

Rooted in the Body

What is the relationship between vision and truth?

'When you have schizophrenia, it's as if your perceptions and thoughts have come loose from their moorings, leaving you adrift in a sea of disorienting and sometimes disturbing stimuli' (Snyder, 2007, pp.67)

Introduction:

In Maurice Bloch's article *Truth and Sight: generalising without universalising* (2008), he examines the well established connection between vision and truth. Recalling a statement made by the Ancient Greek historian Thucydides that argued the only true history to be that based on the authority of sight, he stresses that this guarantee of truth through vision is apparent in contemporary times.

Gregory (2005) highlights the very role of the eye as a simple instrument through which internal images are projected from objects in the external world. He discusses the brain as an 'engine of understanding that stands closest to our most intimate experiences' (pp. 5).

It would stand to reason why many have argued that vision is the most significant sense being that we have only to open our eyes and are inadvertently subjected to an array of different colours, shapes and textures, captured by sight. It is a mode through which our bodies are able to move around consequently broadening our knowledge and increasing our interactions with the outside world.

This assignment explores the relationship between vision - a sensory form that has long been accepted as the dominant, and its fundamental role in constructing truth.

The main argument throughout will be that perception is embedded in the body, formulated by a combination of the senses, memory, imagination and emotion. For this reason bodies are not only inherently variable between persons but also within the same individual. It will also be argued that the body is determined by the social and cultural context in which it is situated in.

It is first and foremost crucial to initiate this discourse from a particular theme which for the purpose of this assignment will be health; in particular an illness that negates vision and transforms perceptions of truth and reality. The illness that will be referred to throughout is the mental disorder schizophrenia, a condition characterised by a breakdown of thought processes and impaired emotional responses' (2010).

Visual perception

When we see an image, an almost irrepressible narrative is created in the mind. Mediated by memory and the imagination, it shapes and constructs a perception of that image in relation to our surroundings. You could argue that images become embodied; acting as external referrals they help to stabilise memory which shapes our senses of self and how we enact in the world. Embodiment is best understood as a social, cultural and political entity that outlines how we interact and perceive reality.

According to Gregory (2005) there is something significant about Helmholtz (1867) view of perception as intelligent-decision making. In his study of visual perception, Helmholtz examined the human eye and came to the conclusion that the optical quality was in fact rather poor and so information gathered via the eye was not adequate enough for certain perceptions. He insisted that vision could only be the result of some form of 'unconscious inferences' – assumptions and conclusions from incomplete data based on previous experiences in the world (Gregory, 2005).

Through the senses, the nervous system becomes stimulated and our memories are accessed and re-patterned into the brain. What we see is in fact a construction from the mind rather than an actual representation of reality (Gregory, 2005, pp.4). Through this our perceptions take form; a hypothesis of what we see and what that means.

According to Aaronson (1914) in his discussion of perception he emphasised that whatever it may be it is obviously something that has reference to living organisms. He argues perception to be the process by which we as living beings come to manage the situations we are continuously subjected to. It enables us to solve problems set for us by the environment we inhabit; 'it is a process of adjustment to the advantages and disadvantages, values and disvalues of the situation' (pp.38) in which we find ourselves in. Therefore perception is something of uncertainty, holding multiple interpretations and animated by a social and cultural context.

Furthermore he asserts that seeing and perceiving are generally acts that take place with reference to further action; conditioned by history and destiny; they are based on predictions and probabilities. This could be likened to Sartre's (1940; 2004) view of perception as a particular attitude towards the world; which will be discussed in more detail later on in this assignment. It is an internal activity through which we take possession of our environment.

George Berkeley argues that the objects of perception do constitute the 'real world' because the 'real world' is our perception. Yet the question should be considered of whether this is the collective reality or individual reality?

It is important to understand that we as humans are not bounded individual bodies but a network; a network that communicates through the use of semiotics and language to help mould an understanding not just in relation to the world we live in but also the others that exist within it. It is not just significant to actively perceive the world but also be perceived by the world.

The complexity of the relationship between the ability to see and other sensory forms is of great significance when contextualised in relation to our external awareness. A combination of the senses is what allows us to gain a well established consciousness of our surroundings. For example, a glass of milk visually may seem okay to drink but when one lifts the glass, through smell it is quite clear that it has gone bad. This example also emphasises the ways in which senses can be deceptive of truth, particularly placing its relation to vision under scrutiny.

It is important to not only consider the contradictory relationship between the senses but also about what can happen when we as individuals start to lose touch with the world. What are the consequences when our sensory bridges break down and the connective tissues that nourish and sustain our perceptions of reality collapse? What becomes of our truth then?

