EMANUEL SWEDENBORG, PROPHET OR PARANOID?

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INTRODUCTION

It was nearly a century ago that William James delivered the famous Gifford lectures at Edinburgh. These lectures gave birth to one of the world's most penetrating studies of psychology and religion. *The Varieties of Religious Experience* became an instant classic. Early in the lectures, James identifies a common reductionistic fallacy. This fallacy frequently creeps into discussions of outstanding individuals who have contributed to their culture by virtue of superior abilities. James was well aware that individuals who experience unusual mental states, even when productive of socially desirable results are often tagged with a "diagnosis." A physician himself as well as a psychologist, James was well aware of the propensity of the medical profession to pathologize superior endowments as well as those that are the proper subject matter of psychiatry. He quotes a sample of authorities.

> "Genius," said Dr. Moreau, "is but one of the many branches of the neuropathic tree." "Genius," says Dr. Lombroso, "is a symptom of hereditary degeneration of the epileptoid variety, and is allied to moral insanity." "Whenever a man's life," writes Mr. Nisbet, "is at once sufficiently illustrious and recorded with sufficient fullness to be a subject of profitable study, he inevitably falls into the morbid category…And it is worthy of remark that, as a rule, the greater the genius, the greater the unsoundness."[1]

Within this decade two studies illustrate similar medical approaches to religious experience, this time with reference to Emanuel Swedenborg (1688–1772), eighteenth century scientist, philosopher and theologian. In

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[1] William James, *The Varieties of Religious Experience* (New York: The Modern Library, 1902), 18.

an article in *Epilepsia*, Elizabeth Foote-Smith and Timothy J. Smith "diagnose" Swedenborg as suffering from temporal lobe epilepsy (TLE).[2] These authors locate the origin of Swedenborg's theology in his alleged TLE. Another analysis in a paper entitled "Henry Maudsley on Swedenborg's Messianic Psychosis" by Manchester-based psychiatrist, John Johnson, concludes:

> Whether Swedenborg's messianic psychosis was due to acute schizophrenia or an epileptic psychosis will remain a diagnostic enigma.[3]

Here we find the terms "epileptic psychosis" and "acute schizophrenia" as well as "messianic psychosis." We will see later in this paper that none of these terms are currently in use. Others drawn from research and clinical consensus have replaced them. Even so, in all of these inquiries the threshold question is whether Swedenborg suffered from a mental disorder at all and, if he did, what was it? Before I examine these issues, I need to digress.

We have heard much about paradigms in science and the concept is a useful one. A paradigm, as the term is used in the philosophy of science, is a set of assumptions shared by all or almost all individuals within a given domain of inquiry.[4] I would like to propose another term—quasi-paradigm—for use in this discussion. A quasi-paradigm is more limited than a true paradigm. It is shared by only a subset of individuals within a domain of inquiry. The set of assumptions of a quasi-paradigm would constitute a true paradigm if they were more universally accepted. Assumptions in a quasi-paradigm are highly authoritative and persuasive. The quasi-paradigm in this instance is the assumption that there is a natural explanation for all events and processes. I call it the "natural-only" paradigm. This assumption is maintained even if the cause of the phenomenon in question cannot be identified in our present state of knowledge. The natural-only

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[2] Elizabeth Foote-Smith and Timothy J. Smith, "Emanuel Swedenborg." *Epilepsia* 37: 2 (1996).

[3] John Johnson, "Henry Maudsley on Swedenborgís Messianic Psychosis." *British Journal of Psychiatry* 165 (November 1994): 691.

[4] Thomas A. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962).

quasi-paradigm entails the belief that sooner or later everything currently mysterious will be seen to have a natural explanation. This assumption is a working hypothesis for many scientists (and well it should be) but is a philosophy or Weltanschauung for others. The latter endorsement is not intrinsic to doing science but *is a personal construction of reality not shared by all scientists*. Many scientists and mental health professionals are religious, that is, they have not rejected the idea that there are supernatural objects and events in our universe. Some scientists, including psychologists, accept the proposition that objects and events may exist outside the reach of empirical observation and measurement. This is important because the quasi-paradigm under discussion rejects any possibility of a supernatural dimension of reality and allows those who harbor the quasi-paradigm to automatically make assumptions without examining the data. In the present case it allows a person to make definitive statements about Swedenborg's mental states without the necessity of reading even a single sentence of his works! It goes like this: If Swedenborg was not a charlatan or a liar, then his experiences were the products of a mental disorder characterized by hallucinations and delusions. A delusion is a false belief that is consistently resistant to any evidence to the contrary. A hallucination, on the other hand, is a perceptual distortion of any of the five senses singly or in combination. In Swedenborg's case, speaking with spirits would be considered an auditory hallucination while seeing things in the heavens would be considered a visual hallucination. Swedenborg's belief that he had a unique mission that mandated his direct contact with the spiritual world, if false, would be considered a delusion. It then follows logically that some mental disorder characterized by delusions and hallucinations was responsible for the theology he constructed. I want to stress that this is a logically correct analysis given the quasi-paradigm that no spiritual dimension exists.

If one knows that something does not exist, it is relatively easy to negate everything written about it. I do not have to study books on unicorns to decide whether or not they can fly. So it seems clear within this quasi-paradigm that Swedenborg's claims are prima facie evidence of a mental disturbance. To anyone who endorses the quasi-paradigm defined above, Swedenborg was either a charlatan or he was deluded. There is no discourse with those within the ambit of this quasi-paradigm. No amount

of evidence suggesting that Swedenborg was sane and had genuine revelations will be persuasive. If a valid argument shows that this or that mental disorder is not applicable to Swedenborg, a person endorsing the quasi-paradigm of natural causation will simply search harder for a disorder that does fit the facts of Swedenborg's life. In the following pages I will attempt to analyze some of the efforts made to pass judgment on Swedenborg's sanity.

SWEDENBORG'S SANITY—DIAGNOSTIC CLARIFICATIONS

A number of studies of Swedenborg's "sanity" fail to define certain basic terms. The first step in the present analysis is to place the term "insanity" in its proper perspective. Insanity is an anachronistic term when used in mental health contexts. It remains, however, an important legal term. Psychiatrists, psychologists and others do not use the term insanity. In legal contexts, insanity is defined in a number of ways that correspond roughly to the concept of psychosis. The most common legal definition of insanity is the M'Naghten Rule. To use the M'naghten Rule to define insanity in a criminal case, a two-pronged test must be applied.

(1) Did the defendant, at the time of the crime know what he or she was doing?
(2) If the defendant did know, did he or she know that the act was wrong or realize that it violated the rights of another?

If the answer to both of the above is "no" an individual may be found not guilty by reason of insanity. This is primarily a cognitive test, that is, it depends on a person's awareness of the nature of his or her actions and their consequences. Another insanity defense is the so-called "irresistible impulse" doctrine. This doctrine supports an insanity defense when a defendant is aware of the nature and consequences of a criminal act but is unable to resist committing it because of a mental disorder that impairs his or her free-will or self-control. A person may, therefore, be considered insane if he or she knew the nature of the act, knew that it was wrong but was unable to resist committing it. The definition of insanity used in any given trial depends on the jurisdiction. Some state and Federal Appeals

courts have adopted the American Law Institute's definition of insanity. This definition is more comprehensive than the M'naghten Rule and addresses both cognitive and irresistible impulse elements.

> A person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity either to appreciate the criminality (wrongfulness) of his conduct or to conform his conduct to the requirements of law.[5]

It should be clear, then, that the term insanity is at present used only in the legal profession and no longer has any diagnostic or theoretical significance in the mental health field (except in forensic contexts).

