

Vol 7, n 1, 2019-Supplementum

Psychology and Psychopathology of the Mask

The “fluid mask” of Antonin Artaud: effects of corporeal hyperreflexivity on schizophrenic subjects

Giovanni Pennisi^{1,2}

Abstract

The aim of this paper is to frame schizophrenia as a paradigm for the identification of the bodily roots of self. In order to do that, we will deepen the knowledge of a central figure of twentieth-century theatre: the schizophrenic playwright, actor and poet Antonin Artaud. However, we will not focus on his notorious conceptualization of theatre, but rather on the interpretation that an influential psychiatrist – namely, Louis Sass – gave to some excerpts of his early writings, such as *The Umbilicus of Limbo*, *The Nerve Meter* and *Fragments of a Journal in Hell*, which all date back to 1925. The reason why such collections of poems and disorganized thoughts are particularly interesting is that they shed light on some typical traits of schizophrenia, such as disembodiment, self-fragmentation and a tendency towards the “explication of the implicit”, or hyperreflexivity. The writings of Artaud will serve us as a key to understanding the schizophrenic corporeity, since his words reflect the tormented relationship that all the patients have with their own body. We will address the topic of the problematic subject-body relationship starting with one of the most peculiar features of schizophrenic alienation: the distorted, inharmonious, mask-like perception of one’s own and others’ face.

¹ Department of Cognitive Sciences, Psychology, Educational and Cultural Studies (COSPECS), University of Messina, Italy

² CRISCAT (International Research Center for Theoretical and Applied Cognitive Sciences) University of Messina and University Consortium of Eastern Mediterranean, Noto (CUMO)

Email corresponding author: gpennisi@unime.it



Keywords:

Fluid Mask; Corporeal hyperreflexivity; Shizofrenia.

DOI: 10.6092/2282-1619/2019.7.2238

1. From expressive faces to fluid masks

One of the first things humans learn to do is to recognize the emotional content intrinsic to the caregivers’ facial expressions. This process is a part of what we know as affect attunement (Stern et al., 1985), that is the matching between the affective state of the infant and the one of the mother occurring when their dynamic exchange of vocalizations, expressions and movements is repeated over time, enhancing the relationship. The synchronization between the bodily and vocal responses of the mother-child dyad is necessary for the baby in order to become increasingly more skillful in immediately catching the emotions conveyed by the others’ body posture, gestures and even the minimal changes in the face. The importance of the affect attunement was proved by the still face experiment (Brazelton et al., 1975; Tronick et al., 1978),

which showed that infants respond with frustration and anger to the sudden and deliberate interruption of the interaction with their mother. When the mother and her child are engaged in a communicative exchange involving reciprocal attention (i.e. playing together, pulling faces at each other etc.), in fact, the baby anticipates the future actions of the caregiver due to the combination of the repetitiveness of the attunement process and the activation of his mirror neurons (Gallese et al., 2007); if the mother's face abruptly becomes a non-responsive and neutral "mask", the infant firstly bursts into tears and then, after he fails many attempts to get the interaction into its usual reciprocal pattern, withdraws from his mother with a hopeless facial expression (Brazelton et al., 1975). Conversely to what the ToM based hypotheses suggest, the precondition for the understanding of the emotional and intentional content of the actions carried out by the others is not the ability to make inferences about the mental states of the latter, but the embodied capacity to "simulate" such inner states that is enabled by the mirror neurons and by the interactivity of the context (Gallese & Goldman, 1998; Gallese, 2005). Reading facial expressions, thus, is not an activity that depends on our highest mental functions, such as rationalization or propositional logic; rather, it is rooted in cerebral and automatized mechanisms that we develop since the early stages of life, due to our embeddedness in a social world. The experience of faces as bearers of meaning is not the result of an interpretative effort, but relies on "the intrinsic relational character of the bodily format of bodily action representation" (Gallese 2016, p. 300). After the "training session" of the affect attunement, the facial cues of our conspecifics turn into peculiar kind of affordances (Gibson, 1979), namely social affordances: the combination of expressions, movements, gaze direction and tone of voice that provide information about the actor as well as about other aspects of the environment (Loveland, 1991) and that we perceive as a single and homogeneous whole. However, there are conditions in which the unitary perception of the elements that make up faces is impaired; one of these conditions is schizophrenia. Studies carried out on the drawings, paintings and sculptures made by schizophrenic artists showed that the faces they represent are deformed and express predominantly anxiety and fear (Rentschler et al., 1988, p. 273). Such studies are consistent both with the results of those experiments that proved that the schizophrenic subjects' performance in grasping the emotional content of a face is poorer than the one of normal subjects (Kerr & Neale, 1993; Mueser et al., 1996) and with the hypothesis that one of the core symptoms of schizophrenia is the breakdown in the capacity for Gestalt perception (Conrad, 1958; Matussek, 1987). In line with the above findings, many psychiatrists reported several cases of patients who couldn't recognize familiar faces anymore (Sechehaye, 1970; Cutting & Dunne, 1989), like in the following example, excerpt from the autobiographical diary of a schizophrenic girl: "I saw the individual features of [my therapist's] face, separated from