It is essential to situate this discussion ethnographically and the following examples will not only highlight the experiential accounts of the struggles with schizophrenia but also focus on the impacts of the social and cultural context of this mental illness. They will equally assess how the individual perceives and engages with the external world and vice versa; understanding how these factors contribute to the construction of reality and truth.

Schizophrenia and the unravelling of perception and reality

In '*The glass cage: an ethnography of exposure in schizophrenia*', Megan Warin (2000) draws upon anthropological research conducted with a group of individuals who had been diagnosed with schizophrenia and were living in a major Australian city.

She aims to show how these men and women experienced and acknowledged their bodies in relation to the lived world, and relocates these experiences within a broader framework of embodiment and social practice to establish a different kind of discourse.

She argues that schizophrenia is not exclusively a 'disorder of the mind', but an experience in which an array of cultural meanings that are associated with the notion of privacy are embodied and reproduced.

Reinterpreting these experiences within this new framework, she argues, has implications for the ways in which those suffering from this disorder are understood and treated by the outside world.

According to Warin schizophrenia is commonly understood to be one of the most severe and unfathomable mental disorders of our time. She notes that many of the participants in this anthropological study spoke of the violation and transgression of their private worlds and that this sense of 'invasion and exposure was often instigated by conspirators with hidden cameras and recording devices, tormenting spirits or voices and people with psychic abilities' (pp.116). This she argues has profound repercussions for the way people live their day-to-day lives, affecting their senses of self and how they interact with others around them.

Warin argues that experiences associated with schizophrenia thus centre on the body – not in opposition to the brain or mind, but the 'lived-body' as a field or locus of experience. 'Bodies are irrevocably part of the encompassing nature of being-in-the-world, acting as both products and producers of experience and culture.' (pp.117)

The subjects of Warin's fieldwork came from a wide range of backgrounds, occupations, ages and educational levels. Some had suffered with the experience of mental illness in a short period of time, others for most of their lives. Many described the turmoil they endured through the breakdown of privacy and intimacy within their everyday lives; believing that unknown assailants were entering their homes, stealing their possessions, poisoning their food and rearranging household items. They experienced an extreme and overpowering sense of 'exposure to a public audience' (pp.118).

The concept of seeing and being seen is highly disruptive to those with schizophrenia.

Warin focuses on the experiences of one young woman she calls Kate, who was subject to a constant bombardment of what she described as 'tormenting voices that assaulted her sense of dignity and privacy and profoundly altered her sense of self' (pp.8).

She notes how Kate's appearance was striking. She often kept her head down, making it difficult to see her face. She described her experiences and the ways in which every aspect of her being was under constant surveillance. She had experience these 'voices' for four consecutive years since the age of 15 when at the time she was living with her family in a suburb in Perth and completing her final year of high school. It began when she started to complain to her family that a number of men were watching her and making derogatory and explicit sexual comments about her body. She believed that these voices were related to a group of men in particular who worked at a local hotel. These voices remained with her most of the time and she described them as not always being outside her self - simultaneously 'in me and outside of me' (pp. 122).

These voices, Warin states, belonged to men that have a materiality and presence through sound and touch. She recalled feeling hands crossing her breasts and arms, and lips kissing her, and this kind of sexual violation was present in other accounts.

Kate felt as though even her most private realms of her mind were accessible to these voices, projecting themselves into her psyche and disrupting her thoughts.

What became apparent through this study was that bodily experiences were of great and significant importance to people like Kate. It was the change in her sense of being that encouraged the realisation that there was something wrong; ultimately leading to her diagnosis.

In spite of this however Kate did not explain her experiences exclusively in terms of schizophrenia. She believed that it was a combination of something mental and spiritual but blamed the latter to be the cause. It was the only way in which she could come to some rationalisation of what had happened and why.

According to Warin assessing the bodily experiences associated with schizophrenia is indicative of the multiple frameworks through which these should be interpreted. 'To interpret embodied sensations as

somatic or psychological symptoms ignores the complex ways in which cultural concepts impact on illness experiences and the ways in which they are managed on a day-to-day basis' (pp.128).

She is assertive in saying that examining schizophrenia through ethnography has allowed for a new insight into the 'cultural network of meanings' that underpin experiences of bodily intrusion (pp.128). Cultural constructions are extremely problematic for those suffering from this particular mental disorder and this can help to initiate some kind of understanding for the ways in which schizophrenia is viewed by the public.