The concept of psychosis, on the other hand, is an extremely important concept in contemporary psychology and psychiatry. Feuchtersleben introduced the term "psychosis" in 1845.[6] He used it to describe mental diseases not caused by neurological or other organic disorders. Psychosis, according to Feuchtersleben, is a disorder of the mind or soul. This dualistic, mind-body, approach to mental disorders later evolved into the distinction between organic and "functional" disorders. Functional disorders are generally thought to stem from intrapsychic conflicts of one kind or another and are, therefore, purely "psychological." Today the term psychosis refers to a group of severe mental disorders characterized by personality deterioration resulting in significant social and occupational dysfunction. Psychosis is a severe breakdown of reality testing. Reality testing is the capacity to distinguish subjective experience from objective, consensual reality. Thus, a patient suffering from severe phobias or obsessive-compulsive symptoms is troubled by bizarre fears or compulsions but is painfully aware that these experiences are irrational. Such a person is not psychotic. The following is an example of how someone with an obsessive-compulsive disorder experiences life.

> I find that I have to go back and check to see if I have locked the house. I clearly remember that I did but the feeling is that I may not remember

[5] Section 401: Model Penal Code.

[6] E. Feuchtersleben (1845) *Medical Psychology*. Trans. by H.E. Lloyd & B.G. Babington (London, 1847).

> correctly. Sometimes I'm away from home when the feeling comes on and have to drive all the way back and check again. If I'm at work, I have to leave and go back and check. This is very upsetting—it sets me back and the work piles up. If I try to resist, the anxiety builds up and I can't think of anything else until I check. I then feel relieved but later wonder if I forgot to lock the door while I was checking it. I know this is crazy, but I can't control the anxiety or thoughts that I may have forgotten. I know its wrong, but I can't change the pattern.[7]

This unfortunate man has lost control of his life. He recognizes the irrationality of his thoughts and actions but cannot control the anxiety that erupts when he resists a ritualistic act. His reality testing remains intact however. Quite different is the mental state of a psychotic patient who suffers from impaired reality testing.

> I know that they talk about me because I see them whispering and looking in my direction. I sometimes hear them at night but I don't know how I can hear them. I think that they may have a machine tuned into my room or maybe they pick up what I'm doing through the television set or—I've heard that you can eavesdrop on a person through the telephone. Sometimes I unplug the phone but I'm not sure if that helps. You never know with the sophisticated things they have now whether they even need electricity to bug the place. I would go to the police but I think they are in on it too. I don't trust anyone, even you could be involved doctor; I probably shouldn't be talking to you about this.[8]

This patient accepts the reality of his beliefs and makes no distinction between processes going on inside of him and the reality most of us take for granted. To him the world is predatory and others are out to harm and humiliate him. His reality testing is devastated; he is suffering from paranoid schizophrenia.

Dr. John Johnson's study suggests acute schizophrenia as one diagnostic possibility for Swedenborg. Given that Johnson interprets

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[7] Personal communication from patient.

[8] Personal communication from patient.

Swedenborg's claims as evidence of grandiosity, he appears to be suggesting that Swedenborg suffered from the paranoid variety of schizophrenia. We can, however, dismiss his use of the term "acute schizophrenia" as this concept is no longer supported by modern psychiatry. In the current nomenclature, any symptom pattern (syndrome) that looks like schizophrenia cannot even be diagnosed before six months have elapsed, in which case the condition is no longer acute. If the patient presents with the symptoms of schizophrenia before six months the diagnosis must be "schizophreniform disorder." So there is no longer a diagnosis of "acute schizophrenia."

Allegations that Swedenborg suffered from some sort of paranoid process are popular among medical professionals. This is due largely to Swedenborg's claim that he had a special mission to reveal hidden truths through intercourse with spirits and angels. Swedenborg does, in fact, make some pretty extraordinary claims. His insistence that spirits are in conjunction with persons in the natural world seems to cry out for a diagnosis of paranoid schizophrenia.

> With every individual there are good spirits and evil spirits. Through good spirits man has conjunction with heaven, and through evil spirits with hell. These spirits are in the world of spirits, which lies midway between heaven and hell. This world will be described particularly hereafter. When these spirits come to a man they enter into his entire memory, and thus into his entire thought, evil spirits into the evil things of his memory and thought, and good spirits into the good things of his memory and thought. These spirits have no knowledge whatever that they are with man; but when they are with him they believe that all things of his memory and thought are their own; neither do they see the man, because nothing that is in our solar world falls into their sight. The Lord exercises the greatest care that spirits may not know that they are with man; *for if they knew it they would talk with him, and in that case evil spirits would destroy him*; for evil spirits, being joined with hell, desire nothing so much as to destroy man, not alone his soul, that is, his faith and love, but also his body.[9] (Italics added)

[9] E. Swedenborg, *Heaven and its Wonders and Hell* (London, 1758). English trans. (New York: Swedenborg Foundation, 1988), n. 292.

It is common for paranoid persons to harbor increasingly persistent feelings that they are being controlled by supernatural beings. Barbara O'Brian, afflicted with schizophrenia, awoke one morning to find "Operators" at the foot of her bed. The operators told her things consistent with those described by Swedenborg in the above quote. According to O'Brian all people are under the control of Operators. These Operators sound very much like Swedenborg's spirits. In her autobiography, *Operators and Things*, O'Brian describes how she was told by an Operator named Burt that she was unusual among humans since she was aware that Operators exist and exert a great deal of control over humans.

> Burt explained. I could see why he had been chosen spokesman. What he had to say, he said clearly and in a few words. I had been selected for participation in an experiment. He hoped I would be cooperative; lack of cooperation on my part would make matters difficult for them and for myself. They were Operators, the three of them. There were Operators everywhere in the world although they rarely were seen or heard. My seeing and hearing them was, unfortunately, a necessary part of the experiment. I thought: I have come upon knowledge which other people do not have and the knowledge is obviously dangerous to have; others would be in equal danger if I revealed it to them.[10]

Swedenborg maintains that spirits are intimately linked to our spiritual lives and that, unlike the ancients who knew this, we are at present ignorant of their influence. Hinton, another Operator, tells O'Brian that most people (Things) do not know that Operators are influencing them, yet Operators constitute an ever-present part of our spiritual environment. When O'Brian protests, Hinton attempts to soften the blow.

> Hinton sighed. "Things, Yes, of course. Think of the word with a capital initial, if you like. It may help your ego a bit. All people like you are Things to us—Things whose minds can be read and whose thoughts can

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[10] Barbara O'Brian, *Operators and Things: The Inner Life of a Schizophrenic* (Cambridge, Mass.: Arlington, 1958), 31–2.

> be initiated and whose actions can be motivated. Does that surprise you? It goes on all the time. There is some, but far less, free will than you imagine. A Thing does what some Operator wants it to do, only it remains under the impression that its thoughts originate in its own mind. Actually, you have more free will at this moment than most of your kind ever have. For you at least know that what we are saying is coming from us, not from you."[11]

In her book, *The Autobiography of a Schizophrenic Girl*, author "Renee" becomes aware that she is being controlled by a vast world-order called "the System." She discovers that unknown persecutors within the System are responsible for her overwhelming feelings of guilt.

> Some time after, I discovered that the Persecutor was none other than the electric machine, that is, it was the "System" that was punishing me. I thought of it as some vast world-like entity encompassing all men. At the top were those who gave orders, who imposed punishment, who pronounced others guilty. But they were themselves guilty. Since every man was responsible for all other men, each of his acts had a repercussion on other beings. A formidable interdependence bound all men under the scourge of culpability. Everyone was part of the System. *But only some were aware of being part*. They were the ones who were "Enlightened" as I was. And it was at the same time both an honor and a misfortune to have this awareness. Those who were not part of it—though actually, of course, they were—were unaware of the System. As a result, they felt not at all guilty, and I envied them intensely.[12] (Italics added)

I could quote other accounts of psychotic people who describe a similar phenomenon but O'Brian and Renee are sufficiently representative. If we reject Johnson's diagnostic options, acute schizophrenia or epileptic psychosis, we still need to explore the possibility that Swedenborg, like the patients quoted above, suffered from paranoid schizophrenia.

