

## **The patient, the tourist and the rhizomatic plane**

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Anne Rau, a 20-year-old admitted to a psychiatric ward after attempting suicide, eventually found the right phrase to convey what she was missing: something small and simple yet immeasurably important. She called it *natural self-evidence*. She felt unable to connect with others around her, like an alien in the room, always attracting unwanted attention and looks of bewilderment. She felt distanced, lonely, and at odds with her surroundings. It was the basics of humanity which proved most difficult: she couldn't empathise with others, and she dwelled on questions of how to mature, how to act and how to live. Eventually she was consumed by doubt. After some deliberation she decided to end her life with sleeping pills. It remained a serious yet futile attempt, however, and she was consequently admitted to Freiburg University Hospital's psychiatric unit, where she was diagnosed with schizophrenia simplex. This subtype of schizophrenia is characterised by chronic negative symptoms<sup>1</sup> such as apathy and lack of energy, often without psychotic positive symptoms such as delusions or hallucinations. Over a period of four years she received psychotherapeutic and pharmacological therapy as well as electroconvulsive shocks. Despite fluctuations in her suicidality, her symptoms — her underlying 'loss' of *natural self-evidence* — remained largely unchanged, and she ended her life four years after her initial hospitalisation.

During those four years her psychiatrist, Wolfgang Blankenburg, carefully documented their discussions, giving insight into Rau's psychological landscape. He picked up on her phrasing *natural self-evidence* and developed a theory of psychopathology pertaining to it. Although *natural self-evidence* is more commonly referred to as 'common sense', it describes similar phenomena: this 'small' and 'simple'<sup>2</sup> feature is considered a grounding anthropological pillar.<sup>3</sup> Consequently, it serves as a foundation for social interaction and participation in everyday life in the shared space, the life-world, as well as giving a feeling of security and familiarity.

But what happens when common sense is 'lost'? Rau complained of 'missing the basics', that her 'soul [was] sick.'<sup>4</sup> It is widely accepted in phenomenological psychiatry that loss of common sense constitutes a cardinal symptom or experience in schizophrenia.<sup>5</sup> In this light Thomas Fuchs writes of Rau's fate: 'One must consider the severe suicide attempt at the beginning of treatment, and the fatal end with her suicide, to realise that the loss bemoaned by the patient was not a peculiar spleen, but something existential, one could say ontologically significant and meaningful.' (tr. MR)<sup>6</sup>

A different interpretation is offered by Gilles Deleuze and Félix Guattari. Deleuze and Guattari seek to dismantle the *arborescent* logic of dichotomy — of univocality and unidirectionality, of strict vertical hierarchies — behind ‘state philosophy’ and its scientific disciples, including psychiatry. They linger outside for inspiration and discover in subterranean premises the concept of a *rhizome*, which later serves to epitomise their idea of *multiplicity*.<sup>7</sup> ‘Nature doesn’t work that way: in nature, roots are taproots with a more multiple, lateral, and circular system of ramification, rather than a dichotomous one.’<sup>8</sup> They continue: ‘A rhizome has no beginning or end; it is always in the middle, between things, interbeing, *intermezzo*. [...] The tree imposes the verb “to be,” but the fabric of the rhizome is the conjunction, “and... and... and...” This conjunction carries enough force to shake and uproot the verb “to be.”’<sup>9</sup> Rather than interpreting schizophrenia as a pathological condition, they understand it as part of a rhizomatic process of invention, as ‘expansion rather than withdrawal. Its twoness is a relay to a multiplicity. From one to another (and another...) [...] Not aimlessly. Experimentally.’<sup>10</sup> Rhizomatic processes are not bound to established paths; they utilise what Deleuze and Guattari call ‘nomad space’. Such processes are not concerned with determining what is true, but rather what is possible, what thoughts are provoked, what emotions, sensations and perceptions can thus be triggered; an exploration of *ontological heterogeneity*.<sup>11</sup> As the subtitle of their main treatise, *Capitalism and Schizophrenia*, and the key concept of *desiring-production*, a synthesis of Freud’s desire and Marx’ production, likewise imply, Deleuze and Guattari’s overarching critique extends to the capitalist system.