This ethnography emphasises the importance of the body through which the individual experiences the lived world. It also establishes a discourse which suggests that our experiences and how we come to comprehend them is socially and culturally determined. How we perceive our surroundings, ourselves and others is mediated through a collective mode of vision and belief.

This is apparent in "The City is my mother": Narratives of Schizophrenia and Homelessness, in which anthropologist Anne Lovell (1997) attempts to configure a map of the life worlds of those who live with both the 'cognitive anomalies of schizophrenia and the forced conditions of displacement in homelessness' (pp.356), whilst also exploring how through these experiences one constructs a sense of self.

In the west Lovell emphasises how people suffering from mental disorders are 'placed outside the realm of shared symbols and notions of the self and ostracised by the public world as "moral exiles"' (Moon, 1988 in Lovell 1997, pp.356).

Her fieldwork – conducted between 1983 and 1986 took place at five programs in New York City, in two related types of locales; referencing Mark Auge (1992) in what he describes as 'non-places' (pp.4). The first includes that of vacant lots between residential buildings, abandoned tunnels, train stations, parks and under bridges. The second locale consists of 'mental health programs that function at the borders of more traditional psychiatric facilities such as community mental-health centres or hospitals: outreach programs, mobile emergency psychiatric units, storefront referral centers, and case management programs' (pp.357).

She draws on encounters with 77 men and women who passed through the five programs. Most of the people had spent at least two years on the streets and/or shelters and had at some point undergone

psychiatric hospitalisation. She notes how contrary to popular belief regarding homeless people as completely dissociated, they were all participating in a range of social relations.

Within this article Lovell discusses one man in particular, a veteran name Rod whom had travelled around America, constantly moving from state to state in search of his mother. He shared details of their shared house in Brooklyn in which he attempted on many occasions to visit, but was halted by the constraints of public transport and the dangers that he believed kept him from there.

He went on to describe how due to these problems, his mother often left food for him in the city in garbage cans and sent money in spite of the fact he had no mailing address. The backpack he carried was also from his mother which she had left for him on a sidewalk. He stated how he was lost because his mother couldn't find him and the fundamental element to Rod's narrative was his constant movement in the hopes to find her.

Lovell notes how Rod's appearance was likened to that of an urban professional, with a button-down shirt, deck shoes and neatly styled hair. He deterred away from the 'animality others might project onto him' (p. 358) and this was especially apparent through his mother's symbolic presence in food; transforming the acts of scavenging. His stories of delusional properties – houses his mother owned, placed him in the 'realm of the dominant other, rejecting images of exclusion and poverty for hegemonous ones of normalcy' (pp.359). Delusional properties also offered justification for moving on but at the same time worked against his damaged, condemned self shaped by his experiences of homelessness and mental illness. (pp.359).

What was significant about Rod's story among others for Lovell was the symbolic reworking of everyday survival among the homeless. Collecting, consuming and recycling found objects represented viable fiscal activity for many street people. The money Rod made from panhandling provided him with self-sufficiency that money from mental health programs, which was reciprocated through appropriate behaviour, did not. Claiming to have found the money left by his mother set him free of the shame and stigma attached to his reality, a reality built on the foundations of schizophrenia and homelessness. Money was transformed into a gift which became a gesture of exchange, disguising and deferring obligation.

According to Lovell (1997) houses are important status symbols in most cultures. Home is relational for Rod and his claim of ownership for properties was a replacement for home and also acted as a veil which concealed his illness and transformed his status from anomalous to normal. 'Rod's mother, his shadow companion and "crowd of his solitude," also became an element to symbolically rework the meaning of his homelessness within the definitional boundaries of hegemonic American culture' (pp.360)

During her fieldwork a social worker whom had grown close to Rod decided to find more information about his past in the hope that she would be able to help reunite him with his mother. Having gained access to his service files she discovered the whereabouts of his mother and father; his mother indeed living in California and his father who was alive and well in Arizona, contrary to Rod's story that he had died when Rod was young.

The social worker contacted his mother who recalled how she had not seen Rod for 12 years after he had experienced a nervous breakdown and left the house to never come back again. Anxious to finally see her son she made plans to fly out to New York. When Rod was presented with this plan he became extremely frustrated and protested that this was not his real family. Shortly after this he disappeared and was never seen again.

Through this study Lovell highlights the ways in which mental illness and homelessness are perceived by the external world and how this influences the ways in which people suffering from such see and shape their senses of self. It is apparent through Rod's narrative of the dominant constructions of society and culture that are inherently embedded within the mental experience and this provides an insightful account of the ways in which people living on the margins of society, excluded from the collective realm fight to shape and construct their realities on the premise of these ideals. It offers an awareness of how through the body truth is determined both internally and externally.