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[11] Ibid, 32–3.

[12] Marguerite Sechehaye, *Autobiography of a Schizophrenic Girl* (New York: Grune & Stratton, Inc., 1951), 35–6.

PARANOID SCHIZOPHRENIA

In a meeting in Heidelberg in 1898, Kraepelin formally suggested the term Dementia Praecox as a label for a syndrome more debilitating than paranoia, a diagnosis of a more benign nature. Kraepelin did not invent the term Dementia Praecox but is credited with applying it to the syndrome that Eugene Bleuler later named "schizophrenia." The concept of schizophrenia itself has undergone many revisions. Today, a diagnosis of schizophrenia indicates a psychosis characterized by hallucinations and delusions and by markedly impaired social and occupational functioning. Both positive and negative symptoms may be in evidence. Positive symptoms are exaggerated normal functions; for example, hallucinations are exaggerated expressions of normal perceptual processes. Negative symptoms involve the loss of or reduced normal functions. An abnormally low level of emotion (flat affect) is an example of a negative symptom in schizophrenia. Schizophrenic patients invariably demonstrate major dysfunction in social or vocational activities. Their behavior is often bizarre, their thoughts disordered and illogical. At times their emotions are inappropriate; a schizophrenic patient may break into laughter when told that a loved parent has just died. Of the various subtypes of schizophrenia, the paranoid variety is the only one relevant to our discussion. Paranoid schizophrenia shows the least impairment of all the subtypes. It is also the most dangerous of the psychoses. Delusions of grandeur or persecution may be accompanied by auditory or, sometimes, visual hallucinations. Delusions are bizarre. A person may insist that someone has stolen his internal organs or that the CIA is causing him to contract throat cancer by means of radioactive rays broadcast through his television set. In order to make the diagnosis of schizophrenia, all biological or neurological causes for the symptoms must be eliminated. Thus one cannot diagnose schizophrenia in a person who has abused amphetamines, even though such a person's symptoms appear indistinguishable from paranoid schizophrenia.

There is a voluminous literature about Swedenborg's life and none of it is consistent with a diagnosis of schizophrenia. Swedenborg's social and vocational relationships were exemplary; there is not a shred of reliable evidence to suggest that he ever suffered from debilitating mental confu-

sion or disorientation. His thoughts were logical and clear to the end of his life. The constellation of symptoms necessary to sustain a diagnosis of schizophrenia is absent in this remarkable scholar's history. I will not explore the possibility that Swedenborg suffered from a mood disorder with psychotic features because the symptoms of such a disorder would be very conspicuous in all accounts of his life. Bipolar disorder with psychotic features, for example, requires that the mood component of the disorder be prominent along with any psychotic symptoms. Deep and debilitating depressions and reckless manic episodes are required for this diagnosis, for which there is no evidence in Swedenborg's history. A prominent disorder of mood could not escape notice by persons in Swedenborg's social and occupational environments. Instead his even-tempered demeanor and lack of emotional lability were evident in recorded comments by Swedish royalty and a number of Swedish politicians. We are left, then, with the conclusion that Swedenborg's claims are so unusual, so abnormal, that on this basis alone some feel compelled to view him as mentally disturbed. His claims sound so implausible and so like the claims of mental patients suffering from paranoid schizophrenia with grandiose features, that we need to seriously examine this diagnostic possibility.

Schizophrenia is characterized by conspicuous and bizarre delusions. It is evident that Swedenborg either provided the world with valid revelations about the spiritual world or he was delusional. Delusions are usually quite evident when examined clinically. Non-bizarre delusions may sometimes be difficult to distinguish from factual events but, for the most part, they too are evident on careful clinical evaluation. The next step in our analysis is to compare Swedenborg's life with that of another prominent person who claimed to have a special religious mission but who was unquestionably psychotic.

SWEDENBORG AND DANIEL PAUL SCHREBER

Of the numerous autobiographies of persons suffering from psychoses, none is as famous as the memoirs of Daniel Paul Schreber. In his book *Denkwürdigkeiten eines Nervenkranken* (Memoirs of a Nerve Patient) published in 1903 and translated into English in 1955, Schreber gave the

psychiatric world its most comprehensive self-analysis.[13] The *Memoirs* provided the foundation for Freud's famous theory of the origin of paranoia, an accepted diagnosis in his day. The "Schreber case" finds its way into most textbooks on psychiatry and psychoanalysis because Freud used the *Memoirs* to develop his ideas concerning the role of projection and unconscious homosexual wishes in paranoia.[14] Freud's analysis (1911) was titled "Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)." His theory about the psychological mechanisms behind paranoia was later extended to all paranoid states including paranoid schizophrenia. This extension was largely the work of the psychoanalytic community, a small group within mainstream psychiatry dedicated to finding the causes of mental disorders. Strangely enough, there was little criticism of the theory until more recent times and yet Freud himself had serious reservations about using his theory to account for the origin of dementia praecox (schizophrenia).

Like Swedenborg, Schreber came from a socially prominent family. Schreber's uncle, Johann Christian Daniel Schreber (1739–1810), was ennobled and received many honors in the academic world. Schreber himself was promoted to Senatspräsident of the Superior Country Court at Dresden—the Supreme Court of Saxony. He achieved this honorable status at an early age and was proficient in a number of fields, including astronomy, philosophy, natural science, music and history. Like Swedenborg, Schreber had a reputation for good character, veracity and social sensitivity. His cultural interests were broad; he was apparently happily married but without children. Schreber was socially appropriate and well liked by his peers. In spite of these exemplary personality strengths, he suffered a mental breakdown in the autumn of 1884 and was hospitalized the following December in the psychiatric unit of the University of Leipzig. His psychiatrist, Paul Emil Flechsig, was to play a major role in Schreber's delusional system during his second breakdown a few years later but, at the time of the first hospitalization, no psychotic symptoms

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[13] Daniel P. Schreber, *Memoirs of my Nervous Illness*. Ed. and trans. by I. Macalpine and R. A. Hunter. (London: Dawson, 1955).

[14] Sigmund Freud, *Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*. The Complete Psychological Works of Sigmund Freud Vol XII (London: The Hogarth Press, 1958).

were evident as far as we can tell. Schreber recovered from his disorder in 1885 and remained well adjusted until he experienced a second disturbance in October of 1893. It was during this second hospitalization that he produced the *Denkwürdigkeiten*. This later and clearly psychotic disorder was the subject of Freud's celebrated analysis.

A little over a month after he was promoted to Senatspräsident in 1893, Schreber was once more admitted to the university clinic under Flechsig. In the months that followed, he was sent to other institutions but was eventually institutionalized at Sonnenstein Asylum in Pirna, a public mental hospital (Germany's first) where he remained for nine years. During these years Schreber produced the notes he would later use to compile the *Denkwürdigkeiten*. Schreber's intent in publishing his experiences was to invite the learned world to study his person in order to validate his experiences. He wanted to convince people that his religious revelations were real and not the product of hallucinations and delusions. Schreber fought hard to make his experiences available to interested parties. His own family attempted to buy up all the copies of his book in order to keep them out of the hands of the public; the memoirs were an embarrassment to the Schreber family. There is no evidence that Schreber sought in any way to profit from his memoirs or to use them as a forum to castigate the mental health professions. He felt it was his duty to disseminate information about the supernatural events impacting on his personal life. Schreber believed that his revelations would be of great benefit to humanity because they revealed important things about God, the soul and the relationship of these to his own circumstances. He also felt that a complete description of the events that were taking place in him would help his colleagues understand the reasons for some of his "oddities of behavior."

