

# ECHOES OF THE MIND: BETWEEN SUBJECTIVE EXPERIENCE AND SCIENTIFIC UNDERSTANDING OF SCHIZOPHRENIA

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Don't let us forget that the causes of human actions are usually immeasurably more complex and varied than our subsequent explanations of them.

- Fyodor Dostoevsky, *The Idiot*

The profound observation by Dostoevsky serves as a crucial framework for understanding one of the most complex and enigmatic of human conditions: schizophrenia. The term itself, coined by Eugen Bleuler in 1908, derives from the Greek *skhizein* (σχιζειν, "to split") and *phrēn* (φρήν, "mind") (Oxford Learner's Dictionaries). This etymology, however, is often misunderstood as referring to a "split personality," a misconception perpetuated in popular culture. Bleuler's intended meaning was a "splitting of psychic functions," describing a fragmentation of thought, emotion, and perception, where the intricate synthesis of mental processes collapses. This schism between internal functions and an individual's connection to reality has rendered schizophrenia a subject of enduring fascination and profound misunderstanding, not only in clinical settings but also within the annals of literature.

The elusive and destructive nature of this disorder has been explored extensively in creative works. From the duality depicted in classics like *The Strange Case of Dr. Jekyll and Mr. Hyde* and the perceptual distortions in Poe's *The Tell-Tale Heart* and Hoffmann's *Tales of E. T. A. Hoffmann*, to the psychological unravelling in more modern narratives such as *Fight Club* and *Shutter Island*, the experiential elements of schizophrenia have been a persistent theme. These literary portrayals, while not clinical documents, reflect a deep-seated cultural effort to grapple with the profound alterations in consciousness that the disorder entails.

This essay seeks to bridge the gap between fictional portrayals of schizophrenia and the lived reality of those who experience it, framing the condition as one of the human mind's most radical deformations, splintering identity, disrupting narrative, and reshaping the self. Offering a psychological insight into the potential origins and pathology of schizophrenia, this essay draws upon qualitative data gathered for my bachelor's thesis. Through interviews conducted in psychiatric wards, several patients articulated their own theories regarding the genesis of their condition, remarkably linking its onset to their engagement with literary works such as Michael Ende's *Momo* or religious texts like the *Mahabharata* and the Bible.

The central aim is therefore twofold: first, to explore these unique personal narratives of illness, and second, to connect these patient-generated explanations to established scientific and psychological theories of schizophrenia's aetiology. This text will begin by providing a clinical overview of schizophrenia and outlining the methods used for data collection. Subsequently, it will present the specific narratives connected to literature and analyse the underlying cognitive processes. In doing so, it will argue that the formation of such explanatory narratives is not an artifact of the pathology itself, but rather an intensified manifestation of a universal human tendency to construct stories to make sense of phenomena that might otherwise remain inexplicable. The following introduction is part of my bachelor thesis:

Schizophrenia is the cause of severe individual suffering, confusion, the loss of an individual's personality and identity, and the pure inability to take part in their community. With around 24 million people affected worldwide (World Health Organization, WHO), the disorder has a tremendous impact, and its societal burden has constantly been increasing over the last decades (He et al.). Still, the aetiology of schizophrenia remains subject of heavy debate, without extensive understanding of its origin.

Schizophrenia affects 0.32 percent of people worldwide, and it is often diagnosed between late adolescence and the mid-twenties, although females experience symptoms a few years later in life (WHO; Abel et al.). Additionally, the life expectancy is lower than that of the general population, leading those diagnosed with schizophrenia spectrum disorders to die approximately 15-20 years earlier (Peritogiannis et al.), and up to 10 percent end their life by committing suicide (Davis et al.). Schizophrenia is seen as a multifaceted disorder. It causes disturbances in thought, language, sensory perception, emotion regulation and behaviour (American Psychiatric Association). The disorder mainly manifests itself through positive and negative symptoms. Positive symptoms mainly manifest themselves through delusions (i.e. fixed beliefs that remain despite overwhelming counterevidence). Delusions are the most common symptom in acute and active stages of schizophrenia (Baker et al.). Additionally, positive symptoms of schizophrenia include hallucinations (perceptions without external stimuli), disorganized thinking and speech, and abnormal motor behavior. These symptoms are termed positive because they represent an addition to the individual's typical experience. Negative symptoms are characterized by slowing and depressing behaviors, those include alogia (decrease in the quantity and/or quality of speech), autism, ambivalence, and affect blunting (a reduction in the outward expression of emotion) (Arantes-Gonçalves et al.). Overall, the symptom range of schizophrenia is broad, unique and mostly results in significant environmental ramifications for those impacted.