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When I'm dreaming I feel all mixed up inside"

(Nakamura, 2013)

In '*A Disability of the Soul: An Ethnographic Study of Schizophrenia and Mental Illness*', anthropologist Karen Nakamura (2013) explores Bethel House, located in a small fishing village in northern Japan, founded in 1984 as a community for people suffering from schizophrenia and other psychiatric disorders. She seeks to understand the struggle faced by these people in their lives, discussing their illnesses and looking to gain insight into their understanding of what is meant by 'community'.

According to Nakamura, Japan has been acknowledged to possess the image as a nation in which 'the nail that sticks up is hammered down' (pp.21). This was significant in her desire to visit Bethel which along with the presence of movements conducted on behalf of those with physical and psychiatric disabilities, contradicted this dictum. Since the 1900s people with mental illnesses had been warehoused in nursing homes and hospitals for their entire adult lives. The events taking place in Urakawa at Bethel were surprising in that they represented a different kind of narrative.

Nakamura (2013) discusses the incredible amount of shame that encases mental illness in Japan and how many suffering outside of institutions are subjected to seclusion from their own homes and forced into a life of hiding by their families, restricted from the outside world.

Stereotypes have a big impact on this community and many who visit seem to be surprised by just how people are in contrast to how they are represented in society. Similar to the circumstances in the previous ethnographic study, ostracism experienced by people with mental illnesses is intrinsic upon their 'anomalous' status.

Alongside this text is an ethnographic film which showed the day to day activities of the members of Bethel and their feelings and thoughts about this intentional community in which they can live their lives as they are without prejudice from the 'normal people' in the city and face their own realities. Also within this film are accounts of individuals and their lives before Bethel and the circumstances that led to their consequent pilgrimage to this intentional community.

Nakamura argues that in anthropological terms 'Bethel is a field of practices and a field of discourse and imagination' (2013, pp.236).

This ethnography explores the impacts of displacement felt by those with mental illness and also shows how these feelings of exclusion can be dealt with through the creation of imagined communities like that in Urakawa. For the people living at Bethel, their realities are shaped by their exclusion in dominant society and their companionship with others suffering from the same experiences. It shows the ways the social context of which the body is positioned constructs the sense of self and in Urakawa a place in which one belongs is effective in maintaining the self.

Effective receptors: Perception, imagination and hallucination

In *The Mind's Eye*, in which neurologist Oliver Sacks (2010) explores the extent to which our lived experiences and reactions to our surroundings are shaped and predetermined by our brains, or to what extent we as individuals shape our brains. He also considers the degree of which we are authors of our own experiences.

Through an examination of perceptual deprivation he uses accounts of several people and their lives after blindness. He begins by discussing a book by John Hull (1991) called *Touching the Rock* in which after becoming blind at the age of forty-eight, John experienced what he describes as 'deep blindness'. This did not only mean the loss of visual imagery and memories but also a loss of the very idea of seeing. Regarding this as a natural response to a non-visual world, he found that his other senses became heightened and he interacted with the world around him in a more intense and intimate way. Shifting his centre of gravity to the other senses, he states that he became situated within a new mode of human being, a new freedom in which Sack describes as 'an astounding example of how an individual deprived of one form of perception could totally reshape himself to a new centre, a new identity' (2010, pp.27).

In contrast, after Zoltan Torey became blind he refused to shift from a visual mode of perception to an auditory mode and developed what he described as his 'inner eye'. He developed and expanded his ability to construct imagined visual worlds that were as real and intense as the perceptual one he had lost. This he argued, enabled him to do things that might have seemed impossible for that of a blind man. His overwhelming desire to hold on to a vivid and living visual world through memory and controlled imagination meant that even after losing his sight his visual imagery remained intact.

Sabriye Tenberken had impaired vision almost from birth but was able to make out faces and landscapes until the age of twelve. Growing up in Germany she had a particular partiality for colours, and loved painting. Colours remained a source of understanding and identifying objects even after she was no longer to decipher shapes and forms through sight.

Her synaesthesia persisted and intensified after she became completely blind and in spite of being blind for twenty years she continued to use all her other senses, along with verbal descriptions, memories and a strong illustrative and synesthetic receptiveness to assemble 'pictures' of landscapes and rooms, of environments and scenes that were incredibly animated and detailed. These scenes at times were drastically different from reality but her vivid visual imagination was something of a gift to her.