each other: the teeth, then the nose, then the cheeks, then one eye and the other. Perhaps it was this independence of each part that inspired such fear and prevented my recognizing her even though I knew who she was” (Sechehaye, 1970, p. 37). Lastly, one of the most significant evidence of the schizophrenics’ failure to perceive the face as a cohesive unit can be found in the words of Artaud, which denote “an alienation from what might seem the most intimate of phenomena: the inner experience of one’s own face as it is lived from within” (Sass, 2003, p. 170). In describing the sensation of seeing his own face, in fact, Artaud speaks of a “human face flattened out, deflated as if sucked up by shriveling leeches. And this lubricating membrane will go on floating in the air, this caustic lubricating membrane, this double membrane of multiple degrees and a million little fissures [...], so capable of multiplying, splitting apart, turning inside out with its glistening little cracks” (Artaud 1965, p. 39). If we examine in detail the above citation, we can identify some of the typical traits of the schizophrenic way of being in the world. We are going to make a brief mention of them, before to carry out an in-depth analysis in the next paragraphs: - The face being perceived as “floating in the air”: Artaud feels like his face doesn’t belong to him, but rather “lives” in an external space that has no boundaries. Such imagine reflects the sensation of “disembodiment” (Stanghellini, 2004; Fuchs & Schlimme, 2009) reported by many schizophrenic subjects, that is a sense of separation and estrangement from one’s own body. In such state, the body is detected as an inanimate, foreign object. - The face being perceived as “capable of multiplying, splitting apart, turning inside out”: the feeling of “disembodiment” implies a fracture within the patient’s self. The schizophrenic individuals often claim they feel like they are the spectators of their own lives (De Haan & Fuchs, 2010; Fuchs & Röhrich, 2017); such detachment can even turn into a state of constant perplexity about the “ownership” of thoughts and sensations (thought insertion and desomatisation). - The face being perceived as a “double membrane of multiple degrees and a million little fissures”: it is a sign of Artaud’s tendency to focus on every single detail of his bodily experience of the world, a symptom we will refer to as “hyperreflexivity”. In a nutshell, it is the patient’s obsession for the “explication of the implicit” (Fuchs, 2001), an exacerbate attention towards the processes that underlie the execution of a performance. In interpreting Artaud’s words, Sass drawn on some of the concepts we have discussed in this paper. In particular, he said that Artaud’s experience of his own face, rather than being based on the process of affordances recognition, was characterized by the perception of “a kind of fluid mask, a fragile lived membrane of squirming sensitivity and kaleidoscopic pattern” (Sass, 2003, p. 170). Through this fascinating metaphor, Sass introduced all the arguments for understanding the reasons underlying the problematic relationship between the schizophrenic subject and his own body. We are going to address such arguments in the following paragraphs.

2. The bodily experience of Artaud

Disembodiment, self-division and hyperreflexivity are three of the most peculiar symptoms of schizophrenia. It must be stressed that, despite the fact we can account for them as three separated phenomena, they are strictly intertwined. To assess the nature of such relationship, we will first go back over some writings of Artaud and then over the reflections that Sass made upon them.

