



КУЛЬТУРА И КУЛЬТУРНЫЕ СВЯЗИ

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FROM A DIALOGUE OF CULTURES TO A DIALOGUE OF IDEAS: THE SWEDISH THEOSOPHIST EMANUEL SWEDENBORG IN THE PERCEPTION OF THE GERMAN PSYCHIATRIST KARL LEONHARD IN THE CONTEXT OF THE CURRENT DISCUSSION

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This article completes a series of works on the reception of Scandinavian and Dutch cultural heritage in the works of the outstanding German psychiatrist and psychologist Karl Leonhard (1904–1988). His assessments already deserve attention because the portraits of remarkable artists, writers, and thinkers presented in his works, thanks to the research and undoubted literary talent of their author, on the one hand, go beyond the usual pathographies in terms of depth of analysis and mastery of presentation. On

the other hand, the portraits serve as artifacts of an era in the history of medicine, when on the foundation of a cultural dialogue between Russia and Germany a unique dialogue of the German and Russian psychiatric thought developed — something that the historical vicissitudes of the twentieth century could not prevent. The authors of the article make an attempt to bring together the approaches available to the history of culture to study the perception of the personality and work of Emanuel Swedenborg (1688–1772) as reflected in Leonhard's last book. Leonhard's assessments not only capture a certain period in the reception history of the Swedish thinker and naturalist in German culture — they are a monument to the peculiar naturalistic culture of German nosological psychiatry, inscribed in the history of medical thought. Clinical experience leads the German psychiatrist to conclude that Swedenborg's diagnosis of schizophrenia in its traditional Kraepelinian sense, which the Russian school of psychiatry is inclined to follow, is wrong, but the German psychiatrist himself comes to the conclusion that Swedenborg has an amalgam type of psychosis — phonemic confabulation paraphrenia. Following Leonhard, the authors of the article examine Swedenborg's works, the testimonies of his contemporaries about him and his family as well as reproduce the picture of symptoms of mental illness taking into account the latest historical, cultural and medical-psychological works about the Swedish mystic. In their critical analysis, the authors emphasize the relevance of the classification of Leonhard's endogenous psychoses, drawing the reader's attention to the evidence about Swedenborg's emotional-volitional and cognitive sphere within the historical and cultural context of 18th century Sweden. In conclusion, the authors announce the publication of the full text of Leonhard's essay translated into Russian with historical, cultural and medical-psychological commentary.

Keywords: Swedenborg, Karl Leonhard, pathography, theosophy, endogenous psychosis, phonemic confabulation paraphrenia, Russian and German schools of psychiatry, nosological and syndromological approach, philosophical anthropology.

Emmanuel Swedenborg (1688–1772), son of Jesper Swedberg (1653–1735), professor of theology and bishop of Skara, was destined to enjoy a relatively long life for his time, which was rich in both external events and internal experiences. Looking at Swedenborg's biography, we can mark two distinct periods of his life. The first period of Swedenborg's life as a naturalist and inventor lasted until 1744. It was followed by two years of spiritual change (from 1744 to 1745); this change coincides with a trip to the Netherlands, the details of which will be discussed later. In the second period, which lasted from 1745 until his death, we see a theosophist and a spiritual man who leaves science and mathematics to devote himself entirely to new endeavors.

What Swedenborg wrote is striking not only in content, but also in volume — his works are marked by exceptional verbosity and it would not be an exaggeration to assert that a whole library collection came out from under his pen. His main works include the eight-volume *Arcana*

Cœlestia and such theological writings as *De Coelo et eius mirabilibus, et de inferno, De telluribus, Vera christiana religio, De commercio animae et corporis, Delitiae sapientiae de amore conjugiali, and Expositio Doctrinae Novae Ecclesiae*.

