

EDITORIAL

The normal and the pathological

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In undertaking a comparative study of countless myths and religious Mircea Eliade concluded that each culture establishes an axis that orients its beliefs and guarantees its values, and that that ideal axis is supposed to take material form (as tree, liana, pillar, ladder, etc.) and marks the navel of the world, the centre of the cosmos¹. The *axis mundi* traces a vertical line that rises to the loftiest heights of the sky and descends to the most inaccessible depths of the earth and ensures the unity of all elements of the cosmos or, in literary terms, the cohesion of the *machina mundi*, the machine of the world, affirming it and centring it at the midpoint of inhabited space.

This point, this *omphalos* or navel of the world, was represented materially by the Greeks of ancient and classical times. Some situated it on the isle of Delos, where Apollo was born; others thought it to be located at Delphi, where we can still see it, at the place where Apollo slew the serpent Python and stole its divinatory gifts. Around the *omphalos*, the site at which the axis of the world intercepts the earth, a cosmos is built, an organised field of space and time subtracted from chaos by the edifying power of culture.

All distinctions between belonging and not belonging, between us and them, normal and not normal, are established with reference to this ordering of space (indicated by the border) and time (allocated by the calendar), in defiance of the disintegrating forces of chaos, who, for the ancient Greeks, was a powerful god – perhaps the most powerful, to whom everything returned – whose name was written with a capital letter and whose presence was to be venerated as much as that of Zeus and the Moirai, or Fates.

If a citizen of the *polis* set off on a journey, as he travelled away from the centre he would find, immediately after the *hellene* (the Greeks), the *barbaroi* (barbarians), and after them, savages. Pursuing his course away from the centre, he would pass into the domain of monsters, which themselves became ever more hideous and distant from the human standard. As his storm-tossed fleet sailed further from Greece, Ulysses encountered in succession the Lotophagi, or lotus-eaters, who were still human in appearance, the Laestrygonians, who were man-eating giants, and the

Cyclopes (like the Odyssey's Polyphemus), who retained basic traces of the human but reflected a teratology of humanity. At the limit, he met the Phorcides, disjointed monsters who shared a single eye.

Thus, between the *axis mundi* and chaos, the exemplary normality of the centre became gradually more diluted and fragmented, and the further one travelled along this path, the more the earth's inhabitants became denatured and dehumanised – and let us not forget that the sophist Protagoras, tutelary founder of anthropology, declared that “man is the measure of all things”. Extreme monsters indicated a threatening domain, a space in which intrusion signified transgression and risk. At the limit, a Greek explorer determined to challenge all prudence and go beyond all the spheres would find chaos, and tumble into the abyss.

The whole of this itinerary forms a gradient, and while the normal pattern is identified with the norms of the group throughout the journey, the non-normal assumes diverse and increasingly frightening configurations. Moreover, the visible changes in morphological appearance had an equivalent in the inner lives of these conjectural beings that inhabited the imagination of the Greeks of ancient times: enormity, deformity and ugliness were related to wicked thoughts, violence, sub-human temperament and animal impulses. Conversely, the works of Plato and the Greek sculptors of the classical period sought to express the good, the beautiful, the just, the heroic and the worthy.

For the purposes of effective administration of justice, Roman doctors recognised different groups of abnormal persons: the *fatui*, the *mentecapti* and the *furiosi*. Meanwhile, ever since Aristotle's successor Theophrastus, the science of the western world has distinguished and codified various types of human character. All of these profiles of men were singular, without it being said that they exceeded normality. It was with the French Revolution and immediately after it, through Pinel, Esquirol and their followers in France and elsewhere, that the modern science then under construction took upon itself the strange task of delimiting, characterising, cataloguing and naming deviations. This work has been carried forward ceaselessly to this day, with continuity, certainly, but always assaying new criteria, arguments and methods.

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Various schools of pathological psychology have offered definitions and traced the limits of many forms of deviation. It is interesting to observe that a definition of normality and normal has never been provided. Both psychiatry and the law have confined themselves to characterising anomalies and transgressions and indicating the red line, the forbidden threshold beyond which deviant behaviour would warrant treatment, to be prescribed by doctors, or punishment, to be imposed by magistrates, but without defining the features of the permitted and the appropriate, attentive rather to infringement. Thus the gaze that spots deviancy is directed from within the ideal space of culture towards its margins.

