intrigante e contraditória fenomenologia dos sintomas psiquiátricos.

Palavras-chave: Psiquiatria; Biosemiótica; Psicosemiótica; Psicopatologia; Símbolo

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Long overdue: a critique of phenomenological psychopathology

Dear Colleagues, this conference is the main 2016 event on philosophy of psychiatry. And my personal view here in Sao Paulo is: this event has been very well organised. Location and facilities are brilliant. There is no presence of pharmaceutical industry and advertising. The easy access for huge numbers of students and young doctors is amazing and what we have always wished for.

But with regards to the conference's philosophical spectrum it has to be said that recent INPP meetings have NOT widened the spectrum of philosophical scope and NOT strengthened links to clinical practice. Instead they have narrowed down its focus to phenomenology only as the fundamental approach to psychopathology.

It was last year at the INPP Congress in Frutillar (Chile) when Bill Fulford in his opening speech warned about „one group becoming dominant “within the network. So, if you look at the sheer and overwhelming number of phenomenological presentations here in Sao Paulo, this was obviously what he meant.

In the mid 1990s phenomenologists made the point that their approach should be respected as one of several legitimate ways in finding solutions to the unsolved riddles of our profession¹. This position has been changed fundamentally twenty years later: now phenomenologists are pressing with their claims to be the sole core and fundamental philosophical way for understanding mental illness².

With all my reservations to phenomenology I would not mind if, within the last two decades, the phenomenological approach had helped to turn clinical psychiatry into a more human, listening, and patient-centred exercise. I would not mind if phenomenology - trained doctors were filling the ranks of our profession and the corridors of our hospitals.

¹ “The task of phenomenology, a sub-discipline within the larger discipline of psychopathology, lies in developing general concepts of the main kinds of psychopathological experiences... In order to define such concepts, phenomenologists must first transpose and immerse themselves into the experiences of their patients” (Wiggins, O. P., & Schwartz, M. A., 1997).

² “Phenomenology is the method that stands at the basis of psychopathology. Phenomenological psychopathology is ‘open’ to an unusual extent, in that it reveals aspects of experience that other approaches tend to overwrite or eclipse with their strong theoretical claims. In this sense, phenomenological psychopathology can be conceived of as psychopathologia prima” (Stanghellini, G., & Broome, M., G., 2014).

But actually: the contrary is the case. Psychiatric hospital facilities have been turned into industry-like shaped environments. Patients are being clustered with the use of mathematical algorithms, regardless what their cultural background is. ICD and DSM diagnoses are no longer a casual tool at hand for the independent doctor but have turned him and his patient into obedient followers of pathway procedures and community treatment orders.

So what about the rapidly enlarged community of psychiatric phenomenologists and their influence? Actually: it does not exist on today's wards and in today's community teams. It remains restricted to a few research groups and their leaders, it blossoms in psychiatric journals, it overflows academia and researchGate websites. It dominates countless theoretical conferences - but it has no influence whatsoever on a rapidly developing psychiatric industry which is guided by an organic / biological and medicalisation approach only.

Even worse: Phenomenology has become the window dressing, a smokescreen which makes belief that modern psychiatry has a human face, has an individualised and personality centred approach while in reality nothing of it is the case. Watching the decline of treatment quality and funding as a clinician on a daily basis in recent years one might even suspect that there is a collusion between phenomenologists and industrialised psychiatry NOT to intervene into each other's field of action.

But let us look at Karl Jaspers' phenomenological method itself (Jaspers, 1946) and why it should NOT be conceived of as 'psychopathologia prima': it is a solely European/Western concept focused on subject and individuality. It is built on a narrow religious Christian and existentialistic background. It is hostile to a conditional- genetic approach and to a reconstructive analysis of the patient's situation. It ignores the semiotic/ symbolic foundations of the human condition and seriously misjudges the impact of economy and ecology on the patient's illness. It has no intention whatsoever to get back to the origins of mental illness (Andersch, 2013; Andersch & Cutting, 2014). Endless requotations of Jaspers', Husserl's, Merleau-Ponty's and (even more ludicrous:) Heidegger's text excerpts have lured thousands of scholars into a dead-end-street and to a standstill of theoretical psychopathology.