Interest in the Swedish theosophist has varied, but it has always grown during periods of fascination with irrational and mystical things. However, unlike the Anglo-Saxon world and partly Russia, fascination with Swedenborg affects the German culture only tangentially, despite his lifetime and posthumous fame and the undoubted influence that he and his teaching at one time had on the minds of Germans. Of immense importance for the cultural memory of German-speaking Europe is Kant's extensive criticism of Swedenborg's views, which he provides in his essay, "Dreams of the Spirit-Seer", published anonymously in 1766 [Kant, 1966]. There is even a religious movement called Swedenborgianism (the New Church founded after the death of Swedenborg in 1787 in London), numbering about 60,000 followers around the world, mainly in the USA and South and West Africa.

Karl Leonhard (1904–1988), one of the leading German psychiatrists, who left a significant mark not only in clinical medicine, but also general and medical psychology as well as philosophical anthropology, also expressed a breadth of views and demonstrated a wide range of interests. Like Swedenborg, Leonhard's works and his school were accorded a difficult fate: on the one hand, his main works are well known in the Russian translation, moreover, they have been translated not only into English, but also into many other languages; on the other hand, all the vicissitudes of post-war Germany were reflected in the scholar's life: he gained more recognition in East Germany (the same circumstance probably explains his popularity in our country) than in West Germany. His colleagues in the West, giving him, albeit reluctantly, his due, have treated him with restraint. This is due, perhaps, by his not entirely unambiguous role in the abuse of psychiatry in Nazi Germany (we do not have any compromising materials directly), as well as his deontology, which, being advanced for its time, cannot now be accepted unconditionally. Perhaps, the reserved attitude towards Leonhard's work in modern psychiatry is partly due to his professional success and official recognition in the GDR and the countries of the so called Eastern Bloc: we can see a certain parallel in the perception of the image of Otto Prokop, an outstanding specialist in forensic medicine, who is cur-

rently viewed in modern Germany primarily through the prism of his relationship with the East German state and his role in matters related to the deaths of people who tried to illegally escape to West Germany [Benecke, 2013].

Headquartered in Würzburg (Germany), the international Wernicke, Kleist and Leonhard Society is successfully operating while Leonhard's works are widely represented in the catalogs of the largest international medical publishing houses. In Russia, we know Leonhard mainly from his work, *Akzentuierte Persönlichkeiten* [Leonhard, 1976]. In the second part of the book, Leonhard provides thoughtful and surprisingly deep descriptions of the types of personalities that he finds in fiction. He proceeded from the fair assumption that the outstanding writers of the New Age were not only masters of style, but also masters of human understanding, experts on the human soul. It should be noted that of the many writers whose works he analyzes in *Akzentuierte Persönlichkeiten*, he most often refers to the characters created by Tolstoy and Dostoevsky. Therefore, the assertion that this work is a monument to the dialogue of German and Russian culture will be fair. Leonhard really loved literature in his student years, and since then it has become his reliable friend, not only in his leisure hours as a source of aesthetic pleasure, but also in his work, as he draws material for his research from literature [Leonhard, 1995, p.23].

A detailed analysis of Swedenborg's world of emotional experiences is provided in Leonard's last book, *Bedeutende Persönlichkeiten in ihren psychischen Krankheiten* [Leonhard, 1988], which was released after the author's death. This work is structured differently from works created in the genre of psychiatric art history or popular science pathography, the authors of which try to captivate the reader by postulating the anomalous as a source inaccessible to direct understanding and feeling in the artist's world. The book is more appropriately attributed to the genre of post-mortem psychological and psychiatric examination, based on biographical data, testimonies of contemporaries, as well as on works and other archival materials belonging to the subject of examination. An interesting role is assigned by Leonhard to the works of Swedenborg himself: relying on his ideas about the nature of the reflection of a particular pathological process in thinking and, accordingly, in speech, in our case written speech, and comparing the data obtained in this way with his clinical experience the German psy-