Clearly there are a number of similarities between Schreber and Swedenborg. Both came from prominent families. Both were extremely intelligent and accomplished in many fields, yet their primary interest was religion. Both claimed to have firsthand experience with the world of the supernatural and both considered themselves vehicles through which important truths were revealed. These learned men both functioned well in society and played a useful role in their respective governments. The major similarity, however, is that both insisted on the validity of their

supernatural experiences, experiences that strike the average person as improbable or even bizarre.

Similarities aside, what are the differences between Schreber and Swedenborg? Freud diagnosed Schreber as suffering from paranoia (Dementia Paranoides). Today, however, the diagnosis of paranoia is obsolete. Schreber's clinical diagnosis clearly meets today's criteria for paranoid schizophrenia. In support of this diagnosis, Drs. Ida Macalpine and Richard A. Hunter who translated the *Denkwürdigkeiten* into English in 1955, unequivocally identified Schreber's disorder as paranoid schizophrenia.

The most important characteristic of schizophrenia is its debilitating effect on one's social and occupational functioning. Schreber was twice hospitalized and, during his second hospitalization, was delusional. He suffered from auditory hallucinations in the form of persecutory voices; his behavior at Sonnenstein Asylum was grossly abnormal. An example was his propensity to bellow. He would bellow loudly for prolonged periods and could be quite disruptive to those around him. At times he would fall into a catatonic state during which he scarcely moved for long periods of time. In addition, Schreber suffered from hyperaesthesia, or enhanced sensitivity to light and sound. According to his physician, Dr. Weber, Schreber experienced an acute phase of his disorder during which the symptoms described above were pronounced. These symptoms began to diminish as his condition became more chronic. Prior to his discharge, Schreber was allowed to leave the hospital for short periods and, during these times, displayed more or less normal behavior. His delusions, however, persisted. In the *Denkwürdigkeiten*, Schreber announces his motive for revealing the intimate details of his mental disorder.

> This is the purpose of this manuscript; in it I shall try to give an at least partly comprehensible exposition of supernatural matters, knowledge of which has been revealed to me for almost six years. I cannot of course count upon being *fully* understood because things are dealt with which cannot be expressed in human language; they exceed human understanding. Nor can I maintain that *everything* is irrefutably certain even for me; much remains only presumption and probability. After all I too am only a human being and therefore limited by the confines of human understanding; but one thing I am certain of, namely that I have come infinitely

> closer to the truth than human beings who have not received divine revelation.[15]

Schreber realizes that his readers will have difficulty accepting the authenticity of his revelations. He urges his readers to have faith when confronted with ideas that defy rational explanation.

> To make myself at least somewhat comprehensible I shall have to speak much in images and similes, which may at times perhaps be only *approximately* correct; for the only way a human being can make supernatural matters, which in their essence must always remain incomprehensible, understandable to a certain degree is by comparing them with known facts of human experience. Where intellectual understanding ends, the domain of belief begins; man must reconcile himself to the fact that things exist which are true although he cannot understand them.[16]

All this sounds quite rational. However, early in his second illness, Schreber expressed a number of bizarre hypochondriacal delusions. At one point, according to Dr. Weber, Schreber insisted he was dead and decomposing, that he lived without his stomach and intestines and that he had to swallow parts of his own larynx with his food. He also felt that his brain was softening. Schreber's main psychotic symptom, apart from these somatic delusions, involved his conviction that certain insights were revealed to him alone and that he was to redeem the world. This mission of redemption was contingent on his being *transformed into a woman.* Like Renee's "System" quoted above, Schreber's mission was ordained by the "Order of Things," a construct he used to account for why certain events involving him were predestined. Prior to his 1893 psychotic break, Schreber had a number of dreams which portended the recurrence of his former disorder, for which he was hospitalized in 1884. He recounts:

> During this time I had several dreams to which I did not then attribute any particular significance, and which I would even today disregard as

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[15] Schreber, *Memoirs*, 41.

[16] Ibid, 41.

> the proverb says "Dreams are mere shadows," had my experience in the meantime not made me think of the *possibility* at least of their being connected with the contact which had been made with me by divine nerves. I dreamt several times that my former nervous illness had returned; naturally I was as unhappy about this in the dream, as I felt happy on waking that it had only been a dream. Furthermore, one morning while still in bed (whether still half asleep or already awake I cannot remember), I had a feeling which, thinking about it later when fully awake, struck as highly peculiar. It was the idea that it really must be rather pleasant to be a woman succumbing to intercourse. This idea was so foreign to my whole nature that I may say I would have rejected it with indignation if fully awake; from what I have experienced since I cannot exclude the possibility that some external influences were at work to implant this idea in me.[17]

Schreber's later delusion that he was to be transformed into a woman led Freud to conclude that paranoia is caused by projection of unconscious homosexual wishes. The paranoid patient repudiates these wishes and projects them onto the person to whom he or she is attracted. But instead of acknowledging the sexual attraction, it is experienced as a threat. The threat, perceived as coming from the object of attraction, is experienced as persecution by that object. The unacceptable thought "I love him (or her)" is changed to "I hate him (or her) because he or she is persecuting me." Paranoid people can be dangerous. They may attack the person to whom they feel unconsciously attracted. In Schreber's case his persecutor was none other than his physician Dr. Paul Emil Flechsig. Schreber initially viewed Flechsig as his persecutor but later transferred that role to God.

For Schreber, God was a plexus of pure nerves. The nerves in a human body could ultimately become God since both were nerves, but the nerves of God were able to metamorphose into any created object in the world, His most common manifestation occurring by means of divine *rays*. The concept of divine rays was central to Schreber's delusional system. Schreber's idea of God is highly unorthodox. He insists that God cannot

[17] Ibid, 63.

relate to living persons. God does not understand the living and maintains relations solely with the dead. In Schreber's theology, God relates only to corpses. Also there is always the possibility that some short-circuit in the Order of Things could cause the vibrant nerves of living humans to exert an attraction on the nerves of God with the result that *God's very existence could come into jeopardy*. God eventually became Schreber's persecutor. Hallucinatory voices were interpreted as coming from God in the form of divine rays. The numerous "miracles" that Schreber experienced at first made him anxious and depressed but eventually they appeared childish or ridiculous. God then became an object of scorn to Schreber. In the course of his illness, Schreber and God become adversaries; Schreber had faith that he would prevail against God as was decreed in the Order of Things.

It is very interesting to compare the content of the revelations of Schreber and Swedenborg. There are some common elements in both but they appear to have different sets of meaning attached to them. For example, both Schreber and Swedenborg saw the sun as a symbol or cosmic representation of God. Schreber states:

> In any case the light and warmth-giving power of the sun, which makes her the origin for all organic life on earth, is only to be regarded as an indirect manifestation of the living God; hence the veneration of the sun as divine by so many peoples since antiquity contains a highly important core of truth even if it does not embrace the whole truth.[18]

Schreber saw the sun as female, which tends to undermine Freud's theory that Schreber's persecutors—God, Flechsig, the sun—were father substitutes. Schreber felt that his views about the supernatural nature of the sun were supported by the sun worship of the ancients. The sun spoke with Schreber and was often a major source of his hallucinatory voices.

> My own personal experiences leave me in doubt however whether even the astronomy of today has grasped the whole truth about the light-and

[18] Ibid, 46.