In my presentation in Frutillar in 2015 I have made the case that the truly radical content of Edmund Husserl's phenomenological method is of limited value to psychopathology and psychiatry³. Jasper's 'phenomenological approach' as an intuitive and yet fully integrated 'methodology' which can be learned and trained was never endorsed by Husserl. It requires an over-consciousness of the clinician's behavior towards patients which interferes with mutual rapport and natural atmosphere and hampers therapeutic interaction. Whenever phenomenological psychopathology draws closer to clinical practice it has done so by silently adopting a variety of non- phenomenological methods from a structural, genetic, reconstructive, semiotic-symbolic or gestalt-connected background (Andersch, 2014). It has – in hindsight – declared clinicians and researchers as Binswanger (1924)⁴, Goldstein, (1934) Blankenburg (1973) and many others to be phenomenologists, sidelining their strong connections to psychoanalysis, gestalt – and symbol theory, anthropology, structuralism and critical theory. Traditional medical skills like intuition, empathy and, understanding' have been hijacked by phenomenological psychiatry and been re-declared as the core values of their specific approach only.

³ "Husserl did not seem to be particularly interested in analyzing concrete historical and cultural phenomena, unless this was necessary in order to clear the way for phenomenology. This is not trivial; it should not be understood as an omission on the part of Husserl, as a challenge for modern-day Husserlians to overcome. Rather, this should be understood as the affirmation of a radically distinct (and distinctly countercultural) horizon of interest, one that may appear scandalous, or even misanthropic at first. But that, in his reviewer's opinion, has to be taken seriously. The fact that the project of rationalising via contemplation of possibilities has fallen into disgrace after Husserl does not prove anything about its legitimacy. Husserl puts forward the scandalous claim that the world, our concrete cultural world, needs not (!) be the ultimate or highest horizon of our theoretical interest (...). In any case, (this) is a radical and remarkably countercultural move. It is no surprise that post-Husserlian phenomenologists endeavoured to set things straight and readjust the axis of phenomenology towards what seems a more palatable set of goals, such as the exploration of our human being in the world, etc" (Staiti, A., 2013).

⁴ Letter of Ludwig Binswanger to Ernst Cassirer from 20/06/1923 (Cassirer, 2009, 60) referring to the first Volume of Cassirer's 'Philosophy of Symbolic Forms': "Having worked out the term of 'Symbolic Form' is of crucial importance for a psychiatrist – as soon as he acknowledges his main objective: to progress to a phenomenology of pattern of thoughts which are continuously presented and performed by our main group of patients: the schizophrenics".

Finally: there is no method in existence which comes close to a consistent and workable model of a phenomenological approach to patients, and to be frank: I have never seen someone practising it in the nearly forty years of my clinical work.

Man as, “animal symbolicum”

What I am asking from philosophy, - as doctor and psychiatrist - is, to be open for all serious considerations which can help understand how „the virtual reality that we have constructed in our minds and how mind-independent reality as it impresses itself upon our lives“⁵ may be connected. While the structure of the physical world functions on logic and its laws are free of contradictions, our healthy and stable human mind is obviously made up of something entirely different: an arc of preserved tension, a kind of living suspension bridge where its stabilizing ropes are created by an ongoing forth and back between subject intentionality and subsequent resonance from group or environment. Consciousness therefor is a temporary activity thriving on contradictions and complementarities, preserved and reenacted in Gestalt-Figures and Symbols. People with serious mental illness quite obviously are having a problem of setting up and maintaining this matrix of mental formation. Within this concept mental stability is not ‘a function of the brain’ but a functioning social construct - as is a good marriage, a decent education or respectable science. All very much real and no ‘myth’ - but not as a substance or an observable object in our brains but as a relational order (wherein our brain plays a crucial role).

