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## The Other Side of Symbolic Reference

John H. Schumann

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During human evolution, our species has undergone semiotic development from icons and indexes to symbolic reference. But beyond such vertical scaffolding, we are blessed and cursed with the ability for horizontal scaffolding.

Deacon (2006) notes, "Although we do not treat everything in the world as standing for something else or as conveying some cryptic content... We humans are nevertheless notorious for these kinds of projections. In almost all societies, people routinely interpret natural disasters, diseases, the appearance of comets, bad luck, and even simple mechanical failures as "signs" of something" (30). Deacon (1997) suggests there may be "a

sort of symbolic savant syndrome, by which [he means] to emphasize the almost compulsive [human] tendency to apply this one mode of sensory cognitive evaluation to a far wider scope of objects and events than is instrumentally warranted." (30)

Tyler James Bennett (2015) notes Deacon's view that symbol use "is both the source of the evolutionary advantage that verbal language provides, while at the same time presenting a serious danger or disadvantage, a sort of double edge sword that can even be portrayed as a maladaptation" (448). He further notes that Deacon argues that symbol use allows humans to operate in "ungrounded cognitive constructs or 'virtual realities'" independent of sensory stimuli allowing them to perceive symbols even when they are absent.

I have suggested that the symbolic reference gave us the ability to create concepts that are not-exclusively physical. This allowed the expansion of our cognition to concepts which lack the physical characteristics of mass, energy, and observability but which can nevertheless have causal influence on our world. (See: GETTING PHYSICAL: Exploring Symbolic Physicality/Physical Non-materiality, [johnschumann.com](http://johnschumann.com))

In this paper, I will propose that certain phenomena may be aspects of this “other side” of symbolic reference, one that generates problems for individuals and the sources of which remain mysterious. Here I am referring to phenomena such as psychosomatic illness, and excessive expectation of low probability outcomes.

In the sciences, there is a strong belief that everything in the world is physical. Physical entities, as maintained in the field of physics, are characterized by mass, energy, observability, and causal effects. Something less physical could lack mass, energy, and observability, but might nonetheless have causal effects. My efforts here are to explore physicality as a NON-either/or proposition. There may be degrees and kinds of physicality that don't match the notion of physical that has been maintained in the study of physics and chemistry. So, my position is physicalist, but not exclusively physicalist.

Physicality can take various forms: Substance physicality: brick, cell, neuron, water (H<sub>2</sub>O), sulfuric acid (H<sub>2</sub> SO<sub>4</sub>), moon, body. Process

physicality: justice, democracy, envy, adoration, poverty, mind, belief,  
education

So, what I want to briefly consider are some cases of medical/psychological symptoms to see if perhaps they might be influenced in by symbolic reference.

In Sweden, there are immigrant children who enter coma-like states where they can remain for months and years. The children are kept alive by a feeding tube. They wear diapers. They do not speak; their eyes remained closed. It is not clear whether they can process the ambient language, but the families are encouraged to treat them as though they are sentient/conscious. The syndrome appears to be importantly influenced by culture and environment (Guest, 2021).

Sweden had initially maintained a very liberal immigration policy for refugees, but in the mid-2000s, the number of refugees became so great that there was concern it would be necessary to constrain immigration flow. A system of Migration Board Hearings was established in which the families were interviewed about their situation and a decision was made to either allow them to stay in Sweden or to place them in a track for deportation.

The immigration interviews have been characterized by some observers as interrogations. The children were often present at these hearings in which they became intensely aware that their family's residence in Sweden was imperiled. It has been speculated that this condition was a sign of an impending disruption, and it may have been the belief that with a serious illness in the family, its residence in Sweden might be allowed to continue. Interestingly, if the family was granted asylum, the children frequently recovered from the coma.

When an affected child was examined medically, the test results were typically normal. The condition is sometimes referred to as a resignation syndrome. Children fear deportation and simply give up, but they don't die. The coma is seen by some as an index of and a reaction to this distress. It seems to affect families from Eastern Europe and Syria and Iraq who have immigrated to Sweden. It doesn't seem to appear among immigrant families to or from other countries.