> warmth-giving power of the stars and particularly of our sun; perhaps one has to consider her directly or indirectly only as that part of God's miraculous creative power which is directed to the earth. As proof of this statement I will at present only mention the fact that the sun has for years spoken with me in human words and thereby reveals herself as a living being or as the organ of a still higher being behind her.[19]

Swedenborg also maintains that there is a supernatural or spiritual sun. He too indicates that the ancients worshipped the sun because of its supernatural significance. For Swedenborg, our natural sun corresponds to the sun of the spiritual world which in turn corresponds to God. God is infinite and thus beyond human comprehension or perception. God is revealed to humans in the form of a sun whose warmth is love and whose light is wisdom. A sun then is the spiritual appearance of the Infinite Being who is the center and source of life. Just as the natural sun sustains natural life, so the spiritual sun sustains spiritual life. Those who enter the spiritual world do not see our sun any longer, just as we do not see theirs. Swedenborg tells us that:

> Although the sun of the world is not seen in heaven, nor anything from that sun, there is nevertheless a sun there, and light and heat, and all things that are in the world, with innumerable others, but not from a like origin; since the things in heaven are spiritual, and those in the world are natural. The sun of heaven is the Lord; the light there is the Divine truth and the heat the Divine good that go forth from the Lord as a sun. From this origin are all things that spring forth and are seen in the heavens.[20]

Swedenborg maintains that the ancients were aware that our natural sun corresponds to the Infinite Being and so worshiped God in the symbol of the natural sun. In the course of time, knowledge of this correspondence waned and people began to worship the natural sun itself—a form of idolatry. Swedenborg maintains that the ancients possessed knowledge of

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[19] Ibid, 46.

[20] Swedenborg, *Heaven and Hell*, n. 117.

the correspondence between natural and spiritual things but eventually lost it as they turned from spiritual to natural concerns. That knowledge, which was their science of sciences, is now completely lost.

Comparing Swedenborg's ideas about the spiritual sun with Schreber's reveals the latter's disturbed thought processes. For Schreber, the "other" sun is female and is the source of inner voices that rail at him and participate in what he calls "soul murder." His description of the sun reveals disturbances in the very *process* of thought formation. The following reveals the illogical thought patterns and loose associations typical of schizophrenia.

> During the first weeks of my stay at Sonnenstein (in July or August 1894), I am convinced certain important changes took place with the sun. As before when discussing supernatural matters, I have to confine myself to relating impressions which I received and can only conjecture in how far these changes were objective events. I recollect that for a longish period there appeared to be a smaller sun. This sun, as mentioned at the end of Chapter VIII, was first led by Flechsig's soul but later by a soul whose nerves I identified as those of the Director of the present Ayslum, Dr. Weber. While writing these lines I am fully aware that other people can only think this is sheer nonsense, as Dr. Weber is still among the living, a fact I myself have occasion to verify daily. Yet the impressions I received seem to me so certain that I must assume that some time in the past Dr. Weber departed from this life and ascended with his nerves to Blessedness, but then returned to life among mankind; this notion may be unfathomable for human beings and a possibility only to be explained in a supernatural manner.[21]

Here we have an example of disturbed thought processes. A further example of Schreber's thought disorder is evident in what he calls "miracles," which appear to be perceptual distortions, auditory hallucinations and disturbances in tactile sensations. These sensory disturbances are proof to Schreber that he is the target of supernatural forces and is unique among humans.

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[21] Schreber, *Memoirs,* 124.

> Having lived for months among miracles, I was inclined to take more or less everything I saw for a miracle. Accordingly I did not know whether to take the streets of Leipzig through which I traveled as only theatre props, perhaps in the fashion of which Prince Potemkin is said to have put them up for Empress Catherine II of Russia during her travels through the desolate country, so as to give her the impression of a flourishing countryside.[22]

Perceiving common objects and persons as stage props is common in schizophrenia. Objects appear unreal, cut off from each other and from the world. Renee, quoted above, experienced a similar phenomenon in her struggle with schizophrenia. Her perception of the world, like Schreber's, appeared terrifyingly unreal to her at times.

> It was in the course of the first year of analysis that I realized the danger I was in. For me, madness was definitely not a condition of illness; I did not believe that I was ill. It was rather a country, opposed to Reality, where reigned an implacable light, blinding, leaving no place for shadow; an immense space without boundary, limitless, flat; a mineral, Lunar country, cold as the wastes of the North Pole. In this stretching emptiness, all is unchangeable, immobile, congealed, crystallized. *Objects are stage trappings, placed here and there, geometric cubes without meaning*.[23] (Sechehaye, p. 33; italics added)

Swedenborg and Schreber considered themselves unique in their claim that they could communicate with the dead. Schreber concluded that he was preeminent among the "spirit seers," being the only one who ever enjoyed such an extensive capacity for supernatural communication.

> In the soul-language, during the time dealt with in this chapter, I was called "the seer of spirits," that is, a man who sees, and is in communication with, spirits or departed souls. In particular, Flechsig's soul used to refer to me as "the greatest seer of spirits of all centuries"; to which I, from

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[22] Ibid, 102.

[23] Sechehaye, *Autobiography*, 33.

> a wider point of view, occasionally retorted, that one ought at least to speak of the greatest seer of spirits of all millennia. In fact since the dawn of the world there can hardly have been a case like mine, in which a human being entered into continual contact, that is to say no longer subject to interruption not only with *individual* departed souls but with the totality of all souls and with God's omnipotence itself.[24]

Schreber is aware that some people suffer from hallucinations and that his voices and communications could be considered symptomatic of a mental disorder. He was convinced, however, that his experiences involved genuine supernatural events. Prior to his psychosis, Schreber was not religious. His lack of religious belief and interest were proof to him that his visions and revelations were genuine and not merely elaborations of a prior religious zeal. It seemed logical to him that religious hallucinations only occur in persons who are by nature, religious.

> It seems psychologically impossible that I suffer only from hallucinations. After all, the hallucination of being in communication with God or departed souls can logically only develop in people who bring with them into their morbidly excited nervous state an already secure faith in God and the immortality of the soul. *This, however, was not so in my case, as mentioned at the beginning of this chapter*. Even so-called spiritualist mediums may be considered genuine seers of spirits of the inferior kind in this sense, although in many cases self-deception and fraud may also play a part. Therefore one ought to beware of unscientific generalization and rash condemnation in such matters. If psychiatry is not flatly to deny everything supernatural and thus tumble with both feet into the camp of naked materialism, it will have to recognize the possibility that occasionally the phenomena under discussion may be connected with real happenings, which simply cannot be brushed aside with the catchword "hallucinations."[25]

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[24] Schreber, *Memoirs*, 89.

[25] Ibid, 90.

Like Schreber, Swedenborg was aware that people might conclude that his published accounts of interactions with the spiritual world are simply products of an overactive imagination or of dreams. Both men acknowledge the fact that their writings will be viewed as implausible by their readers. Swedenborg states:

> I foresee that many who read the things which follow, and the Memorable Relations at the end of the chapters, will think that they are inventions of the imagination; but I asseverate in truth that they are not inventions but are things actually done and seen; nor were they seen in any state of a mind asleep but in a state of full wakefulness. For it has pleased the Lord to manifest Himself to me and to send me to teach the things which shall be of the New Church, meant by the New Jerusalem in the Apocalypse. To this end, He has opened the interiors of my mind and spirit, whereby it has been granted me to be in the spiritual world with angels and at the same time in the natural world with men, and this now for twenty-five years.[26]

Swedenborg consistently warned against communicating with the spiritual world, because there are many spirits there who believe they are divine beings. After death, grandiose and arrogant persons continue to attempt to manipulate others and control them because they have acquired such a disposition prior to death. In the spiritual world, when they become aware of the mental presence of human beings, these arrogant people attempt to infuse their grandiosity into others with the result that the infested person comes to share the distorted affections and delusions of those spirits. Swedenborg has little regard for visionaries or occult dabblers who open themselves up to influence from what he calls "enthusiastic spirits," that is, spirits who sustain spiritual delusions about their own holiness and power. Such spirits can, in a manner of speaking, "possess" persons who speak with them. Religious fanatics and visionaries are often strongly infested with spirits of this kind. Communication with these spirits can lead to psychosis. It is dangerous to indulge in fanatic religious zeal and practices.

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[26] Emanuel Swedenborg, *Conjugial Love*. n. 1.