Our different levels of consciousness are not just transmitter changes nor simple representations of the outside world, but are the product of a creative tension between stabilized categorical pattern of the subject (growing in its complexity) and its social field or its (later deconstructed) elements. What is even more crucial: the short lived entities subject and environment are dealing with are not empirical sense data but symbols

⁵ "Human individuation is (...) a double-tracked process, consisting in an incessant reconciliation or negotiation between the virtual reality that we have constructed in our minds and mind-independent reality as it impresses itself upon our lives. Human life cannot therefore be defined by its uniqueness as a particular genetic combination, but must instead be defined by its uniqueness as a temporal outcome of semiotic individuation" (Hoffmeyer, J., 2015a).

throughout.

In mental crisis this symbolic matrix breaks down, our pattern based construct of reality gets lost and our symbolic language is severely affected. This is why one would expect 'symbolic formation' to play a major role in a scientific approach to psychiatric diagnosis and therapy. But the breakdown of 'symbolic formation' in our patients in mental crisis continues to be ignored. Its detectable transcultural codes of experience, its invariant building-stones of mental functioning (and drawn from there: a new concept of psychopathology) remain unused. In neighbouring disciplines as biology, anthropology, mathematics, psychology or philosophy no one doubts that human nature, our language, mathematics and our progressing tools of work-specification are based on and experienced as symbolic constructs. Here, the quote of philosopher Ernst Cassirer, that man is not the 'animal rationale' but the 'animal symbolicum' has found its true confirmation. Yet in Psychiatry the symbolic message has not hit home.

This is even more surprising as the impact of symbolic forms at the center-point of man's cultural capacity - and mental health - is not a modern idea but was intensively researched and discussed already a century ago: by English neurologist Henry Head and, with similar results, by German philosopher Ernst Cassirer. Henry Head's research showed that the symptoms of patients with cerebral lesions did not demonstrate a basic defect in the functions of speaking, reading or writing; instead he detected serious problems with symbolic meaning and categorical representation. The debate was further enhanced by Cassirer's first two volumes of his 'Philosophie der symbolischen Formen', and even more so by his special treatise on 'Die Pathologie des Symbolbewusstseins' (1929)⁶ which took its strength from intense clinical and theoretical discussions with neurologist Kurt Goldstein, psychologist Kurt Lewin (1926) and psychiatrist Ludwig Binswanger. Both, Head and Cassirer, extended J. van Uexkuell's universally accepted idea of a receptor and effector system which keeps animals adapted to a certain part of their environment, by adding an entirely new quality which they call the 'symbolic system'.

⁶ This treatise is chapter VI of the 3rd Volume of Cassirer's main oeuvre (1923/25/29). Title in English translation: 'The pathology of symbolic consciousness'. As separate publication it was only printed in France (Cassirer, 1929a).

While in animal physiology sense-perception is divided into more versus less variable components, differentiating basic type-specific patterns from those which are random or related to just a sole situation, the human symbolic approach allows for an entirely new quality. Its unique capacity is not a biologically given but has to be drawn up in constant interaction like a mental membrane - separating, selective, connective and protective at the same time. Thus the multitude of human activities culminates in a limited number of 'symbolic forms' such as magic, myth, religion, law, science, the arts and a few others, while their underlying patterns can be used again and again in endlessly changing settings – and are lost or altered in mental illness. Subsequently they looked at certain forms of neurological and mental illness as a breakdown of symbolic formation.

A short review of symbols in psychiatry

In the 19th century Psychiatry, in its attempts to secure a permanent place among medical faculties, was understandably keen to distance itself from all forms of previous symbolic connections. Medieval healers and street gossip alike had thrived on real or invented symbolic connections in order to bind madness to magical, mythic and religious speculation. This is why after 1800 and during the first century of 'modern psychiatry' symbolic interpretation was synonymous with an unscientific approach to mental disturbance. Previous symbolic connotations had to be overcome, once and for all, by the biological allocation of (and rational thinking about) brain mechanisms.

But fairly soon the importance of symbols was stressed again, albeit in the name of the newly adopted scientific paradigm. It was the German Medic Ferdinand Finkelnburg (1870) who took to symbol-research in the late 1860s, trying to work out the multitude of symptoms in aphasia. He concluded from his observations that the use of symbols amounted to a kind of artificial creation of conventional signs, exclusively practiced by human beings, and that their proper usage, including a detached and abstract view on reality, got lost in the psychopathological process.