Symptoms mainly seem to appear through neurological processes. Biomedical models showed connections between the dopamine system and the positive symptoms of schizophrenia (Yang and Tsai); however, the dopamine theory proved insufficient to explain the disorder entirely, as negative symptoms could not be explained (Kanahara et al.). A psychological model that explains how mental disorders and certain behaviors develop, such as the diathesis stress model, uses a more comprehensive approach, stating that psychotic symptoms may arise from an inherent biological vulnerability that is triggered by psychologically stressful life events (like divorce, natural catastrophe, trauma, drug abuse) and daily stressful patterns (Jones & Fernyhough; Myin-Germeys & Van Os). The emergence of psychotic symptoms is commonly attributed to the confluence of a preexisting genetic predisposition alongside specific psychological stressors (Pruessner et al.). Furthermore, the hypothalamic-pituitary-adrenal axis (HPA axis), a complex neuroendocrine system that regulates the body's stress response and maintains homeostasis (influencing the release of hormones like cortisol), is frequently used to explain the interplay of psychological stressors and the human hormonal system. Pruessner et al. suggest that HPA axis imbalance, particularly marked by amygdala hyperactivity, can trigger severe psychopathological symptoms, such as psychosis. Moreover, Jones and Fernyhough propose that constant stress leads to increased cortisol production in the HPA axis, thereby triggering schizophrenic symptoms in people who have a pre-existing genetic vulnerability, one that according to Hilker et al. the majority (80 percent) of schizophrenia cases possess. Consequently, the HPA axis is related to the diathesis stress model, wherein an imbalance in the HPA axis caused by psychological stressors can trigger a biological vulnerability for psychotic symptoms. Croft et al. supports this dynamic by illustrating that experiencing stressful trauma before reaching the age of seventeen raises the likelihood of encountering psychotic experiences by age eighteen. These findings indicate the essentiality of grasping how environmental factors contribute to an individual's stress experience when exploring the aetiology of schizophrenia.

In total, eight individuals were recruited for the research, all of whom are currently residing in a psychiatric ward. The sample consisted of four males and four females, that are aged between 29 and 69 years ( $M_{age} = 53.12$  years,  $SD = 12.56$ ). The participants' age during illness onset ranged between 20 and 28 years of age ( $M_{time} = 23$  years,  $SD = 2.24$ ). Furthermore, all participants had attended the German school system: three had attended the Hauptschule (a lower secondary school typically focused on vocational preparation), three to the Realschule (a mid-level secondary school offering both vocational and academic tracks), two had completed the Abitur (the university-entrance qualification obtained at an academic high school), and two had completed an apprenticeship (a formal vocational training program combining school and workplace learning).

During the interviews, the participants mentioned biological, psychological and social influences for the origin of their symptoms. The most common thematic areas mentioned were "childhood stress", "taking drugs before the illness onset", "having a biological relative", and interestingly "reading certain literature". The last point of which the focus on this essay will be.

## LITERATURE AS MIRROR AND CATALYST

In total, three patients formed a personal narrative about the origin of their schizophrenia symptoms by connecting the disorder with literary works. The works mentioned were *Momo* by Michael Ende, the *Mahabharata* (one of the two major Sanskrit epics of ancient India revered as sacred texts in Hinduism) and the Christian Bible. Interestingly, two of the three participants who mentioned these works had received the highest level of education. Both finished their studies at a master's level in literature and started a PhD program, during which they experienced the first symptoms of schizophrenia. The third did not finish his A-levels because symptoms of the disorder appeared before his exams. In the interviews the participants mentioned these narratives:

Participant one:

When I did my PhD in classical Latin I struggled for months because there simply wasn't any literature for the subject I and my supervisor agreed on. I felt that my time was running out and I was completely stressed 24/7. [...] During that time, I also read *Momo*. A book I already read during childhood. At some point I noticed that I started to feel like a character from the book named Beppo, the streetcleaner. [...] I started to think like him, always being like "Step-breath-broom streak". I noticed that I constantly felt dislocated, and I noticed that other characters from the book spoke to me during my studies - they annoyed me and stopped me from continuing my work. [...] At some point I had to terminate the programme because I simply could not focus with all these voices in my head.

Participant two (not included in the final bachelor thesis):

My entire life I felt different. The others were always better at talking to each other and I was mostly silent. [...] I was raised in a very Christian household but never really read the Bible. [...] However, when I was completely overwhelmed during my PhD about Shakespeare, I started to find comfort in reading it [the Bible]. At the beginning I thought I could really connect my life to the book, but at some point, I noticed that everything written felt very real and that I was meant in several of these passages.