> But such persons are visionaries and enthusiasts; and whatever spirit they hear they believe to be the Holy Spirit, when, in fact, such spirits are enthusiastic spirits. Such spirits see falsities as truths, and so seeing them they induce not themselves only but also those they flow into to believe them. Such spirits, however, have been gradually removed, because they began to lure others into evil and to gain control over them. Enthusiastic spirits are distinguished from other spirits by their believing themselves to be the Holy Spirit, and believing what they say to be Divine.[27]

Again, unless one is spiritually prepared, it is extremely dangerous to communicate with spirits. Swedenborg's mission as a revelator required that God protect him from malignant influences in the spiritual world. In Swedenborg's day, science and rational thinking were becoming more prevalent than superstition and mythology. Today the need for insight into ecclesiastical matters is even more critical. Swedenborg claims that humans need to know about heaven and hell and the life after death in order to know how to live the life that leads to heaven. Knowledge of these things in the churches has waned and new insights are necessary. This was the reason why Swedenborg's inner sight was opened to the spiritual world. A timely revelation was necessary to provide a foundation for a *rational* faith.

> There are two worlds, the spiritual world, where spirits and angels are, and the natural world, where men are. That there is a spiritual world, in which spirits and angels are, distinct from the natural world in which men are, has hitherto been deeply hidden even in the Christian world. The reason is, because no angel has descended and taught it by word of mouth, and no man has ascended and seen it. Lest therefore from ignorance of that world, and the uncertain faith concerning heaven and hell resulting from it, man should be infatuated to such a degree as to become an atheistic naturalist, it has pleased the Lord to open the sight of my spirit, and to elevate it into heaven, and also to let it down into hell, and to present to view the quality of both.[28]

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[27] Swedenborg, *Heaven and Hell*, n. 249.

[28] Emanuel Swedenborg, *Intercourse of the Soul and Body* (London: The Swedenborg Society, 1947), n. 3.

How then do we explain Schreber? There are so many striking similarities between Swedenborg and Schreber it seems evident that we are dealing with an overlapping phenomenon. One hypothesis is that both were psychotic. Another is that both Swedenborg and Schreber participated in supernatural events but Schreber was not protected from the influence of malevolent spirits. Psychosis might result from unprotected exposure to the spiritual world. Schreber perceived events much like Swedenborg, but hostile and grandiose spirits distorted his perceptions. His voices, like those of all psychotic patients, appeared to be more than mere auditory hallucinations originating in his own mind. Swedenborg explains how dangerous it is to become aware of spirits as separate entities and to converse with them.

> Something shall now be said about the speech of spirits with man. Many believe that man can be taught by the Lord by means of spirits speaking with him; but those who believe this and are willing to believe it do not know that it is attended with danger to their souls. So long as man is living in the World, as to his spirit he is in the midst of spirits, although spirits do not know that they are with man, nor does man know that he is with spirits; and for the reason that as to the affections of the will they are immediately conjoined, while as to the thoughts of the understanding they are mediately conjoined. For man thinks naturally, but spirits think spiritually; and natural and spiritual thought make one only by correspondences; and in a oneness by correspondences neither one of the two knows anything about the other. But as soon as spirits begin to speak with man they come out of their spiritual state into man's natural state, and they then know that they are with man and they conjoin themselves with the thoughts of his affection and speak with him from those thoughts.[29]

The above quote provides a possible explanation for paranoid phenomena. When, by whatever means, biological or psychological, the veil between the spiritual and natural worlds is lifted, the person in whom it is

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[29] Emanuel Swedenborg, *Apocalypse Explained* (New York, Swedenborg Foundation, 1946), n. 1182.

lifted, becomes the target of malevolent influences. Normally awareness of the spiritual world is completely unconscious. We are influenced by it but do not realize it. I suggest that conscious awareness of the presence of malevolent spirits is the core of paranoid delusion formation. These spirits attempt to control and harm the psychotic patient. The patient is *actually* the target of persecutors and the vilifying voices do originate outside the patient's mind. Grandiosity results from identification with "enthusiastic" spirits whose delusions of importance and power infest the patient who cannot separate his own perceptions from those of the infesting spirit. The content of auditory hallucinations is almost always hostile and demeaning. Sneering voices may urge the patient to harm himself or herself. Like O'Brian's "Operators" and Renee's "System," awareness of the spiritual world is interpreted as persecution by malignant beings and the grandiosity of such beings is fused with the patients mental processes and interpreted as their own. Other quotes from persons suffering from psychosis reveal a communality of experience. Swedenborg too was subject to malicious attacks while exploring the spiritual world but was protected.

> If evil spirits perceived that they are with man, and that they are spirits separate from him, and if they could flow into what is of his body, they would try to destroy him in a thousand ways, for they hold man in deadly hatred. And as they knew that I was a man in the body, they were in a continual effort to destroy me, not only as to the body, but especially as to the soul; for to destroy man and any spirit is the very delight of life of all those who are in hell; but I have been continually protected by the Lord. From this it is evident how dangerous it is for man to be in living company with spirits, unless he is in the good of faith.[30]

The cause of schizophrenia and other psychotic disorders is unknown. Autobiographies of psychotic people are replete with references to hostile spiritual beings experienced as existing outside the self. People are unaware of such influences unless they become psychotic. Mental health professionals attempt to explain the bizarre symptoms of psychosis as

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[30] Emanuel Swedenborg, *Arcana Coelestia* (New York: Swedenborg Foundation, 1941), n. 5863.

manifestations of the unconscious because they see no other explanation. Schizophrenia with its array of bizarre hallucinations and delusions, is one of the most debilitating human conditions.

By now it should be clear that Swedenborg's description of the spiritual world and reports of psychotic people share important communalities. Is his prediction of the rise of a New Church prophetic or merely autistic fantasy? Is he then a prophet and revelator, or merely paranoid? The allegation that he had some sort of paranoid disorder of a non-schizophrenic variety needs to be examined. We know with a reasonable degree of certainty that Swedenborg did not suffer from any form of schizophrenia because of his high level of functioning. We can easily rule out schizophrenia because social and occupational dysfunction is part of the definition of this psychosis, but what about paranoid states or paranoia and, more recently, the diagnosis of delusional disorder?

PARANOIA AND DELUSIONAL DISORDER

The oldest diagnostic concept germane to our analysis is "paranoia." Paranoia is from the Greek "paranoos" (para, beyond; noos or nous, mind) meaning "wrong or faulty logic or knowledge." The concept of paranoia predates Hippocrates and was, in those times, equivalent to the generic term madness or insanity. Later, a diagnosis of paranoia became synonymous with "partial insanity" or "monomania." In Freud's day and into all but very recent times, a diagnosis of paranoia was given to persons whose disorder was primarily manifested by a set of complex but relatively encapsulated delusions. The disorder was considered rare and the clinical literature noted that some patients with paranoia, of which Schreber is an example, were remarkably intelligent. Thus as recently as the *Diagnostic and Statistical Manual of Mental Disorders* II (1968), paranoia was considered a valid and reliable diagnostic entity. The DSM-II notes that this disorder was considered very rare.

> This extremely rare condition is characterized by gradual development of an intricate, complex, and elaborate paranoid system based on and often proceeding logically from misinterpretation of an actual event. Frequently

> the patient considers himself endowed with unique and superior ability. In spite of a chronic course the condition does not seem to interfere with the rest of the patient's thinking and personality.[31]

The diagnosis of paranoia seems ideally suited to Emanuel Swedenborg. It takes into account his high intelligence, his intact social and occupational relationships and can explain away his revelations as complex and elaborate delusions. His mission to bring a new revelation into the world is then consistent with the grandiosity typical of paranoid disorders. Also consistent with this diagnosis is the fact that, apart from his alleged delusions and hallucinations about the spiritual world, his thinking and social relations remained intact.