chiatrist shows that the pathological process manifests itself according to the same laws both in a creative person and in an ordinary patient. Leonhard, as we shall see, does not criticize Swedenborg's views. He is only interested in the formal features of the great Swede's writings. This is where Leonhard's approach differs from that of Karl Jaspers, who discusses in his essay *Strindberg, Van Gogh and Swedenborg* [Jaspers, 1922] (he was more interested in biographical material), and from the approach of Karl Birnbaum [Birnbaum, 1933], a German-American psychiatrist who postulated the possibility and necessity of explaining the facts of creativity through a psychiatric examination of a biography. It seems that Leonhard chooses the third approach derived from his experience of working as a diagnostician and forensic expert, the one that is similar to the approach of Hans Walter Gruhle [Gruhle, 1955; Gruhle et al., 1967]. Therefore, he focuses primarily on the biography of the artist. The German psychiatrist sees only an indirect reflection of Swedenborg's state of mind in his work. Moreover, with all his adherence to the ideals of positivistic psychiatry, Leonhard is far from thinking about the pathological core of the theosophist's creative work. He is alien to both the ideas of antipsychiatry, whose origins are found in Michel Foucault, and the constructs of the psychoanalytic school in medicine, which views a disease as a specific manifestation of the internal conflict experienced by the patient. For Leonhard, a mental disorder is a disease and a source of suffering. It is not an incomprehensible manifestation of talent. Thus, in the concept of Leonhard, Swedenborg the theosophist does not create thanks to, but contrary to his mental illness. Understanding the essence of this disorder does not satisfy the curiosity of the public, but it does provide the possibility of a deeper penetration into the world of Swedenborg and his works. As we have already noted, this approach is close to Russian psychiatry. For example, Pyotr Gannushkin (1875–1933), whose work is an integral part of European positivist medicine at the turn of the century, which, despite historical upheavals, was involved in both German and Russian psychiatry. He emphasized the importance of a thoughtful, soft, and yet straightforward attitude towards both the sick and healthy, given, among other things, the blurring of the border between norm and pathology [Gannushkin, 2018, p. 42].

The internal affinity of the German and Russian schools is not accidental since they are related by a common methodological approach

that originated in Germany at the end of the 19th century, which is commonly referred to as nosological. It is based on the above positivistic ideological premises and the school proceeds from the fact that a genuine cure or permanent remission in the event that causes and controls the onset of the disease are investigated in detail (works by Emil Kraepelin, Carl Wernicke, Sergei Korsakov, Vladimir Serbsky). Leonhard also worked within the framework of this school. He did a lot to develop the doctrine of the most serious mental illnesses: endogenous (i. e., not caused by any external causes to the patient) psychoses, which included schizophrenia; manic-depressive psychosis; and, until a certain time, epilepsy. Karl Jaspers in the above work comes to the conclusion about the schizophrenic nature of Swedenborg's mental suffering. However, Leonhard, following Eugen Bleuler [Bleuler, 1916] who spoke about "schizophrenias", believes this approach is sufficiently undifferentiated noting that schizophrenia proper inevitably leads to a profound personality defect with dementia and emotional dullness. In the post-war years he developed a detailed classification of endogenous psychoses based on his vast clinical experience. Although the classification proposed by Leonhard is rather cumbersome and, in fact, hardly ever used in full in diagnostic schemes, modern neurophysiology confirms its correctness: the psychoses included in it have different localization in the patient's brain, i. e. different etiology, and, as a result, a different course of the disease and a different outcome. Consequently, becoming acquainted with Leonhard's observations and reasoning will allow for a better understanding of Swedenborg and help to take a fresh look at his work.

Turning to Swedenborg's disease, Leonhard introduces the reader primarily to what was done by his predecessors. He shows his adherence to the medical tradition by mentioning the work, dedicated to borderline mental states, of Carl Georg Wilhelm Pelman (1838–1916) who was an outstanding representative of prenosological psychiatry [Pelman, 1920, p.262–275]. Following Jaspers' acceptance of the possibility of schizophrenia in the Swedish theosophist, he notes that this diagnosis is again highlighted in the current discussion. The subject of analysis is a brief report by Hans Walter Gruhle [Gruhle, 1924], who was inclined to answer the question about Swedenborg's mental illness in the negative, providing examples from the life of European mystics whose experiences he explains by a certain ecstatic mood rather than a mental breakdown. Leonhard disagreed with him, pointing