In *The Nerve Meter*, Artaud (1925) uses the exact words “disembodiment of reality” (Artaud, 1976, p. 65) to denote “a kind of constant leakage of the normal level of reality” (Artaud, 1976, p. 82). Artaud’s feeling of isolation from others stems from an inner, more fundamental sense of detachment from his own body, which translates into the impression of being trapped inside a cold, inanimate simulacrum of his flesh, rather than being made up of a living and organic structure. However, this particular form of alienation is the result of a paradoxical condition: Artaud, in fact, doesn’t perceive his body as a foreign object due to a general “indifference” towards it. On the contrary, all his artistic production is filled with references to even the slightest change within his body, such as when he speaks, in *Fragments of a Journal in Hell* (Artaud, 1925), of “the limbo of a nightmare of bone and muscles, with the sensation of stomach functions snapping like a flag in the phosphorescences of the storm” (Artaud, 1965, p. 44). The absurdity intrinsic to the inability to withdraw from the rumination about sensations that occur in a body that is not felt like it is “owned” is vividly captured by the following passage: “[God] reduced me to being like a walking robot, but this robot felt the rupture of his unconscious self” (Artaud, 1965, p. 57). Similar mentions to the schizophrenic subjects’ robotlike attitude towards their own selves and the others can be found in several reports made by influential psychiatrists (Chapman, 1966; Sass, 1992). In parallel with the marks of disembodiment, Artaud shows the signs of severe self-fragmentation, as it emerges from the description of a physical state he makes in *The Umbilicus of Limbo* (Artaud, 1925): it is something “localized (in all probability) on the skin surface but felt like the radical suppression of a limb, transmitting to the brain no more than images of bloody old cottons pulled out in the shape of arms and legs, images of distant and dislocated members” (Artaud, 1925, p. 29). Hence, not only Artaud suffers from the objectification of his body, but he feels like the latter is split in parts that are not connected one to another. Such separation prevents the French poet from perceiving his flesh and blood as an organic – both in the sense of “biological” and “cohesive” – unit, bringing him close to the idea of death: “I am made of blood, obviously I am made of blood. But I cannot see myself right now. I do not think of myself as being alive” (Artaud, 1970, p. 82). Once again, the words of Artaud serve as a paradigm for investigating the bodily roots of the schizophrenic condition: in the phenomenological accounts of consciousness, in fact, the feeling of being alive (Fuchs,

2012) is a synonymous for ipseity (Zahavi, 1999; Gallagher & Zahavi, 2005), that is a sort of “background sensation” about one’s own body that provides the individual with the softened but constant impression that every experience he lives is mediated by his and no one else’s body. This peculiar kind of consciousness is interdependent with the subject’s feeling of being one with his body, of being its “owner”, so to speak. Therefore, we can state that the sense of nonbeing typical of schizophrenia is the product of a specific kind of corporeity, namely the one characterized by disembodiment and self-fragmentation. However, there is another element we need to add to the list of the basal symptoms of schizophrenia, that is hyperreflexivity. Such concept will help to provide a clearer picture of the illness.