Medical researchers Spamer, Kussmaul and Pick also presented clinical cases distinguishing the mere clinical loss of symbolic capacity from its representational importance as a tool fostering meaning and generalization. Throughout the following

decades a puzzling variety of clinical observations on symbolic formation were published, all of them looking at clinical symptomatology and psychopathology, ranging from a unilateral, regressive meaning of symbols to the very opposite view: that symbols are the indispensable cornerstones to the mature and social development of personality.

Freud, Jones and Ferenczi focused more on its regressive, pathognomic side, while Jung, Neumann, and Bachhofen highlighted the unifying, maturing and creative impact of symbols. Rank and Sachs portrayed the role of symbols as primitive tools of mental adaptation, while Mead and Pavlov put more emphasis on their importance as balancing forces and a means of saving mental energy. Silberer and Luria regarded symbols as natural forces of form- and pattern-building; Leuner (1962) and Lewin did the same, albeit more so from a Gestalt perspective. Psychoanalytic researchers such as Stekel, Szondi, Klein and Sechhaye conceived symbols to be facilitators in accessing suppressed mental complexes, while psychiatrists such as Hanfmann, Arieti, Kasanian and Bash considered symbols in their natural role of fostering human intelligence.

Freud regarded symbol appearance as a typical sign either of the unconscious, the 'primary process' and basic dream experience, or, psychopathological decline and regression. Only dream symbols could (on rare occasions) rise to a position of transpersonal structural elements. Conceptualizing his own position, Freud had actually used and reinterpreted the outcome of research carried out by his psychoanalytical colleague, Herbert Silberer. Silberer (1912) had explored symbolization efforts in much broader terms: as the general human and mental capacity to generate autoregulative forms in response to (uncontrollable) impulses. Silberer felt that "the process of symbol building, emerging during onto- and phylogenetic development, progresses to be an ever more differentiated and evolving process of knowledge ... (and) the only adequate expression of the achieved mental level." Silberer's verdict was ignored by Freud, as were his far-reaching conclusions on the symbolic make-up of consciousness. Freud's interpretation of symbolism prevailed for the first half of the twentieth century, and it took major efforts to redress his unilateral position, denying the productive, protective and creative potential of symbols.

Carl Gustav Jung, having split from the dogmatic circle of Freudian psychoanalysis, elaborated his own theories during the 1910s and 1920s without any closer affiliations to

the lively contemporary discourse on symbols. In contradistinction to Freud's view, for Jung the content of symbols has a major impact on the individuation process and the development of a mature inner self. Thus the symbolic process is an indispensable requirement and constant companion of the make-up of consciousness. Symbols are transformers of energy in assimilating mental complexes to the conscious part of our personality. Jung's emphasis is on the capabilities of symbols, on their pattern-based Gestalt, on their inner structure, on their ego-building format and on their unique power of anticipation. Highlighting the collective dimensions of symbols and their importance to generate preformed 'archetypical' pattern of mental energy, he brings in a completely new aspect to the psychological/psychiatric debate. Jung's theoretical concept show some striking similarities with Cassirer's concepts though they never had any personal or professional connections. 1933 Cassirer fled into exile, while Jung, sympathetic to the Nazi-regime became the doyen of the Germanic branch of the Psychoanalytische Vereinigung. A fact which makes a joint approach difficult to understand, yet there are a surprising number of structural parallels. Jung builds his symbolic laws on symmetry and mathematical geometry—as does Cassirer. Both have a joint understanding of changing subjective complexities in building a mental 'Gestalt'. Both assume a multi-layered matrix of 'Sinnstiftung' in the make-up of consciousness, and both their concepts walk away from a mere brain activity towards a living process of interconnection.

Especially Ernst Cassirer centered his whole philosophical approach around the emergence of 'symbolic form' as the missing link between the individual biological being and civilization. In his opinion there is no human reality (Wirklichkeit) without or beyond 'symbolic formation'. The emerging human cultural world represents an irrevocable break with its organic animal tradition. This is reflected in the change of interaction between human intentionality and 'civilization', from instinct and preformed mental patterns to different levels of 'world-making' facilitated by symbolic forms. The latter appear on the human stage as magic, myth, language, religion, body experience, politics, science, the arts and others, taking the form of a universal metamorphosis of cultural creations, woven into a matrix of mental formation called consciousness.