out that the content and absurdity of Swedenborg's experiences did not allow us to talk about their ecstatic origin. The visions he experienced were not pseudohallucination (with a projection from the inside), but rather of a true hallucinatory character (with a projection from the outside). Emotions could hardly affect Swedenborg's ability to adequately assess the perceived since his second stage of life, marked by the disease, lasted about 30 years. The disease cannot weaken the cognitive sphere of a person over such a period. A careful analysis of not only the phenomenon, but also the follow-up data is a hallmark of the Wernicke-Kleist psychiatric school. These considerations, in overlapping with the classification of endogenous psychoses developed by Leonhard, provide grounds for the hypothesis that Swedenborg can be diagnosed with one of the mosaic systematic psychoses — confabulatory-phonemic paraphrenia. He associates this with the group of systematic disorders of the schizophrenic spectrum while pointing to its dissimilarity with “pure” simple systematic schizophrenia, which is characterized by a specific outcome in the form of a persistent schizophrenic defect with loss of the patient's emotional-volitional and cognitive sphere, expertly illustrated by Anton Chekhov in his *Chamber No 6*.

According to representatives of positivist psychiatry, endogenous psychosis tends to be hereditary. In this regard, Leonhard recalls Swedenborg's father, Bishop Jesper Svedberg, who had a naive faith in miracles and a literal-to-absurd understanding of the Bible: his father, in general, fits into the context of personalities of that era, but there is some merit in the opinion that what was viewed as strange in the structure of the father's personality acquired a clearly pathological character in his son.

Confabulatory paraphrenia has already been described by Kraepelin; it is characterized by fantastic stories of a sensational nature about former travels to other continents, to other planets, stories of a plane crash and collision with an iceberg, lions walking and other “memories”. These stories have two things in common: they talk about events that never happened and carry a sign of absurdity. Confabulation differs from simple ideas in sensory distinctiveness; thereby they are closer to visions. For the subjective experiences of patients, confabulation is indistinguishable from memories. Swedenborg's confabulations constantly mix with theoretical constructions, as a result of which it is hard to understand what he claims merely to confirm his calculations and when we deal with pure confabulations.

Phonemic paraphrenia is characterized by hearing voices that go beyond a first-order symptom of schizophrenia, such as the “sound of thoughts”: it may be the voices of people who speak as if from afar, or the voices of invisible spirits. Swedenborg’s psycho-emotional experiences are especially distinct in his small work, published in 1758 in London, *De telluribus*, which describes other planets and their inhabitants according to the observations of the author who visited them “in spirit”. Moreover, a comparison of this work with Dante’s *Divine Comedy* or Milton’s *Paradise Lost* is hardly possible: Dante and Milton created works of art and treated their creations accordingly, while Swedenborg is convinced of the veracity of his narrative.

One of the characteristic symptoms of phonemic paraphrenia is muscular auditory hallucinations in which patients hear voices not from the outside, but from the throat, from the chest or from the stomach, i. e. there are kinesthetic hallucinations in the muscles which are usually involved in the process of speech generation. However, it is possible that voices are also heard from the elbow, as Swedenborg reports.

The combination of confabulatory and phonemic paraphrenia causes massive visual deceptions of the senses, meaningfully developing from confabulations. Visual hallucinations occur with pure phonemic paraphrenia, but in this case they are indistinct and transient. It should be noted that visual hallucinations for schizophrenic disorders are uncharacteristic, and it is confabulatory-phonemic paraphrenia that is the exception when they are dominant in the picture of the disease. Diagnostic practice makes it possible to differentiate confabulations and visions: confabulations lie in the past and do not affect the patient’s present, while hallucinatory visions are projected into their daily lives and become an integral part. Based on this criterion, it is possible to attribute some of the visions described by Swedenborg to hallucinatory experiences. It is not always possible to draw a clear line between hallucinations and confabulations as they often overlap.

Of particular interest are Swedenborg’s conversations with angels or spirits. For confabulatory paraphrenia it is uncharacteristic to hear isolated voices. Patients report that the characters in their confabulations said something, but cannot comment on what was said. In Swedenborg’s visions, an abundance of conversations and their specificity draw attention to themselves: the acoustic component is overshadowed by the

optical component, which for Leonhard is an additional confirmation of correctly attributing Swedenborg's mental suffering to confabulatory-phonemic paraphrenia.