What then is abnormal? How is it to be understood? How are we to deal with it? – King Oedipus, when the quest for truth on which he impiously set out finally reached its conclusions, recognised that his behaviour was unsustainable, not to be looked upon. For that reason, he sought in blindness a way of fleeing the disaster that had befallen him, of which he himself had been author and victim. Jocasta, his wife and his mother, having herself decided not to see, had already committed suicide (in *Oedipus Rex*, not in *The Phoenician Women*; i.e. in Sophocles, but not in Euripides) when Creon, the new king, and the choir, the people of Thebes, told Oedipus what the god Apollo, speaking through Tiresias, had announced: that there was no salvation for him in the city, and that the city would have no salvation in his presence. That is why Oedipus went into exile and, guided by his daughters, began his wanderings through the lands of Greece. The oracle had named the transgression; ostracism punished the abnormal, monstrous aspect of the offence.

And ultimately the universality of the Oedipus myth proves its ‘normality’, how it belongs intrinsically to man and to the plenitude of the human condition. Had not the Greek gods committed similar crimes from the start, receiving in exchange, instead of punishment, mastery over the world? The episode in the *Theogony* that narrates the birth of the first gods, children of Sky and Earth, themselves far from human in appearance, deformed and fearful, tells how Kronos, the youngest, in the exasperated tedium of seeing the primal scene repeated every twilight, “hated his lusty sire” (line 138). His mother armed him with a sickle “And Heaven came, bringing on night and longing for love, and he lay about Earth spreading himself full upon her. Then the son from his ambush stretched forth his left hand and in his right took the great long sickle with the jagged teeth, and swiftly lopped off his own father’s members and cast them away to fall behind him” (lines 176-182).²

Moreover, outside Greece, the myth is repeated in an unlimited number of variations, even as far away as the antipodes and New Zealand, where it figures in the mythology of the Maori. Because the texture of myths is layered and successive versions are formed that unfold like

the leaves of a book, telling different stories on the same theme via an inexhaustible recombination of mythemes, which are the building blocks of myth-making. A labour at once repetitive and inventive, of which Claude Lévi-Strauss wrote: “If the content of myth is entirely contingent, how is it that, from one end of the Earth to the other, myths resemble each other to such an extent?”³

Certainly there is no one true mythic version: all versions belong to the myth, all fit into it and contribute to its many-leaved texture. This is the case also with the myth of Oedipus, of which Freud, according to the great anthropologist, would represent one leaf among others, a constituent version of the universal myth, in proposing the root of the conflict necessary in order for “the individual myth of which a neurosis consists to be born”.³

Thus we perceive that the vague borderline, fluctuating with the times, with places and latitudes, that is supposed to separate the normal from the pathological and divide the waters, this chalk line traced on the ground we tread, which has the function of separating the permissible from the forbidden, is also a mere social construction, an illusion that moves at the whim of the currents of history, the prodigious variation of cultures, the drift of ideas, ideologies and religious belief, the volubility of oral literatures, the recombinant play of mythemes.

Let us consider the case of homosexuality. Over the course of my long life I have witnessed a series of metamorphoses in the way in which it has been assessed, framed and as it were validated by the prevailing modes of thinking: aberration, perversion, disease, inversion, deviancy and, lastly, variant of ordinary sexuality, accepted by the spirit of the times and called normal. What was held to be a pathology and a scandal has been subsumed little by little into the space of normality (in the northern hemisphere, or rather in Europe, in a part of Europe that has benefited from the ideals of the Enlightenment: for in other latitudes and longitudes, tyrannised by Laestrygonians and Cyclopes, a homosexual can be persecuted and condemned to death, as we know from reading the newspapers).

And what to think of the taking of drugs and the consumption of psychoactive substances? In today’s liberal society, the consumer of drugs either hides and denies his dependency or falls to the bottom of the social ladder. The same Enlightenment values are ultimately incompatible with the alteration of consciousness that such substances entail, with the ‘dionysiac’ component, the distortion of reason and critical judgement, the behavioural disinhibition and the foment of non-conforming ideas that they bring about.