Cassirer's three volume publication 'Philosophie der symbolischen Formen' (1923-

1929) is seen by today's historians as the 'semiotic turn' in the history of philosophy. Cassirer's ideas were widely discussed in German-speaking countries and beyond (the Soviet Union, France, US, UK, Italy...) throughout the 1920s and 1930s and influenced researchers in philosophy, neurology, psychiatry, psychology and anthropology.

This promising discourse was brutally halted by Fascism and World War II. Kurt Goldstein, Kurt Lewin, Sigmund Fuchs, Karl Buehler, Ernst Cassirer himself, and many others, were driven into exile, and had their scientific work interrupted and destroyed.

Nonetheless, many of their ideas on the symbolic make-up of mental formation and psychopathology had a lasting influence on the scientific discourse. Luria, Leontiev, Vygotsky and Saporoshez in Russia modeled parts of their theories on a symbolic approach, as did Bourdieu, van Ey, Canguilhem, Merleau-Ponty, Lacan and Foucault in France; Kasanian, Royce, Werner, Kaplan, Goodman, Hacker, Rappaport, Stack- Sullivan, Segal and von Bertalanffy in North America; Bash and Ciompi in Switzerland; Mayer-Gross, Elias and Bion in England; and Leuner, Conrad, Mentzos and Lorenzer in Germany.

A symbolic approach (close to Cassirer's) was at the centre of Jean Piaget's research, from about 1930 on. He established an understanding of conscious development in children, which - based on the semiotics of Saussure and the mathematical models of the Bourbaki-group - points to the incorporation of mental tools by which parallel ontologies and representational models of 'reality' come about.

Group analysis, fostered and founded by Sigmund H. Foulkes in England during WW II, owes much of its matrix-concept to Cassirer's ideas (Nitzgen, 2010). Prior to his emigration in 1933 he spent his German years (then named Sigmund Fuchs) as research-assistant of Goldstein in Frankfurt.

Goldstein's research on brain-injured patients change from abstract to concrete behaviour was successfully repeated with psychotic patients in the Soviet Union in the 1940s, but the results obtained by Vigotsky and Luria - demonstrating a loss of symbolic capacity - were sidelined in the West during the 'cold war'. Russian psychologist AN Leontjew described 'Gestalt-building' by symbolic formation as a 'mechanism of building mechanisms' as early as the 1950s. Alexander W. Saporoshez (1958) pointed out that only human behavior relies on a proper use of tools, and that typical copying activities in small

children (echokinesis, echomimia, echolalia) come to an end early in the second year before being replaced by symbolic patterns (Leontjev, 1977). Their emergence is less fostered by a rewarding stimulus than by the coming-together of the child's own activity with its imagined purpose. This clearly contradicts the recent mirror neuron approach, suggesting instead that the exhausting early-life practice of storing full sequences of outside experience gets replaced by a coding exercise built on pattern of categorization. Hanscarl Leuner, internationally renowned German psychiatrist and LSD-researcher, attributed the chaos following mental break-down in psychosis (or emerging from LSD-consumption in his research trials in the 1960s) to a mixture of damaged symbolic levels, prefabricated mental patterns and attempts of symbol-reformation, all of which can be seen as potential building stones of a new reality. Reinstating symbols between inner self and social environment can have an indispensable healing power. Based on his group therapies and LSD research he successfully introduced 'Symbol Theory' (or: *katathymes Bilderleben*) into clinical practice.

A major international conference on 'Psychology and the Symbol' took place in the US in 1963 but groundbreaking findings by Hacker, Bertalanffy, Rappaport and Royce were overshadowed by the public hype on the newly invented anti-psychotic medication. The congress stressed the fact that symbols are freely created, and free from the imposed rules of physics and biology; that symbolization has a compelling rather than a compulsory quality, and that it is linked to emancipation, liberation and autonomy, but also to the continuing abuse of power. The symbolic repertoire is immensely variable but not inexhaustible, and limited by the possibilities of human Gestalt-perception and creation, qualities which break down in mental crisis. For these reasons, the use of the 'symbolic concept' can help to understand and categorize a previously disconnected set of chaotic and contradictory symptoms.