For Deleuze and Guattari, the schizophrenic has not lost touch with the life-world but is ‘closest to the beating heart of reality, to an intense point identical with the production of the real.’<sup>12</sup> This brings the discussion back to Rau’s *natural self-evidence* and Blankenburg’s common sense. Deleuze and Guattari are very critical of common sense, which they consider characteristic of imitation, enveloping ‘an image of thought that assigns the development of a “general idea” as its goal (categorical thinking).’ Such imitation leads to a process of ‘Becoming-the-same’, that determines what ‘is’ by general consensus, rather than by the endless possibilities of what may or may not be. ‘Becoming-other’, in contrast, is a suspension of established conventions and automated stimulus-response circuits.<sup>13</sup> In this brief suspensory respite indeterminacy may be anchored. In other words: Rather than assigning to the *arborescent* dichotomy of imitation (Becoming-the-same) and thereby subjugating oneself to the wishes and requirements of the established order, a rhizomatic approach is tangible — construing the phenomena experienced or envisioned by a body<sup>14</sup> from the point of view of its potential dynamism, outside any determinate state (Becoming-other, a *body without organs*).

Deleuze and Guattari embed this rejection of common sense into their own therapeutic approach of

schizoanalysis and indirectly that of institutional psychotherapy.<sup>15</sup> This opens different relational avenues to schizophrenia: the symptoms are considered within a more general social and historical context. Deleuze and Guattari highlight the repression of desire in capitalist societies, where it is commodified as desire for what one is lacking. Capitalist supply and demand common sense then dictates, leading to an absurd struggle for stockpiling in the wake of perceived shortages. A rhizomatic approach to desire dismisses the notion of lacking something and focuses instead on invention or active creation (*desiring-production*). But to invent or create, the taming effect of common sense must be overcome. If one were to mock stockpiling and seek instead to conjure up whatever is positively desired out of thin air, then the absurd struggle dictated by common sense could indeed be overcome — but myriad new problems are likely to surface. This inventive solution does not merely bespeak individual madness; it also says a great deal about the conditions and superfluous needs in capitalist society. Deleuze and Guattari believe this creative energy emerges in schizophrenia and seek to analyse such *flows of desire* through schizoanalysis.

The following is thus conceivable in the case of Anne Rau: Although the therapy offered to her was considered state of the art according to contemporary medical knowledge, a paradigmatic problem may have hindered her recovery. Focussing on Rau's 'lack' or 'loss' of common sense and her desire to recover it did not work, as the case study shows. What would have happened if an approach in schizoanalysis or institutional psychotherapy were attempted? What would have happened if Rau's symptoms were instead considered in light of an inherent incompatibility with capitalist expectations; as an indicator for the pivotal role social oppression plays in the pathogenesis of mental illness; as a creative confrontation in a more general, highly politicised picture? Would her 'loss' of *natural self-evidence* have been contextualised and compensated? And what could have been learned from Rau's experience? It is impossible to know.

Hence on the one side, the loss of common sense is depicted as a hallmark of schizophrenia, with consequences as grave as suicide, while on the other side it is embraced under the banner of multiplicity. Yet the division is not as black and white as it initially appears. As Fuchs discusses: 'Blankenburg leaves no doubt that lack of self-evidence, questioning familiarity or general doubt are not less constitutive for a healthy personality than are self-evidence and trust. In schizophrenic and affective psychoses, however, the Dasein no longer resides between these poles, but loses its polarity as such and slides into one of the extremes.' (tr. MR)<sup>16</sup> Nonetheless, in particular because familiarity and certitude are still taken as an indispensable foundation for the desired state, the general disagreement stands.

The suffering underpinning this theoretical debate, as in the case of Anne Rau, has led to critique of Deleuze and Guattari's ideas. They have consequently been largely ignored and marginalised; charged with glorifying mental illness; and accused of inexperience with schizophrenic patients.

The tourist offers a different perspective (to be considered as an analogy, not an equation). Amman, the capital of the Hashemite Kingdom of Jordan, was originally built upon seven hills at the edges of the Holy Land. As centuries of war uprooted millions in the neighbouring countries, Jordan became a haven of relative stability for Palestinians, Syrians, Iraqis, Lebanese and many more. Coexisting in the desert, there are innumerable cultural and religious traditions and resulting behavioural intricacies: from forms of greeting and rules of sitting to exchanging money; verbal- and non-verbal communication such as who to address and with whom to make eye-contact; how to behave when people are praying; and the constitutionally equivalent Bedouin tribal law, circumventing governmental decisions with tribal practises and rituals.