However, in shamanic societies – which, let us not forget, had been practising humanity’s first religion since prehistoric times⁴ – the drug-taker in his trance is situated at the zenith of society. He has the highest status, which stems from his gift, denied to others, to rise (or descend) to the world of the gods, to go among them and swap ideas, re-

turning to the group to which he belongs in possession of new mythogenic materials. Lévi-Strauss again: one day he took along to his seminar on ‘identity’ a *faiseur de mythes* who reviewed the initiatory voyage and its beneficial consequences in front of his astonished listeners.

Thus we can clearly see that the boundaries between the normal and not normal are imprecise, vague; not just those between the Greeks and the barbarians, but between societies of the present time, the borderline arising from the domain of beliefs and the relativity of values. And to advance to the ultimate consequences of this problematic and this question – who is normal, who is pathological – let us return to the question, always current and always open, posed by Kant: “What is man?” For my part, faced with this problem and having taught psychopathology and human evolution, that is to say, phenomenological anthropology and biological anthropology, for a long time I had no convincing, reasoned answer.

In truth I am still unable to define this concept and this singular entity, *man*, either on the basis of bipedalism, or the existence of material culture, or the evidence of symbolic contents, or even the development of articulate verbal language – which undoubtedly evolved through overlapping levels and was guided by natural selection, perhaps beginning with the development of tools, which in my view contain an immanent grammatical and syntactic function.⁵

As with the transition between normal and pathological, so the boundary between human and non-human strikes me as hazy and undecidable, all the more so the further research advances on various fronts (paleoanthropology, primatology, genetics, behavioural ecology, neuroscience, theories of language). Thus, after considering the problem from different angles, I opted for a single definition that seemed satisfactory to me, and which is a pessimistic definition: *man, the only primate whose behaviour is guided by preconceptions*. As soon as the primacy of preconceptions (myth, religion, ideology, fashion) is established, we are in the domain of the human.

In the heroic days of psychiatry, in the late 60s and early 70s, during my internship in a civil psychiatric hospital, I had the opportunity to observe the inhabitants of an asylum ward. My first thought, which I subsequently abandoned, was to study them using an etiological methodology, which at the time seemed to me an effective weapon, an original method whose origin was distinct from the human sciences, it being designed rather to study man in his evolving matrix. I abandoned this approach for ethical reasons and on account of a certain nausea that overcame me when I was preparing to observe some of my fellow creatures in a state of profound degradation. Those wards were filled with the profoundly mentally retarded, incapable of speech, people with no name but a code number, and psychotics who had deteriorated to the final dissolution of language, genuinely close to chaos.

On the basis of multidisciplinary study of the genus *Homo* and its pre-human and non-human ancestors (known collectively as hominins), paleoanthropology – a preeminent paradigm of interdisciplinary crossover work – enables us to assess at each moment of scientific advancement in which direction this heuristic provocation, the question of borders, opens up. Who is human? And, being human, who is normal?

Returning to the history of humanity and its field of excellence, which is the history of ideas, it becomes clear to us that there are decisive forms of inner experience that, while contributing to what we are, are far from normality. Let us think of Archimedes and the phenomenon of buoyancy, whose nature he explained; of Copernicus, when he conceived of the basis of heliocentric theory and turned reasoning on its head to triumph; of Newton, mapping out the general law of gravity; and of Descartes, perceiving the ontological value of the *cogito*. We intuit as evident that these dazzling moments of inner experience, decisive for what would come to be western science and its vision of the universe, occurred far from the normal paradigm. Perhaps any philosophical attitude, that is to say, of surprise at one’s presence somewhere, transgresses the norms of what it is to be, to act and to appear normal. That is really our drama in the world, in the uneasy position in which we find ourselves, believing ourselves free and striving to free ourselves, being born without deciding to and dying without wanting to (or wanting to, but in a limit situation of despair).