While this diagnosis seems appropriate at first glance, there are difficulties. The most serious problem is that paranoia is no longer considered a valid diagnosis. It was dropped from later revisions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R and DSM-IV). The DSM-IV is at present the most authoritative criteria for making reliable diagnoses.[32] It is based on an exhaustive literature review in conjunction with feedback from the world's leading mental health experts. The diagnosis of paranoia has been replaced by delusional disorder in DSM-IV. The hallmark of delusional disorder is that a person can have a set of complex delusions while maintaining a reasonable degree of adjustment socially and occupationally. A person with a delusional disorder appears quite normal until he or she starts talking about the delusional subject. It is only then that gross psychopathology becomes evident.

Now how does one diagnose a Delusional Disorder? The following criteria from the DSM-IV are applicable (see pages 296–301):

There must be *non-bizarre delusions* of at least one month's duration. If the person manifests visual or auditory hallucinations, the hallucinations cannot be prominent or conspicuous. The behavior of the individual, apart from the delusion(s), is relatively normal and cannot be odd or bizarre.

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[31] *Diagnostic and Statistical Manual of Mental Disorders*, Second Edition (Washington D.C.: American Psychiatric Association, 1968), 38.

[32] *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (Washington D.C.: American Psychiatric Association, 1994).

Fourth, any manic or depressive episodes are brief relative to the length of the delusional disorder. Finally, the individual must not meet the criteria for schizophrenia and the delusional symptoms must not be due to an organic factor (illness or brain dysfunction). The DSM-IV describes six subtypes of delusional disorder, namely the erotomanic type, jealous type, the grandiose type, persecutory type, somatic type and a mixed type when no single delusional theme predominates. An unspecified type which is a catchall class for atypical delusional disorders is also a possible subdiagnosis. In the case of Swedenborg it is easy to dismiss most of these, but looking at the definition of the grandiose type we find that a person with this type of disorder has an inflated sense of worth or power. He or she considers himself or herself privy to special knowledge or claims to have a unique relationship with a deity or famous person. Since we can rule out the diagnosis of schizophrenia on the basis of Swedenborg's exemplary record as a scholar, citizen and scientist par excellence, we are left with the possibility that he had a delusional disorder of the grandiose type. Certainly his claim to have talked continually with spirits and angels by virtue of his mysterious "internal respiration" appears to meet several of the DSM-IV criteria. Let's examine this further.

I must remind the reader that delusional disorder can only be diagnosed if there are *nonbizarre delusions* (false beliefs resistant to evidence). Some examples of nonbizarre delusions are (1) a false conviction that one is being poisoned, (2) a conviction that one is loved by some person without any evidence of this, (3) a belief that one is being followed or (4) that one is being deceived by one's spouse or lover. Nonbizzare delusions are not limited to these specific delusions. In addition, the content of a delusion, to be considered nonbizzare must be something that is *possible within the realm of ordinary experience*. Thus a person may falsely believe that his boss is trying to poison him, but such a thing is possible in reality. Communicating with angels and other spirits is not the kind of activity that most people would consider possible in ordinary life, and if delusional, would be considered bizarre. Bizarre delusions are characteristic of schizophrenia, not delusional disorders. Swedenborg's experience of intercourse with the spiritual world, if not genuine, would be hallucinatory (distorted perceptions), according to DSM-IV. Because these experiences continued for so many years, they would be classified as *prominent*. Now,

prominent hallucinations *cannot* be present in delusional disorders. They are characteristic of schizophrenia. But we cannot diagnose someone as schizophrenic simply because we do not believe in their ideas. Given these considerations, it seems clear that, according to contemporary diagnostic nomenclature, no known mental disorder is consistent with what is known of Swedenborg. Another explanation is that Swedenborg's revelations were genuine. We cannot diagnose him as suffering from a delusional disorder or from schizophrenia simply because his claims are dramatically different than those of most people. But there is nothing else to support the presence of a mental disorder in this unusually gifted individual.

THE CASE FOR EPILEPSY

When psychiatric diagnoses don't work, the medical profession has another way of dealing with unusual religious experiences. Recall the James quote at the beginning of this paper: "Genius," says Dr. Lombroso, "is a symptom of hereditary degeneration of the epileptoid variety, and is allied to moral insanity." While the diagnoses in this quote are obsolete, the tactic of interpreting altered states of consciousness during religious experience as manifestations of epilepsy is still among us. In the Foote-Smith and Smith article alluded to earlier, Swedenborg is diagnosed as suffering from temporal lobe epilepsy (TLE). In order to make their case, these authors draw on Swedenborg's statements in his diaries and other works. From these sources, Foote-Smith and Smith conclude that Swedenborg's own autobiographical statements establish that he suffered from TLE or "psychomotor seizures." Since the Foote-Smith and Smith paper is reprinted in this issue, I will refrain from directly quoting these authors, but my comments on their inferences assumes that the reader is familiar with their paper.

What is epilepsy? The word comes from a Greek word that means "a condition of being seized or attacked." The cause of epilepsy was thought to be supernatural, the work of some demon or spirit. The word "epilepsy" means only that one has the tendency to experience seizures. Epilepsy is not a disease; it is a symptom of a brain disorder. If the brain disorder can be identified, the condition is known as symptomatic epilepsy, if not, the epilepsy is called idiopathic. Brain dysfunction is as-

sumed in all epileptic cases even though approximately seventy percent of all cases are idiopathic.

Epilepsy is the oldest known indication of a brain disorder, references to it being found as early as 2,000 years B.C. In modern times the demon theory was abandoned in light of the connection of epilepsy with brain disease. Sir Charles Locock instituted the earliest known medical treatment for epilepsy in 1857 when he prescribed sedatives to control seizure activity. It is important for the reader to understand that epilepsy is a complex phenomenon, with at least forty different kinds of seizures. Foote-Smith and Smith casually ascribe at least two kinds of seizures to Swedenborg without acknowledging just how different these two kinds of seizures are and without mentioning that each tends to have a different etiology. While focusing on evidence for TLE, these authors then suggest that Swedenborg also suffered from generalized tonic-clonic seizures or GTCS (grand mal in the older classification system). Today, temporal lobe seizures are called complex-partial seizures and are present in approximately 30 percent of epileptic conditions. Both these and GTCS involve impaired consciousness. Again, epilepsy is not a disease; it is a symptom of a brain disorder.

Foote-Smith and Smith present a laundry list of characteristics associated with TLE (complex partial seizures). I will not spend a great deal of time reviewing this list but, in spite of what appears to be a genuine effort to shed light on Swedenborg's life and works Foote-Smith and Smith draw what would appear to be some rather ludicrous conclusions. Relying on Bear and Fedio's study of associations between interictal behavioral characteristics and TLE, Foote-Smith and Smith apply eight of Bear and Fedio's 18 characteristics to Swedenborg.[33] Among these are intense emotion, elation and a sense of personal destiny. Now, unless I am greatly mistaken, it would be highly abnormal for a person called to an exalted office *not to manifest these characteristics*. Under the quasi-paradigm described above, however, these characteristics are by definition abnormal and, in this case, symptomatic of TLE. Foote-Smith and Smith also conclude that humorlessness and sobriety characterize interictal TLE. I fail to under-

[33] D.M. Bear, P. Fedio, "Quantitative analysis of interictal behavior on temporal lobe epilepsy." *Arch. Neuro*. 34 (1977): 454–7.