Meandering across the now endless hills of Amman, a similar causal chain is triggered: The tourist, far from home and detached from everything familiar, experiences a loss of common sense. In a restaurant, the gym, the hospital, the supermarket — how to act? Mundane everyday activities become alienating and begin to pose problems. Yet the consequence could not be more different to Anne Rau's predicament. The tourist embraces this loss of common sense; is seeking the culture shock to gain a new perspective, for a break from endless repetition, for a thrill or a holiday. 'Negative' experiences are deemed invaluable lessons, and most tourists easily slip back out of the temporary role and return to the secure scent of common sense, with a feeling of fulfilment and a lasting impression.

This highlights a strange discrepancy. The schizophrenic patient and tourist both experience a loss of common sense — insofar as these phenomena can be surmised and articulated. Yet while the patient is pitied, the tourist is celebrated. Amidst this discrepancy Deleuze and Guattari's multiplicity becomes more accessible. As the tourist grappling with a foreign world grows with each day and returns home much the wiser, so too may the schizophrenic offer invaluable insights into our life-world, not by losing touch, but rather by experiencing it in a different manner. In this light, Deleuze and Guattari are less guilty of glorifying mental illness than they are of respecting individuality in all of its eccentricity and madness, thus including phenomena deemed schizophrenic. Ironically, there is a humbling element to their philosophy and underlying critique of common sense, for by rejecting the *arborescent* logic of imitation in favour of rhizomorphic chaos, they entertain the possibility of collective human error. But this multiplicity should not serve to 'abolish' schizophrenia or mental illness. It should instead inform our interaction with those experiencing such phenomena, and open our eyes to the

possibility of learning from such processes. ‘The schizophrenic is a sick person in need of help, but schizophrenia is an avenue into the unconscious, the unconscious not of an individual, but the “transcendental unconscious,” an unconscious that is social, historical, and natural all at once.’<sup>17</sup>

One afterthought: Rhizomorphic chaos, or multiplicity, is dangerous because it can easily tilt in the wrong direction. Vanessa Springora recently published ‘Le Consentement’ (‘Consent’), in which she writes of sexual relations she had with Gabriel Matzneff while underage. It has led to a long overdue investigation and shone light onto widespread misconduct in the 1970’s and 80’s. In short, it was common amongst French intellectuals at the time to support sexual relations between adults and minors under the age of 15 years. In 1977 a petition was published with many influential signatories, including Deleuze and Guattari, to decriminalise sexual relations for adults with children aged 13 to 14 years.<sup>18</sup> Their reasoning, exemplified by Michel Foucault in a radio interview: Assuming ‘a child is incapable of explaining what happened and was incapable of giving his consent are two abuses that are intolerable, quite unacceptable.’<sup>19</sup> If the untamed scope of desire extends too far it could easily begin to legitimise abuse, suffering and the like — such as the exploitation of an infantile sexuality, namely 13-year-old children by elderly men, regardless whether one tries to argue that they are competent and self-determinate. A popular way to ignore this is to distinguish between the ‘artists’ and their ‘work’. However, it is not simply an impersonal ontology Deleuze and Guattari are positing, but actually a form of ‘ethics’.<sup>20</sup> The behavioural application of the theory *is* the therapeutic method, ‘a way of thinking and living’<sup>21</sup> together, thus the behaviour as such must be scrutinised and held to the highest possible standard. Not just their therapeutic conduct, but likewise their personal conduct, for these are inextricably linked.

Hence although rhizomorphic chaos can liberate and impart wisdom, it must be held to certain standards, moral codes and constraints. Are these a common sense?

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<sup>1</sup> Symptoms in schizophrenic patients are often classified in ‘positive’ and ‘negative’ symptoms. Positive symptoms are of the nature where something is ‘added’, i.e., an exaggeration of normal processes, such as delusions or hallucinations. In contrast, negative symptoms lead to something being ‘taken away’, i.e., diminished normal processes, such as neglecting social and professional responsibilities, social isolation and flattening of emotions

<sup>2</sup> Anne Rau’s words, see Wolfgang Blankenburg, ‘First steps toward a psychopathology of “common sense”’, *Philosophy, Psychiatry and Psychology* 8:4 (December 2001), 303-315