Meanwhile, there are crazy variations of existence that reveal to normal individuals certain experiences and horizons on the world that, if not seen through the eyes of delirium, would remain concealed. Paule Thévenin, the young doctor to whom Antonin Artaud, shortly before his death, entrusted his unpublished manuscripts, leaving her a captive of that decision, wrote: “Artaud’s eruption into my life: I found myself before a man who revealed to me a world crackling with unexplored realities, a thousand leagues from the trivial world through which we vegetate. It was a universe that was his alone, and with him each second assumed density, the least gesture acquired efficacy and sense”.⁶

How can we doubt that there is a mythical dimension to madness? As if myth as exemplary narrative could be built with the disproportionate and extreme materials of the being-in-the-world of psychotics. That is why myths seem so family to us in their content and so strange in their form. And reciprocally: the lived experiences of madness are obtained with ingredients very close to the materials of myth, and it is the intrusion into space of awareness of those incoherent, excessive elements, in contrast with the ordering of the real by rationality, that triggers the pathological and brings it onto the clinical stage, accentuating the contrast with normality.

Moreover, in remission, the psychotic patient restored to a certain critical insight becomes aware of the pathological condition from which he suffers. And states of passage can be felt by the ego that experiences them with a tonality of the approaching abyss. Thus it is with the famous ‘schizophrenic *trema*’, or ‘stage fright’ that heralds diffuse delusional mood; with episodes of catatonia, rare these days; with Goldstein’s ‘catastrophic reaction’, which refers to the sinking feeling on entering dementia; and, at the level of normal physiology, with the brief hypnagogic or hypnopompic states (*Hermes Psychopompos* was the god of dreams) that sometimes accompany the dissolution of consciousness on falling sleep and that may contain hallucinations, changes in perception of the body, space and time, a disturbing sensation of metamorphosis.

The most singular thing, the most unexpected, is that each of us contains in himself, in the latency of his possibilities, capacity for the abnormal. – *Qui vit sans folie n’est pas si sage qu’il croit* (“He who lives without folly is not as wise as he thinks”) – says La Rochefoucauld’s 209th moral maxim.⁷ It is like a last, dangerous trump, that we keep back, but that at the limit we can play, just as we repress a painful idea without managing to cancel it out. That possibility hovers over us, observes us, spies on us, worries us and sometimes manages to seduce us. Such is our ability to mistrust when appearances at last invite us to trust; thus also the latent seed of jealousy; and the sombre gaze of melancholy, which contains deep down the seduction of suicide. And there are other possibilities for living with the world and with ourselves that present themselves to us as undesirable forces – exaltation, belittlement, ecstasy, dereliction, introspection.

In terms of abnormality, we have *nosos*, *morbus* and *pathos*, which give different dimensions of deviation; and we must set against nosological entities with a natural history and a syndromal spectrum those syndromes that are non-specific and reproduce, as it were amplified and deformed, “basic psychological structures”. The latter delineate each human being’s mask of psychology and character, the predominant traits of personality (let us not forget that *persona* means mask, a character being played in the Roman theatre), and take on their own pregnant forms of being in the world, and of being with oneself. They define the predominant mode in which each person lives and acts; they show the normal profile of that which, increased disproportionately, will lead to the typical syndromes of psychopathology.

Underlying this set of possibilities are “general forms of reaction”, true atoms of human response to the world’s demands, such as feeling happy, feeling sad, yearning, obsessing somatising, being stricken with panic, becoming exasperated, distrusting, being jealous, despairing, etc., which exist in a limited number (no more than thirty) and permit the combinatorics for each and every human atti-

tude expressed by the experience-behaviour binomial, like the elements of Mendeleev’s periodical table which, combining with each other in countless ways, have produced all the variations in the universe.

These generally invisible, but not inactive, reaction modules, are like dormant munitions at the base of human experience that at all times have the capacity to actualise and burst into action. At that point they will break the equilibrium and arise disproportionately, manifesting abnormality. This is how the insurrection of madness is sheltered within us, as something not current, peripheral, at first sight derisory – and yet, without it, we would not be us. In us also, therefore, there hides the boundary between the normality assumed and the pathology denied, an uncertain, shifting and precarious line.

And since I began by talking about monsters, a few more words about the body will not be out of place. We are situated in a risky, asymmetrical position in space and time, and we move in accordance with four key references, the spatial, temporal, corporeal and cosmic systems. We effectively condemn ourselves to inhabit our body, to live with it, to question it, to scrutinise it – sometimes as an accomplice to our thinking and feeling, sometimes as a fate that has been loaned to us, but belongs to the other side of things.