The mosaic nature of Swedenborg's schizophrenic suffering explains, according to Leonhard, the absence of clearly expressed thinking disorders in the picture of the disease. While it is always possible to identify certain thinking disorders with any single form of systematic paranoid schizophrenia, it is all the more difficult, if at all possible, to do so with combined mosaic forms. Leonhard himself failed to identify cognitive impairments, but his remark about Swedenborg's extraordinary productivity as an author is interesting. This leads him to think of such a symptom as vagueness of thinking, in which patients are unable to achieve in their thoughts the goal that they set for themselves and which they planned to achieve through logical conclusions. Swedenborg really was inclined to write a whole library where another author would have needed only one work; his works are marked by a constant return to what has already been said. However, the fact that vagueness of thinking occurs during phonemic paraphrenia does not confirm this diagnosis, since this symptom is characteristic of a wide range of disorders, including epilepsy, which, as we know, has left a peculiar imprint on the work of Fyodor Dostoevsky [Morgan, 1990].

The absence of emotional flattening is not proof of the non-psychotic nature of Swedenborg's disease: pronounced emotional smoothness is characteristic of outcomes of simple systematic schizophrenia, while patients with confabulatory paraphrenia retain affability with a touch of solemnity due to their own special significance, and this trait balances peacefulness and a lack of emotional expression in patients with phonemic paraphrenia.

The comparatively late manifestation of psychosis in Swedenborg does not at all contradict the diagnosis suggested by Leonhard. An earlier manifestation is inherent in malignant simple systematic schizophrenia, whereas later debuts are often observed in the case of combined paraphrenia.

Thus, the presence of psychotic experiences in combination with a hereditary predisposition allows us to conclude that there is a mental illness of an endogenous nature, while the picture of the disease, compared with current clinical data, makes it possible to match the picture of Swedenborg's disease with a subspecies of combined systematic schizo-

phrenia referred to as the mosaic confabulatory-phonemic paraphrenia identified by Leonhard.

Acquaintance with Leonhard's view of Swedenborg's disease, imprinted in his biography and in his work, would be incomplete if we ignored the question of what was done in this field after the publication of the German scientist's work. It has been over thirty years since Leonhard's book was published. First of all, it is necessary to note that the work of the German psychiatrist went largely unnoticed, as evidenced by the analysis of bibliographies of works published after the publication of Leonhard's book, the reasons for which can be seen both in the language barrier (modern psychiatric science, as a rule, is English-speaking), and in the historical upheavals of the late 1980s and the early 1990s. Regarding the views on the nature of Swedenborg's mental illness, Russian and foreign researchers differ in their views. Following Jaspers, Russian scholars point out the nuclear-schizophrenic nature of the disease, while foreign researchers look for answers outside of mainstream psychiatry. What unites these approaches is the desire to destigmatize Swedenborg and his heritage. Russian psychiatry strives to educate the public in recognizing the possibility of positive creativity for people with schizophrenia, since, as stated in the stable psychiatry textbook for medical schools prepared by leading Russian psychiatrists, "a significant proportion of enduring universal values was created by schizophrenia patients" [Korkina et al., 2006, p. 348]. Most likely, here, we can see a tendency towards a broad understanding of the spectrum of manifestations of this disease in the Russian medical tradition, originating from the Moscow school of psychiatry led by Andrei Snezhnevsky. Although general contemporary German and Anglo-Saxon psychiatry have no interest in psychopathological cultural studies, resulting in a certain degree of freedom for cultural studies scholars, certain medical studies devoted to Swedenborg reveal two general opinions about his illness: some lean towards schizophrenia and others towards epilepsy (possibly temporal lobe [Foote-Smith, 1996]), accompanied by psychotic symptoms. Up until now, the question is often left open, which, in general, is justified given the non-positivist sentiments in modern medicine and psychology [Johnson, 1994]. In modern German cultural studies, interest in Swedenborg is strongly connected with the work of Constantin Rauer on Kant: it was not his criticism of Hume, but his criticism of Swedenborg's ideas that became the impetus for the Königsberg philosopher's

new, critical period of creativity. It is suggested that Kant in a polemic with Swedenborg anticipated Jaspers' diagnosis, of course not knowing there was something we now call schizophrenia, which then is followed by arguments confirming the claim about Swedenborg's schizophrenia [Rauer, 2007]. Nevertheless, there are many reservations about experiments of this kind: therefore, Rauer's work is interesting not so much for Swedenborg's diagnosis as for his analysis of Kant's polemic with the Enlightenment thinkers [Rauer, 2007, p. 70].