<sup>3</sup> A more differentiated form in following Samuel Thoma would be to use the term *Sensus communis* instead of *common sense* to do a stratified view justice: Interaction in and with the environment / one’s surroundings is prioritised, whereby *common sense* (‘rules and axioms of thinking’), along with *Gemeinsinn* (i.e., communal sense, ‘experienced surroundings’) and *sozialer Sinn* (i.e., social sense, ‘social conventions’), are each just one of three dimensions enveloping a superordinate *Sensus communis* (see Samuel Thoma ‘Common Sense und Verrücktheit im sozialen Raum’. Köln: Psychiatrie Verlag, pp. 64-83 and 144-148, direct

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quotes from p. 80, tr. MR). Further, *natural self-evidence* is increasingly regarded in a bodily context (*embodiment, intercorporeality*) as a basic phenomenon of the pre-reflective self, that with impending ‘loss’ (*disembodiment*) can lead to hyper-reflexivity (see, for example, Fuchs, T. and Röhricht, F. (2017). Schizophrenia and intersubjectivity: An embodied and enactive approach to psychopathology and psychotherapy. *Philosophy, Psychiatry, & Psychology* 24(2), 127-142). As *common sense* maintains its function in everyday use as an understandable and accessible placeholder for the more thorough analysis I will forgo, aside from this marginal note, further theoretical depth to not distract from the actual focus of this essay

<sup>4</sup> Wolfgang Blankenburg, *Psychopathology of “common sense”*, 303-315

<sup>5</sup> Thomas Fuchs, ‘Wolfgang Blankenburg: Der Verlust der natürlichen Selbstverständlichkeit’, in *Wolfgang Blankenburg - Psychiatrie und Phänomenologie*, eds. Stefano Micali and Thomas Fuchs (Verlag Karl Alber Freiburg / München, 2014), 93-96

<sup>6</sup> Fuchs, *Wolfgang Blankenburg*, 84-85

<sup>7</sup> Elsewhere this is discussed as ‘nomad thought’ (hence ‘nomad space’) in contrast to ‘state philosophy’ (hence ‘state space’), akin to what Spinoza called ‘ethics’; Nietzsche ‘gay science’; Artaud ‘crowned anarchy’; Foucault ‘outside thought’. See Brian Massumi, *A User’s Guide to Capitalism and Schizophrenia: Deviations from Deleuze and Guattari* (A Swerve ed., MIT Press, 1992), 6

<sup>8</sup> Gilles Deleuze and Félix Guattari, *A Thousand Plateaus. Capitalism and Schizophrenia vol. 2*, trans. Brian Massumi (Minneapolis: University of Minnesota Press, 1987), 5

<sup>9</sup> Deleuze and Guattari, *A Thousand Plateaus*, 25

<sup>10</sup> Massumi, *User’s Guide*, 1

<sup>11</sup> Massumi, *User’s Guide*, 8, 21. Guattari uses the phrase *ontological heterogeneity* in *Chaosmosis. An ethico-aesthetic paradigm*, trans. Paul Bains und Julian Pefanis (Indianapolis: Indiana University Press, 1995), 67

<sup>12</sup> Gilles Deleuze and Félix Guattari, *Anti-Oedipus. Capitalism and Schizophrenia Vol. 1*, trans. Robert Hurley, Mark Seem and Helen R. Lane (Minneapolis: University of Minnesota Press, 1983), 87

<sup>13</sup> Brian Massumi, *User’s Guide*, 95-101

<sup>14</sup> This can be a collective body (e.g., state or institution), an individual body (e.g., human or animal), or sub-body (e.g., thought or desire). See Massumi, *User’s Guide*, 118

<sup>15</sup> See Milan Röhricht, ‘Institutional Psychotherapy’, *isolatorium.org* (3/2019)

<sup>16</sup> Fuchs, *Wolfgang Blankenburg*, 86

<sup>17</sup> Daniel Smith and John Protevi, *Gilles Deleuze*. The Stanford Encyclopedia of Philosophy (Spring 2020 Edition), Edward N. Zalta (ed.)

<sup>18</sup> *Le Monde*, 26 January 1977, 24-26

<sup>19</sup> *The Danger of Child Sexuality* — Michel Foucault’s dialogue with Guy Hocquenghem and Jean Danet, produced by Roger Pillaudin, broadcast by France Culture on 4 April 1978

<sup>20</sup> This is especially clear for institutional psychotherapy. See, for example, Camille Robcis, ‘François Tosquelles and the Psychiatric Revolution in Postwar France’, *Constellations*, 23:2 (June 2016), 212-222

<sup>21</sup> Robcis, ‘François Tosquelles’, 220