3. Explication of the implicit: schizophrenic hyperreflexivity

“For me, life was no object or shape; it had become a series of rationalizations” (Artaud, 1965, p. 57). This laconic excerpt, despite being one of the least evocative and linguistically convoluted passage of Artaud’s production, captures the real essence of schizophrenia. One of the most investigated correlates of the illness, in fact, is the patient’s tendency to overthink (rationalize) about events that would be normally processed by the lowest levels of consciousness: we are talking about what Minkowski referred to as “morbid rationalism” (Minkowski, 1927) and what has been lately labelled as “hyperreflexivity” (Sass, 1992; Sass & Parnas, 2003). In order to understand what exactly is hyperreflexivity and why it has such a huge impact on the life of the patients, we need to take a step back. When he have talked about the affect attunement (§1) we have stated that it is the result of the combination between the child-mother dyad interaction and the triggering of embodied structures such as the mirror neurons. Affect attunement, thus, is a perfect example of what Merleau-Ponty called “intercorporeality” (Merleau-Ponty, 1945), that is the process through which we gain a context-sensitive knowledge of both the functioning of our and others’ body and the everyday situations (or what we may call “common sense”). Such process has an intrinsically intersubjective nature: in fact, it stems from our immersion into a social world that continuously stimulates our predisposition to engage communicative exchanges with the conspecifics. Moreover, affect attunement relies on a bodily system whose activation does not depend on a volitional effort: children do not decide to “use” their mirror neurons, but rather are under their influence, which in turn is determined by the mother’s actions. The fact that the improvement of our bodily and social skills is conditional upon this early sensorimotor experience of giving and receiving inputs says a lot about the role of the body on human cognition: we can state that “my subjective body is therefore initially not the physical body that I see, touch, or sense; rather, it is my capacity to see, touch, and sense. It is not an object in the world, but the medium, the field, or the capacity that reveals the world to

me” (Fuchs 2018, p. 73). The understanding of the concept of body-as-medium is a key step for grasping the real nature of our being in the world. The body is a medium in the sense that it is the means by which we explore, act on and collect information about the environment. When we do such things, we follow our “body schema” (Merleau-Ponty, 1945), that is the ability to perform bodily tasks spontaneously adapting one’s movements and actions to the environmental contingencies. This automatic motor and postural schema on which our unconscious movements are based (Gallagher, 1986) is strictly related to action; it is, in fact, our tacit knowledge of what we can and cannot do with our body in order to accomplish a goal-related motor operation. Notably, when we talk about “tacit knowledge” we mean that the actions we perform in our everyday life usually do not require any kind of second-order reflection nor thematization: it is a fact that the more we focus on tasks that we perfectly master, the more there will be a detriment in the efficiency of our performance (Noë, 2009, p. 99-100). This is why we have elsewhere claimed that schizophrenia might be conceived as the realm on anti-performativity (Pennisi, 2018), considering that the literature on such disorder is full of cases of subjects who suffer from the disruption of habits or automatic performances, a “disautomation” (Fuchs & Röhricht, 2017): “I found recently that I was thinking of myself doing things before I would do them. If I am going to sit down, for example, I have got to think of myself and almost see myself sitting down before I do it. It’s the same with other things like washing, eating, and even dressing – things that I have done at one time without even bothering or thinking about at all.... I am always conscious of what I am doing” (McGhie & Chapman, 1961). “If I do something like going for a drink of water, I’ve to go over each detail - find cup, walk over, turn tap, fill cup, turn tap off, drink it” (Chapman 1966, p. 239). “[The patient] can no longer read at all. He becomes attached to a word, a letter, and does not attend to the meaning of the sentence. He examines whether all the ‘i’s have dots over them, whether there are accents where needed, whether all the letters have the same form” (Targowla & Ziadeh, 2001). Fragmentation of the perceptual field; breakdown of every goal-related movement in many sub-movements; inability to draw attention away from the “background functions” of the organism: these are just a few examples of what happens “when bodily experiences that normally exist in the tacit dimension come to be the objects of a more focal and objectifying awareness, as happens with Artaud” (Sass, 2003, p. 171). The mask-like perception of the face and the obsession with the processes occurring within the body that the French poet wrote about, in fact, are nothing but the epitome of a generalized tendency, namely the one towards the thematization of the pre-reflexive foundations of the existence, such as the configurations of the body schema or the contextual meanings conveyed by sensorimotor and social affordances. Such “explication of the implicit” is what prevent the patients from getting in the flow of the

shared bodily-affective experience, paving the way for the onset of a sense of awkwardness, artificiality and detachment (Sass, 2003). Hyperreflexivity, thus, is a sort of “Cartesian” action of the thought on the body (Fuchs, 2001) that deprives the latter of its function as the medium that reveal the world, transforming it into one of the many objects in the world instead.