[that was also the time when] I noticed different things. I felt more alive and the world around me spoke to me in some way. [...] I began to understand that I was also a prophet that needed to follow god's plan. [...] All of that would not have happened if I would have not picked up the Bible at that day.

Participant three:

I always felt different as a child. [...] From a young age I engaged in spiritual techniques to find answers for so many things [...]. When I read about Arjuna in the *Mahabharata*, I felt very linked to someone for the first time and while my parents were wondering about me reading the book the entire time, I did not notice that I drifted away from everything - school, friends, my family. [...] [At some point] I noticed all kinds of symptoms. I could not sleep, I felt very active all the time, I started to read the book even it was not in the same room with me. [...] One day I realised that my parents had put me into a hospital. [all] because of this book.

## **NARRATIVES OF DE-FORMATION: PATIENT VOICES**

These personal narratives, raw and compelling, offer an interesting window into the subjective experience of emerging psychosis. They are not just anecdotes; rather, they serve as powerful illustrations of the theoretical models previously discussed, particularly the diathesis-stress model. In each case, the literary or religious text does not act as a pathogenic agent, but as a cognitive and cultural platform upon which the individual attempts to build a coherent explanation for experiences that challenge ordinary understanding. The process observed here is an intensified version of a fundamental human cognitive function: the creation of narrative to impose order on chaos.

The account of participant one, a doctoral candidate in classics, vividly demonstrates

this process. The immense psychological pressure of his PhD programme for example the feeling of "time running out" and being "completely stressed 24/7", represents a significant environmental stressor. This stress appears to have activated a latent vulnerability. His turning to a childhood book, *Momo*, is initially a coping mechanism, a retreat to a familiar world. However, as the psychotic process unfolds, the narrative of the book is co-opted. His identification with the character Beppo and the adoption of his mantra, "Step-breath-broom-streak," can be interpreted as an attempt to structure his fragmenting thoughts and impose a simple, repetitive order on an increasingly chaotic internal world. The subsequent emergence of auditory hallucinations, wherein "other characters from the book spoke to me", shows the complete fusion of his psychopathology with the literary framework. The narrative of *Momo* provided the specific content for his psychotic symptoms, transforming abstract cognitive disruption into a tangible, albeit delusional, reality.

Similarly, participant two's narrative highlights the interplay of long-standing personal traits, acute stress, and cultural resources. Their lifelong feeling of being "different" and social reticence may point to a schizotypal predisposition, constituting the diathesis. The overwhelming stress of the individuals Shakespearean PhD acts as the trigger. In this state of crisis, turns to the Bible, a text available to them through their Christian upbringing. Her experience follows a clear trajectory from seeking comfort to developing ideas of reference ("I was meant in several of these passages") and ultimately to the formation of a grandiose delusion ("I was also a prophet that needed to follow god's plan"). This narrative serves a powerful psychological function: it reframes a terrifying loss of self and reality into a transcendent experience of divine purpose. The illness is no longer a descent into madness but an ascension to a higher calling, a testament to the mind's desperate search for meaning.

Participant three's connection to the *Mahabharata* follows a similar pattern,

rooted in a pre-existing sense of being “different” and an early interest in spirituality. His intense identification with Arjuna, a character defined by profound internal conflict and existential crisis, likely resonated with his own inner turmoil during a vulnerable developmental period. This intense focus led to social withdrawal, a hallmark of the prodromal phase. The subsequent symptoms (insomnia, hyperactivity, and unusual perceptual experiences) were woven into this narrative framework. The book became the explanation for his alienation and eventual hospitalization, a single, powerful cause for a complex and multifaceted illness.

Ultimately, these cases powerfully support the notion that the content of psychosis is often shaped by an individual’s cultural and intellectual toolkit. For these highly educated individuals, literature and religious epics provided the rich symbolic systems needed to articulate the inarticulable. This process of narrative construction is not pathological in itself; it is the same mechanism that allows all humans to make sense of their lives. We weave stories about our successes, failures, and relationships to create a coherent sense of self and the world. Just like in dreams, where our brain tries to make sense of the overflow of stimuli by forming it into a story, which we often find hilarious, because we can distance ourselves from it when we wake up. In schizophrenia, this fundamental drive for meaning-making is confronted with the profound and alien experiences of psychosis. The resulting narratives, while divergent from consensus reality, are not random. They are deeply personal, logical in their own way, and serve the critical function of providing an answer to the terrifying question of what is happening to one’s mind.

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