Clinical theories on social psychiatry by Swiss psychiatrist Luciano Ciompi in the 1970s were based on the integration of Saussure's and Cassirer's structural and semiotic/symbolic thinking into main-stream clinical practice.

The closest structural link to the importance of symbolic formation on mental health was the concept of '*pensée opératoire*', presented in France in 1978 by Marty and M'Uzan (1978), which focused on plausible origins of psychosomatic illness. The authors describe a

breakdown of emotional rapport, which becomes one-dimensional, without the skills of symbolization. The lasting frustration of a repetitive breakdown of the symbolic link, i. e. the failure to cope with the demands of milieu and future, leads to withdrawal, isolation and the resurrection of non-symbolic, auto-regulatory realms of the past, with a regression into ontogenetically earlier patterns of biological and organic responses.

Much attention has been given to Fonagy's mentalisation project in the late 1990s. His findings on different levels of mental representation seem disconnected from the historical roots and discourse of symbol-research. His project draws heavily on speculation about mirror neurons and relies on the analysis of, particularly, childhood experience, yet ignoring the emerging and changing complexity of symbolization as an ever-present process at all age levels.

This provisional timeline is meant to demonstrate that semiotic and symbolic concepts have been on the screen of clinicians and psychopathologists for more than a century, but the impact of fascism and WWII interrupted research efforts and networks in a way that symbol-based approaches to mental illness never made it back to the mainstream of psychiatry.

Ignorance towards symbol theory and time for change

In recent decades the importance of semiotic and symbolic research in relation to the make-up of consciousness and mental crisis has been ignored. Psychiatric research remains exclusively fixated on genetic links to schizophrenia or detectable changes in human brain structure. The ongoing ICD and DSM saga with its mere descriptive approach to mental conditions is "blind" to the complexity of human interaction, to meaning, intentionality and resonance; to the constant change of basic pattern of behaviour, gestalt-building or the constant "as-if" mentality of humans.

Even the massive surge of scientific efforts in biosemiotics, neurosemiotics and psychosemiotics has totally past by the psychiatric establishment and its research units. Semiotic research claims that all life - beyond its physical and chemical remits - is guided and determined by sign and signal-processes. Semiotic research had one historical stronghold in the Soviet-Union and Russia, in the Baltic States and Scandinavia and has

gained momentum in recent years through cooperation with biology, philosophy, linguistics and anthropology. Neuro- and Psychosemiotics research units have been founded at numerous universities. They are now presenting/publishing concepts how the human biological brain may be linked through thoughts and language to the complex structures of the outside world. While under biological premises bridging the inside-outside divide was hard to fathom, new ways of understanding are opening up, now connecting previously incompatible entities by re-framing the problem via pattern-building, laws of complementarity, gestalt and symbol-processes.

Just to give a provisional idea on the structure of a semiotic and symbol based discourse related to psychiatry and neuro-biology I have divided the whole complex in four main groups: there is first what you can call 'Genetic Structuralism' with Cassirer, Piaget (1973), Whitehead (1927/85), Susanne Langer (1979) and others as prominent philosophers and clinicians at the helm where Symbolic Form and Formation is seen as cultural creation and tool of human anticipation and creativity. As a second group you have the Freudian branch of traditional psychoanalysis with Freud, Jones, Ferenczi and others who regard symbols as symptom of the primary process, pathological thinking and dream life. There is a further, more American group of Empirists and Pragmatists with Peirce, Mead and Morris in the lead where symbols are seen as reference tools and origins of mental complexity. This approach draws critical views because of its 'Adulto-Centrism' (Fetz, 1981/99), as it deals only with adult forms of semiotic processes. Finally there is the Soviet, Russian and Baltic semiotic school with a long tradition in semiotic research going back to the 1960s with Seboek, Portnov (In: Grzybek, Ed, 1993), Deglin (In: Grzybek, Ed, 1993), Hoffmeyer and Kull as prominent researchers. They are today's frontrunners in Neuro- and Psychosemiotic discussion and publications. Signs and symbols are seen by the Baltic School as essential membranes of life, on all yet different levels of development. Background to the first two approaches are v. Uexkuell's biological (and from today's view) biosemiotic writings. The latter discourse circles maybe connected closer to linguistics and Saussure but there is much overlapping in content and references.