4. Conclusion

It is no coincidence that Louis Sass dedicated many pages to the poetical production of Artaud. The French artist, besides having written “the most valuable of all autobiographical accounts of schizophrenia” (Sass 2003, p. 164), is indeed a key figure of modernism. In 1992, Sass wrote *Madness and modernism*, a remarkable book in which he argued that modernism and schizophrenia are two existential conditions that have several features in common: the split between the subject and his body, the sense of isolation and detachment from others, a hyperreflexive attitude towards one’s own experience, the suffocating feeling of the “artificiality of life” and many others. We strongly believe that such analogies are even more evident when we refer to postmodernism rather than to modernism. In post-modernism, in fact, the body-as-medium faces the challenge posed by the new media, which may turn the “symptoms” we have described above into a serious threat for man, rather than just a paradigm for investigating the affinity between normality and psychopathology. However, there’s still a lot to be done to assess whether there is a causal relationship or just a huge amount of similarities between post-modernism and mental illness.

References

1. Artaud, A. (1965). *Antonin Artaud Anthology*, edited by J. Hirschman. San Francisco: City Lights Books.
2. Artaud, A. (1970). *Antonin Artaud: Poet without words*, edited by N. Greene. New York: Simon and Schuster.
3. Artaud, A. (1976). *Selected writings*, edited by S. Sontag. New York: Farrar, Straus and Giroux.
4. Brazelton, T. B., Tronick, E., Adamson, L., Als, H., & Wise, S. (1975). *Early mother-infant reciprocity*. In *Parent-infant interaction*, edited by R. Porter and M. O'Connor, Amsterdam: Elsevier, 137-154.
5. Chapman, J. (1966). The early symptoms of schizophrenia. *The British Journal of Psychiatry*, 112(484), 225-251.
6. Conrad, K. (1958). *Die beginnende Schizophrenie; Versuch einer Gestaltanalyse des Wahns*. Stuttgart: Thieme.
7. Cutting, J., & Dunne, F. (1989). Subjective experience of schizophrenia. *Schizophrenia Bulletin*, 15(2), 217-231.
8. De Haan, S., & Fuchs, T. (2010). The ghost in the machine: disembodiment in schizophrenia—two case studies. *Psychopathology*, 43(5), 327-333.
9. Fuchs, T. (2001). The tacit dimension. *Philosophy, Psychiatry, & Psychology*, 8(4), 323-326.
10. Fuchs, T. (2012). *The feeling of being alive. Organic foundations of self-awareness*. In *Feelings of Being Alive*, edited by J. Fingerhut and S. Marienberg, Berlin: De Gruyter, 149-166.
11. Fuchs, T. (2018). *Ecology of the brain: The phenomenology and biology of the embodied mind*. New York: Oxford University Press.
12. Fuchs, T., & Schlimme, J. E. (2009). Embodiment and psychopathology: a phenomenological perspective. *Current opinion in psychiatry*, 22(6), 570-575.
13. Fuchs, T., & Röhrich, F. (2017). Schizophrenia and intersubjectivity: An embodied and enactive approach to psychopathology and psychotherapy. *Philosophy, Psychiatry, & Psychology*, 24(2), 127-142.
14. Gallagher, S. (1986). Body image and body schema: A conceptual clarification. *The Journal of Mind and Behavior*, 541-554.
15. Gallagher, S., & Zahavi, D. (2005). *Phenomenological Approaches to Self-Consciousness*. Stanford Encyclopedia of Philosophy.
16. Gallese, V. (2005). Embodied simulation: From neurons to phenomenal experience. *Phenomenology and the cognitive sciences*, 4(1), 23-48.
17. Gallese, V. (2007). Before and below 'theory of mind': embodied simulation and the neural correlates of social cognition. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 362(1480), 659-669.
18. Gallese, V. (2016). Finding the Body in the Brain. *Goldman and His Critics, Wiley-Blackwell, Hoboken (NJ)*, 299-314.
19. Gallese, V., & Goldman, A. (1998). Mirror neurons and the simulation theory of mind-reading. *Trends in cognitive sciences*, 2(12), 493-501.
20. Gallese, V., Eagle, M. N., & Migone, P. (2007). Intentional attunement: Mirror neurons and the neural underpinnings of interpersonal relations. *Journal of the American psychoanalytic Association*, 55(1), 131-175.
21. Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston: Mifflin.