Our acquaintance with Leonhard's undoubtedly creative attempt to penetrate the spiritual world of the outstanding Swedish naturalist and thinker allows us to conclude that the versatility of the concept of the German psychiatrist provides more for understanding the nature and characteristics of Swedenborg's mental suffering than approaches based, on the one hand, on the idea of the existence of only two endogenous psychoses, and on the other hand, on the traditions of the syndromological school. The authors of this article express their modest hope for the publication in the near future of the full commented text of Leonhard's essay on Swedenborg in Russian, which, we believe, will be interesting not only to those professionally engaged in the history of Swedish culture, but also to a wide range of readers.

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**ОТ ДИАЛОГА КУЛЬТУР К ДИАЛОГУ ИДЕЙ: ШВЕДСКИЙ ТЕОСОФ
ЭММАНУИЛ СВЕДЕНБОРГ В ВОСПРИЯТИИ НЕМЕЦКОГО ПСИХИАТРА
КАРЛА ЛЕОНГАРДА В КОНТЕКСТЕ АКТУАЛЬНОЙ ДИСКУССИИ**

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Предлагаемая статья завершает цикл работ о рецепции скандинавского и нидерландского культурного наследия в творчестве выдающегося немецкого психиатра и психолога Карла Леонгарда (1904–1988). Его оценки заслуживают внимания уже потому, что представленные в его работах портреты замечательных художников, писателей, мыслителей благодаря исследовательскому и несомненному литературному таланту их автора, с одной стороны, выходят за пределы обычных патографий и по глубине анализа, и по мастерству изложения, а с другой стороны — являются своеобразным памятником целой эпохи в истории медицины, когда на фундаменте культурного диалога между Россией и Германией сложился уникальный диалог германской и российской психиатрической мысли, воспрепятствовать которому не могли исторические перипетии XX века. Авторы статьи предпринимают попытку свести воедино имеющиеся в распоряжении истории культуры подходы для изучения особенностей восприятия личности и творчества Эммануила Сведенборга (1688–1772), нашедшего отражение в последней книге Леонгарда. В оценках Леонгарда не только запечатлен определенный период в истории рецепции творчества шведского мыслителя и естествоиспытателя в немецкой культуре — они являют собой памятник своеобразной натуралистической культуры немецкой нозологической психиатрии, вписанной в историю медицинской мысли. Клинический опыт подводит немецкого психиатра к выводу, что диагностика шизофрении у Сведенборга в ее традиционном крепелиновском понимании, к чему склоняется и российская школа психиатрии, ошибочна, сам же немецкий психиатр приходит к выводу о наличии у Сведенборга психоза амальгамного типа — конфабуляторно-фонемической парафрении. Авторы статьи вслед за Леонгардом исследуют работы Сведенборга, свидетельства его современников о нем самом и о его семье и воспроизводят картину симптомов психического заболевания с учетом данных новейших историко-культурных и медико-психологических работ о шведском мистике, сопровождаемых критическим анализом, подчеркивая при этом акту-

альность классификации эндогенных психозов Леонгарда и акцентируя внимание на свидетельствах об особенностях эмоционально-волевой и когнитивной сферы Сведенборга в историко-культурном контексте Швеции XVIII века. В заключение авторы работы анонсируют издание полного текста очерка Леонгарда в русском переводе с историко-культурными и медико-психологическими комментариями.

Ключевые слова: Сведенборг, Карл Леонгард, патография, теософия, эндогенный психоз, конфабуляторно-фонемическая парафрения, российская и германская школы психиатрии, нозологический и синдромологический подход, философская антропология.

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