stand how one can suffer from excess emotionality and humorlessness and sobriety. In any case, there is no reference anywhere indicating that Swedenborg was morose or lacked humor. As Foote-Smith and Smith themselves point out, according to Count von Höpken, an acquaintance of Swedenborg for more than 40 years, the latter was serene, dignified, tranquil and never fretful or morose. The other characteristics cited in support of interictal personality anomalies turn out to be quite normal human characteristics. I would be surprised not to find references to sadness, discouragement, periodically depressed mood and other dysphoric states in any normal person's diary if they recorded their mental states for any length of time. Some aspects of Foote-Smith and Smith's approach to diagnosis are known in the mental health professions as the "Barnum effect," named after P.T. Barnum, of entertainment infamy. One sees this effect in some psychological test reports that state, for example, "…the patient responds with anxiety to stress and has periods of depression when important relationships terminate." Because such statements are true of nearly everyone, they have no diagnostic significance and are little more than profound statements of the obvious. Barnum statements occur frequently in the mental health professions because professionals have great prestige and so the illogic or vapid contents of their statements are readily accepted. The Barnum effect manages to survive because the majority of trait names in psychology fail to be quantitatively defined. The statement "This patient tends to be anxious," is an example. Don't we all? Lacking any context or quantitative measure of "anxiety," the statement can apply to just about anyone. In order to understand another person, we need to know just when a person becomes anxious, under what circumstances and, most importantly, how their anxiety level under a given set of circumstances differs from that of others. This information is almost always lacking in psychiatric and psychological evaluations. For many years I supervised the psychological report writing of interns and postdoctoral fellows in clinical psychology and, sad to say, the majority contained numerous Barnum statements. Some had to be entirely rewritten.

Another characteristic that leads Foote-Smith and Smith to a diagnosis of TLE is the presence of "religiosity—holding deep religious beliefs…mystical states." This is an example of the "natural-only," quasi-

paradigm. Religious experience, especially mystical experience, cannot be real, therefore it must be symptomatic of a psychotic disorder or—absent that—of an epileptic condition. I am not going to belabor Foote-Smith and Smith's analysis of Swedenborg in terms of the eight interictal behavioral or correlates they select from Bear and Fedio's 18. What is more important is a comparison of Swedenborg's experience with what is known about epilepsy. We need to keep in mind that it is very difficult to make differential diagnoses on patients in the same room with us, much less attempting to garner evidence for a specific kind of seizure disorder in a person who lived over 200 years ago.

During my postdoctoral fellowship in neuropsychology, the treatment team would often have to make a differential diagnosis between genuine seizure activity and what are called pseudoseizures. The latter are sometimes called psychogenic seizures because they are not due to epilepsy. Some of these seizures result from hyperventilation and are stress related. *This is not epilepsy*. To make the distinction, we had a detailed history, the benefit of psychological tests, EEG results and other clinical measures at our disposal. Even then, it was sometimes difficult to make a differential diagnosis. The complexity arises because an individual can sometimes have both epileptic seizures *and* pseudoseizures. In my opinion, Foote-Smith and Smith could make a better case that Swedenborg suffered from pseudoseizures than from TLE and GCTS. The incomplete loss of consciousness, the fact that no one ever observed Swedenborg having a seizure, and the consistency, logic and creative genius of his theological ideas do not support an epileptic diagnosis. Epilepsy is a *chronic* course of seizures; a seizure here and there does not establish a diagnosis of epilepsy *even when the seizures have an organic basis*. Such non-chronic seizures may be due to a temporary cerebral insult, high stress levels, toxic conditions or other transient phenomena. Even if it could be established that Swedenborg's account did describe genuine seizure activity, this, by itself, would not justify a diagnosis of epilepsy.

There is a strong correlation between TLE and psychopathology, as Foote-Smith and Smith themselves point out (see reference to Geschwind's observations on page 214 of the Foote-Smith study). In 1973, I was coordinator of a TLE study to determine whether a sample of persons with TLE also had a high incidence of psychopathology. The finding supported such

a correlation; nearly the entire TLE sample had significant psychopathology. Since I believe the above analysis casts serious doubt that Swedenborg suffered from any known category of psychopathology, Foote-Smith and Smith's reference to studies supporting a correlation of *behavioral* anomalies and TLE appears to weaken their case rather than support it. If psychopathology is not evident, then one could argue that TLE is less likely to be a valid diagnosis. However, even with the diagnostic tools mentioned above, making accurate psychiatric diagnoses of the patients in our TLE study was difficult. The problem of making diagnoses in this and other studies brings up the question, "How good are mental health specialists at making psychiatric diagnoses anyway?"

In a now famous study entitled *Being Sane in Insane Places*, David L. Rosenhan had graduate students admit themselves to various mental hospitals stating only that they heard a voice saying "hollow" and "thud." The students were all admitted and diagnosed as psychotic *in spite of the fact that, in all respects other than their initial report about hearing a voice, they behaved in a perfectly normal fashion*. During their "treatment" the students' activities were pathologized by the staff; for example, when the pseudo-patients took notes on their experiences, the staff's comment in the record was, "Patient engaged in writing behavior." It is interesting that during their stay in the mental hospital, the staff never questioned any student's diagnosis. The real patients all figured out that the students were not really patients but no one on staff ever became aware that they had hospitalized a perfectly normal person. The statement that the pseudo-patient heard a voice was all that was necessary to make an enduring diagnosis. The psychotic label stuck even when the students said that the voice had gone away. In some cases the pseudo-patients even had difficulty getting out of the hospital![34] One can imagine the psychiatric community's response to Swedenborg's voluminous production of thirty volumes of theology, "Bright epileptic patient still engaged in obsessive writing behavior."

It was Freud, more or less single-handedly, who dismissed all mental states that could be called religious as merely manifestations of the instincts. According to Freud, all religious experiences, be they dysfunc-

[34] David Rosenhan, L. "On Being Sane in Insane Places." *Science* 179 (1973): 250–58.

tional or self-actualizing, are pathological strategies of the ego when faced with the possibility that impulses in the id verge on breaking forth into awareness. In *The Future of an Illusion*, Freud makes a case that religion constitutes an institutionalized form of obsessive-compulsive neurosis.[35] In psychoanalysis and much of general psychiatry, religious experiences are nothing more than the ego's defenses at work, defenses that transform aggressive and sexual drives into something that bears little resemblance to their primal components. The process resembles the transformation of two deadly elements, sodium and chlorine, into common table salt. Yet who but a chemist would know?

Swedenborg, on the other hand, insists that human beings are precariously poised between the loving presence of heavenly spirits (angels) and the dehumanizing influences of those who smolder with hatred in the hells. There is a hell, his Writings teach. In fact, there are many hells, and many heavens. Heaven and hell are states, internal states manifested as places in the other life. These regions appear real to their inhabitants, more real than the objects and geography of the natural world. In these worlds are the deceased who continue to live as spirits, bearing either heavenly or hellish natures. While these spirits influence us, we are unaware of their presence unless we become psychotic. Yet we live in a sea of spiritual influence. Human freedom consists of the power to align with one side or the other in this universal tension. By avoiding what is self-serving and dehumanizing to others, we become increasingly committed to the sphere of heaven. This tiny fragment of freedom is the essence of our humanity. The power of the heavens or the hells is beyond human comprehension. We cannot overcome hell. We can only appeal to God to help us avoid activities injurious to our fellow humans. We cannot and should not seek to be "good," which leads to arrogance and negative judgements of others whom we may judge not as "good" as we are; we need only avoid participating in evil. By resisting evil we are increasingly transformed into heavenly citizens.

These principles in Swedenborg's theology do not appear to be products of temporal lobe epilepsy nor to originate from the delusions and

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[35] Sigmund Freud, *The Future of an Illusion* (New York: Anchor Books, 1964). (The original German version, *Die Zukunft einer Illusion* was written in Vienna in 1927.)

hallucinations of schizophrenia. Medical science has given us much to be grateful for; its healing arts and scientific discoveries have prolonged our lives and eased our pain. Still, the most useful enterprises can miss the mark. I believe that the tendency to diagnose great contemporary and historical persons and to pathologize their achievements is a sad detour from the business of truly understanding the best and the worst of the human condition. ❑