If I take a closer look at my own patients trying to condense specific features coming up again and again in psychosis and schizophrenia, what is standing out are not first rank

symptoms, but the remarkable inability of people in crisis to stand unsolved emotional tension. It is their going back from spontaneity and variability to rigidity. It is that they are no longer anticipating their future but are driven by their past. It is that a previously open field of possibilities is narrowed down to fixation on a matter or an object, that abstract thinking falls back to an ever closer circle of immediate concrete behaviour, that patient's perspective and oversight gets lost and they are drawn into compulsive action. What we can observe in the process of mental break-down is a loss of symbolic capacity, a hasty attempt to re-activate earlier levels of functioning, some helpless efforts to handle the ruins and lose fragments of lost concepts, the surge of archaic and instinctive preformed pattern, and the attempts to be shielded against in- and outside pressures heating up while your protective layers are getting thinner and thinner. What looks like chaos are actually changes in a well understandable, yet complex interactive mental matrix.

To comprehend the change of levels, timelines, brakedowns, restructuring activities and helplines it needs an interactive moving model of consciousness close to clinical practice and experience. From my point of view such concepts can be found in AN Whiteheads "process-paradigm", in E. Cassirer's model of different layers of "symbolic formation" or in J Piaget's "genetic structuralism". It was philosopher RL Fetz who, in the 1980s, found out about the striking similarities, and even complementary positions in the philosophical approach of these three researchers. "It is - as Fetz says - the very connection of being and becoming, of structure and genetic trajectory." All of them, Whitehead, Cassirer and Piaget, are describing a process of mental differentiation which starts from a basic togetherness of those compartments which, in their later development, will emerge as divided acting correspondents: subject and object. Their early connection to matter, reification and thing-ness will be changed to an ever more abstract functional process.

This is how pattern-based interrelations (musterfähige Bewegungsformen) can emerge, where intentional Gestaltung can open up variable polarities: metastable stages of performance for potential and creativity.

Psychiatrists and Psychologists thus can reach some form of understanding - being a companion to the patient in the process of crisis - which is not void of presumptions (as Husserl's eidetic reduction falsely pretends to provide) - but furnished with the potential of

symbol creation. This complementary stance towards the patients vulnerable position merges to a short moment of unification, which fosters healing and a process of becoming, which, while reexperiencing early structures, has the potential of changing their damaging pattern.

Due to the application of a new symbolic methodology certain settings and clinical symptoms which were seemingly contradictory beforehand now emerge as being compatible within a newly created more abstract geometry of interrelations. Translated into clinical terms, this approach leads to a much wider understanding of the multilayered architecture of mental health (which German Psychiatrist Blankenburg later termed: *natuerliche Selbstverständlichkeit*). It allows for a sustainable point of reference in defining 'mental illness' and it might help us understand yet unexplained symptom changes during the course of treatment.

Approached from this 'symbolic' angle, mental health could be defined as the human ability to stabilize early pattern of personal experience, to successfully create, change and integrate, Symbolic Forms' of social interaction, while establishing an equilibrium between the demands and intentions of selfregulation and environment, adding its newly found results to human tradition. Mental illness subsequently would no longer be misidentified as a mere disfunction of the brain but regarded as the inability to (stabilize and/or) integrate own pattern of behaviour into a social framework, leading to a breakdown of (different & multiple) layers of 'symbolic formation', while the balance between cultural interaction and the emergence of inner preformed pattern is continuously (or constantly) changed towards the latter.

In psychiatry and psychopathology organized efforts in collecting and coordinating findings on semiotic and symbolic research should be fostered, supported and funded, thus contributing to a 'science of meaning' or salience beyond the mere biological function of our animal brains and in integrating this important human source of knowledge into the regular discourse of our discipline.

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