The world fragment that comes to us in the form of body, with which, within which we grow, that we carry and which carries us through life, never ceases to intrigue us, if we interrogate it. Our sensorium and our sensibility dwell in it; our will guides it; our plans, ambitions, desires and fears move it. It seems at our service, it accompanies us from infancy to death, from the obscure times of the one to the unforeseeable moment of the other. Yet it surprises us with the strange reasons of its complicity, which is the vehicle of our attitude in the world. Do we know it thoroughly, the body? Far from it. Its external outline, the imagined picture of organs and functions, the movements that animate gestures, stances and mimicry and bring emotion to discourse and reason, all these planes of the relationship with the body are fairly obscure and strange to us.

If we look at our reflection in the mirror, if we prolong that gaze, if we probe the image of our eyes, suddenly we find ourselves facing a stranger, a threatening being that is alien to us and cloaks itself in otherness, that sends us a signal of strangeness – and that strangeness, which can cause fear or tedium, is what Sartre called nausea, the true heroine of his famous novel *La nausée*. There is the monster, made in our own image. If we see ourselves on film? We are astonished at our gestures. If we hear a recording of our voice? We can’t believe that that is how others hear us. We look at old photographs? We are amazed at our appearance. To the body that limits us (in the dual sense of the word) and translates us, and also to the spoken or written word that it permits, we think we entrust our freedom. And we perceive that this is a misunderstanding.

In psychopathology, various continents loom that express different degrees of abnormality and disproportion. In neurosis, we find consequences of man's conflict with himself; in psychopathy, effects of his conflict with the world; in psychosis, an insurgency of thought and feeling against a certain tyranny of logic and the *logos*. And like the Greeks who set a course from the centre for the periphery of the world, by way of these continents of psychic pathology also we encounter increasingly altered landscapes and monsters.

On this point, a comment. One of the historical misunderstandings of psychiatry stems from the fact that, at the turn of the 20th century, two exact contemporaries who were working not far away from each other, one in Vienna, the other in Munich – Freud and Kraepelin – constructed overarching models of psychiatric pathology: the former *sine materia* and inspired by hysteria; the other with a basis in injury, founded on the example of general paresis in syphilis. Both models built on a broad clinical foundation, persuasive, internally coherent, but omnipotent and incommensurable, forming opposite poles of psychiatric knowledge.

While the modules of madness are gathered within us like a collection of ungerminated seeds, the experience of living with *the other*, with a crazy who has taken leave of reality, can be disturbing. I will recount a fragment of memory shared with several colleagues from my medical studies, who have on occasion recalled to me a class with Barahona Fernandes that I too remember, when we were in the 6th year at the Faculty of Medicine and we attended the chair of psychiatry, in the faraway year of 1963. There were almost no psychoactive drugs. The professor had invited us to one of the wards at Hospital Júlio de Matos

whose gloomy, uncomfortable appearance, tucked away in a corner of that labyrinth, already created an inhospitable atmosphere.

Over the course of the lecture, at his signals, the head nurse brought into the session, one after the other, a deteriorated schizophrenic patient, with stereotypies and in an intense hallucinatory state; a manic patient, with flight of ideas and hypermetamorphic behaviour; and a profoundly mentally retarded patient, incapable of speech, emitting inarticulate vocalisations. In his expert way, Barahona was able, alternately, now to establish a certain empathy with these patients (who seemed to us incapable of any understanding or dialogue), now to turn to us – to the fraction of the medical course that had managed to get there – and teach us to recognise those syndromes and diseases, illustrating the being-in-the-world of patients with the behaviour that we were able to observe in them.

It was as if we had travelled to the lost lands of the Laestrygonians and the Lotophagi. For all of us it represented an experience of otherness, a confrontation between what we thought to be normality, in its beliefs and rules, and the most radical pathology, definitively at odds with the norm. Some fifteen years later, when I was assistant to the chair of psychiatry (still in the years of the intellectual turbulence that followed the 25th of April, and that was salutary), a number of 'antipsychiatrists' came to Lisbon – David Cooper, Ronald Laing, Franco Basaglia. And one afternoon, when I told Barahona Fernandes that I was going to attend a conference by the famous Thomas Szasz, he answered only: "Say anything you like to him, except that there is no such thing as mental illness, because you have already seen that there is."

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