22. Kerr, S. L., & Neale, J. M. (1993). Emotion perception in schizophrenia: specific deficit or further evidence of generalized poor performance?. *Journal of abnormal psychology*, 102(2), 312.
23. Loveland, K. A. (1991). Social affordances and interaction II: Autism and the affordances of the human environment. *Ecological psychology*, 3(2), 991-119.
24. Matussek, P. (1987), *Studies in Delusional Perception*. In *The Clinical Roots of the Schizophrenia Concept*, edited by J. Cutting and M. Shepherd, Cambridge: Cambridge University Press, 89-103.
25. McGhie, A., & Chapman, J. (1961). Disorders of attention and perception in early schizophrenia. *British Journal of Medical Psychology*, 34(2), 103-116.
26. Merleau-Ponty, M. (1945). *Phénoménologie de la perception*, Gallimard. Paris: *Bibliothèque des idées*.
27. Minkowski, E. (1927). *La Schizophrénie*. Paris: Payot.
28. Mueser, K. T., Doonan, R., Penn, D. L., Blanchard, J. J., Bellack, A. S., Nishith, P., & DeLeon, J. (1996). Emotion recognition and social competence in chronic schizophrenia. *Journal of abnormal psychology*, 105(2), 271-275.
29. Noë, A. (2009). *Out of our heads: Why you are not your brain, and other lessons from the biology of consciousness*. New York: Hill and Wang.
30. Pennisi, G. (2018). Towards a deeply embodied Enactivism. *Reti, saperi, linguaggi, Italian Journal of Cognitive Sciences*, (2), 271-280.
31. Rentschler, I., Herzberger, B., & Epstein, D. (1988). *Beauty and the brain: Biological aspects of aesthetics*. Basel: Birkhäuser Verlag.
32. Sass, L. A. (1992). *Madness and modernism: Insanity in the light of modern art, literature, and thought*. New York: Basic Books.
33. Sass, L. A. (1996). "The catastrophes of heaven": Modernism, primitivism, and the madness of Antonin Artaud. *MODERNISM/modernity*, 3(2), 73-91.
34. Sass, L. A. (2003). "Negative symptoms", schizophrenia, and the self. *International Journal of Psychology and Psychological Therapy*, 3(2), 153-180.
35. Sass, L. A., & Parnas, J. (2003), Schizophrenia, Consciousness, and the Self. *Schizophrenia Bulletin*, 29(3), 427-444.
36. Sechehaye, M. (1970). *Autobiography of a Schizophrenic Girl*. New York: New American Library.
37. Stanghellini, G. (2004). *Disembodied Spirits and Deanimated Bodies: The Psychopathology of Common Sense*. Oxford: Oxford University Press.
38. Stern, D. N., Hofer, L., Haft, W., & Dore, J. (1985). Affect attunement: The sharing of feeling states between mother and infant by means of inter-modal fluency. In *Social perception in infants*, edited by T. Field, Norwood: Ablex, 249-268.
39. Targowla, R., & Ziadeh, S. (2001). A contribution to the study of autism: The interrogative attitude. *Philosophy, Psychiatry, & Psychology*, 8(4), 271-278.
40. Tronick, E., Als, H., Adamson, L., Wise, S., & Brazelton, T. B. (1978). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child psychiatry*, 17(1), 1-13.

41. Zahavi, D. (1999). *Self-awareness and alterity: A phenomenological investigation*. Evanston: Northwestern University Press.



©2019 by the Author(s); licensee Mediterranean Journal of Clinical Psychology, Messina, Italy. This article is an open access article, licensed under a Creative Commons Attribution 4.0 Unported License. Mediterranean Journal of Clinical Psychology, Vol.7, No. 1 (2019).

International License (<https://creativecommons.org/licenses/by/4.0/>).

DOI: 10.6092/2282-1619/2019.7.2238