(O'Sullivan, April 21, 2021, The Guardian)

The illness appears to involve the intersection and entanglement of psychological, social, and physical influences, but lacks evidence of disease or brain damage (Eakin, 2021).

As mentioned, the victims seem to be responding to their profound fear that their families will not be granted asylum and that they will be

deported. There is speculation that in the societies from which the children come, there is a "holistic" view of the family which takes strong precedents over the individual. So, in some ways, the malady can be viewed as an attempt to save the family (Hodge, 2021).

The stressfulness of the lengthy asylum process certainly contributes to the child's syndrome, but they may have also held the symbolic concept (belief/hope) that the illness would allow their family to remain. Some of the terms that have when applied to the syndrome are hysteria, conversion disorder, non-epileptic seizures, functional neurological disorder, mass psychogenic illness, psychosomatic illness, and resignation syndrome.

The condition (e.g., coma in Sweden) may not even have to be named. Observing it alone can allow the "symbolic concept" to be formulated on the basis of two properties of physicality (observability and causal

effects) while at the same time the concept lacks the properties of mass and energy. And when medical examination cannot find a physical causes for the symptoms, people can create them and give them names some of which are accepted and others rejected by families of the victims and society in general.

In a recent book (*The sleeping beauties and other stories of mystery illness* (2021), Suzanne O'Sullivan, a neurologist, provides case studies of several syndromes the causes and diagnoses of which are unknown.

She reports on Sophie, a nine-year-old, girl whose family had come to Sweden from Russia to seek asylum because of persecution of her mother and father. Sophie had been in a coma like state for over year. She was catatonic, unresponsive, unable to eat, unable to open her eyes, and lay completely still. Medical examinations indicated she was not in a coma and had a healthy brain. Sophie's condition began shortly after her family's arrival in Sweden.



O'Sullivan suggests that Sophie have been traumatized by her experiences in Russia and that she "had pulled her psychological shutters down on the world."(2021 b) Other immigrant children in Sweden had had roughly the same experience. O'Sullivan notes that the geographically clustered outbreak of this phenomenon indicated that its cause went beyond an individual's psychological processing and that it could not be adequately understood in biological terms alone.

Naming this syndrome is indeed a semiotic issue. Terms such as apathy, resistance, resignation, have been applied, and some terms (for example, psychological, mental, social, trauma etc.) were strongly dis-preferred by the local doctors and the community. They wanted a biological diagnosis. They didn't want the patients or their community to be designated as "crazy" or "hysterical".

Diseases such as cancer and depression can be biosocial disorders, but the proportion of biological and sociological influences on these diseases can differ. (Engel, G., cited in O'Sullivan 2021, pp. 8-9.) Doctors tend to emphasize and prioritize the bio-over the socio- aspects of illness. When children affected with this syndrome were examined in hospitals receiving CAT scans, EEGs, and lumbar punctures, the results were always normal despite their coma-like state.

Since most of the affected children in Sweden had experienced trauma in the countries from which they came, or their parents may have been traumaticised, and that affected the children. This would make PTSD a potential diagnosis. Of course, it may be the lengthy asylum process generates the resignation syndrome, or the children knowing, believing, or hoping that their families would not be deported if they were seriously ill. Thus, the children may have acquired the symptoms as an adaptive strategy to avoid deportation.

O'Sullivan believes (and I would agree) that "the thing that stands to be understood is exactly how external factors were able to change the biology and to create the various specific clinical features of the resignation syndrome." (38). That tells us that the word, "function" itself is a tortured term in the sciences. What needs to be understood are "the various ways in which a person's environment can contribute, without them even realizing it, to the illness they suffer." (39)

Now I would like to examine this syndrome from the perspective of the semiotic triad (sign, object, interpretant), but I'd like to do it from the enhanced perspective made by Victoria Alexander (2012). She analyzes the triad as composed of a sign, and an objective (purpose) rather than object, and response (to the sign) rather than interpreter (of the sign). I think this allows us to capture the semiotic context of the Swedish immigrant coma syndrome. Here the SIGN is the threat of deportation.