These accounts were strikingly different in their depictions of perceptual experience that Sacks considered the possibility that there was nothing 'typical' about them. He concludes that 'one can no longer say of one's mental landscapes what is visual, what is auditory, what is image, what is language, what is intellectual, what is emotional – they are all fused together and imbued with our own individual perspectives and values' (2010, pp.).

Sartre (1940; 2004) explores the imagination as an entity to be distinguished from perception; spontaneity is what differentiates between the two. Perceptual experience seems like a response to an object whilst in contrast, imagination seems creative in relation to its object (pp.).

He argues that there are two different attitudes to the world; perceptual and imaginary. In contrast to Sartre's argument, Casey (1991) believes that 'to imagine is not always to indulge in an evasive manoeuvre carrying us away from the mind's principle preoccupations; it is not necessarily to sidestep the real in order to enter or erect a separate mental domain which is unreal or surreal' (pp.29). The imagination is crucial in actively generating thoughts; as John Dewey claims it is a constant occurrence that participates even during the construction of perception (1922 cited in Casey, 1991, pp.30). Nanay (2009) supports this statement arguing that the 'imagination is a necessary ingredient of perception itself' (pp.1).

Acknowledging both Casey and Sartre's arguments we could formulate a theory that combines both, suggesting that the imagination plays a significant role in the construction of perception, but at the same time both actively work on separate levels, thus we could place this in relation to Sack's work as a way to

highlight and consider the varied experiences of Hull, Torey and Tenberken; suggesting that these accounts are different because of the level of imagination used to construct one's perceptual world.

What this does imply however is that these attitudes are a matter of choice that can be controlled. In contrast Sartre (1940; 2004) does not hold that all imagination is deliberate; apparent with schizophrenic patients and their incapability of abandoning the imaginative attitude and taking up a perceptual one during an episode. Reverting back to the ethnographies discussed in the first half of this assignment we can acknowledge that the imagination plays a significant role in the construction of reality.

In discussing hallucinations, Sartre (1940; 2004) does not view it as a malfunction of perception, but it is an attitude that instructs, rather than attempts to establish, the nature of things. However he argues that this does not in itself supply evidence that hallucinations can be mistaken for perceptions.

Unlike the experiences of blindness in which vision as a sensory form is broken, for people suffering with schizophrenia the problem lies within the processing of sensory stimuli to the brain. Luhrmann (2011) argues hallucinations to be sensory experiences without a material source, providing the 'sharpest example of the way culture affects our most fundamental mental experience and the way that mind is shaped by cultural invitation and biological constraint' (pp.1).

Hallucinations he states, demonstrate how cultural ideas and practices can affect mental experience so deeply that they override ordinary sensory perception to transform reality. It is a perception, yet it is formed in the absence of an external material stimulus; they are in essence, perceptual 'mistakes' (2011, pp. 72).

He affirms that hallucinations then occur not because there is something wrong with one's mind but because one interprets something imagined in the mind to be real. This impaired ability to distinguish between what is real and unreal is characteristic of schizophrenia. He goes on to argue that perception, intention and inference are culturally imagined and hallucinations are shaped by these. Therefore as argued by Lovell (1997) the content of such hallucinations is significant in its association with the social and cultural fields that are embedded within.

The relationship between vision and truth

What this assignment has attempted to show through the studies by Warin (2000), Lovell (1997), Nakamura (2013) and Sacks (2011) is that perception is rooted in the body and determined in the mind. In the presence of mental illness and in Sack's case blindness, we are able to see how these variations in the body establish how we see, what we see and what we interpret from that.

This consequently measures and affects truth. What we could suggest from these studies is that there is a fundamental difference between collective and individual truth. It could be said that the collective in society is has a significant role in shaping individual truth and senses of being. When the body is affected by illness, and the senses of being become distorted or fragmented, individual truth is shaped by the bodily experiences of the illness and do not then correspond with the collective external reality.

Conclusion

This inconsistency between the internal and external realms of the body helps us to understanding why cross-culturally people suffering from mental illness are ostracised by the dominant other. We as humans have a natural need to create order. It is where we as social and cultural collective groups establish what is right or wrong, good or bad, normal or anomalous. An experience of disorder is threatening to society.

Vision contributes to our perceptions of reality and contributes to the construction of truth. It however is uncertain – not to be relied on as a guarantee for truth as although it plays a significant role in the production of perception it is only one aspect that is susceptible to manipulation. The senses, memory, emotion and the imagination all contribute to how we construct our truth in the world but these are all shaped and dependent on the social and cultural foundation of the body and mind.

Gregory (2005) asserts that what we see and what we know, or believe, can be very different and as science advances, differences between perceived appearances and accepted realities become ever greater.