The OBJECTIVE/purpose is to remain in Sweden, and the RESPONSE/ is to become ill or to appear ill.

### Low Probability Negative Fantasies

In this section, I present a symbolic concept that, from the psychiatric perspective, would be considered a neurosis.

Leon Sones (2021) is a psychiatrist in Los Angeles. In his book, A Modern Guide for the Perplexed, he has a chapter on reality and fantasy in which he discusses the issue of "low-probability negative fantasies". Patients frequently report negative predictions about outcomes that are very unlikely:

" 'I will never find a job I like.' ('She said the chemistry is not there.) There must be something wrong with me. Nobody will ever love me.' 'There is no point in taking this exam. I know I won't pass.' 'If I don't follow this

ritual, bad things will happen'. (‘When I die, I know I will be all alone, adrift in a boundless endless void.’)” (5)

Sones also suggests that such negative fantasies can involve political assessments at the national level: “‘The Vietnamese are involved in a vast monolithic communist conspiracy to take over the world, we must go and stop them.’ ” ‘Saddam Hussein has weapons of mass destruction.

We must go into Iraq and destroy them’”.

I would suggest that the beliefs, the ideas, expressed in the examples above are symbolic concepts that are not exclusively physical. As concepts, they lack energy, mass, observability, but they nevertheless have causal effects on the world.

Sones suggests that such negative appraisals of possible outcomes may have had some evolutionary advantages which enhanced human survival

by avoiding danger. He also suggests that the human ability to generate unrealistic outcomes may have also been the source of human imagination and creativity.

Sones also notes the enormous number of synonyms for the concept of "fantasy". He lists the following: abstraction, anticipation, belief, conjecture, conjure up, construct, conviction, delusion, dream, fancy, feeling, forecast, foregone conclusion, foresight, foretell, generalization, guess, hunch, idea, illusion, image, imagination, interpretation, intuition, misinterpretation, myth, notion, opinion, perspective, pipedream, point of view, premonition, prognostication, rejection, thought, version, wonder..."

Sones' list of synonyms illustrates the word web that characterizes symbolic reference. The meaning of these terms is in relation to the other terms. In this way, a symbol-plex is formed.

The theoretical work on semiotic habits (Alexander, 2017) may provide a biosemiotic interpretation/explanation for the phenomenon of “low probability negative fantasies”. It's now recognized that most brain processing occurs at the subconscious level (Dehaene (2014), Alexander (2017)). Through the neural mechanisms of "predictive processing" (Seth, 2021), sensory information coming into the brain is processed by neural subconscious mechanisms that then influence our interpretations of sensory information. So semiotic concepts may be acquired nonconsciously through life experience and then may manifest themselves as low probability negative symbol-plexes in the form of the neuroses described by Sones.

So, the speculation here is that given nature of symbolic concepts and the fact that they are not fully physical may allow them to have influence on an individual's health where the cause of the disease is not identified and indeed may not be physical. This creates problems for the medical

profession where physical causes and physical diagnoses are expected. And, indeed, both the doctors and the community are looking for identifiable physical causes, and in many cases, identifying the cause as psychological or mental is found unacceptable. So, the community rejects this notion, and the medical profession has a hard time dealing with the patients who remain undiagnosed and without a medical remedy. I don't believe that all medically undiagnosed illnesses have the same or similar etiologies. Symbolic concepts lacking full physicality, may not be what are involved many varieties of psychological or psychosomatic disease. But an idea or belief, as a symbolic concept or in what we might call a symbolic complex, suggests that very ability to make symbolic reference may also be a source of human imagination and discovery (Sones, 2021). Perhaps the symbolic reference may be an area for exploration that could contribute to an understanding of the certain aspects of undiagnosed medical phenomena and neuroses. Because many symbolic concepts are not constrained by mass, energy, or



observability, it may not be necessary to maintain the notion of physicality that is characteristic of the sciences of the inorganic world and much of the biological world. Perhaps symbolic reference/symbolic concepts allow us to escape those worlds to some extent.

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