

THE PHENOMENOLOGY OF A SCHIZOPHRENIC EXISTENCE

WILSON VAN DUSEN¹

Mendocino State Hospital, Talmage, California

If I had to represent my own existence as faithfully as possible, I wouldn't describe myself as a case history because I don't experience myself as a case history. Rather, I would be inclined to describe the central theme or drama of my existence and then show its ramifications into details of my experience. My existence is more like a repetitive drama soaring and falling than it is a case history with its neat categories of early development, sibling relationships, sexual history, and so forth. My existence is here—now. I would have to begin here—now. Yes, this would be reaching a faithfulness to my experience.

This is precisely the difference between the phenomenological viewpoint and that usually taken in the mental health sciences. If a young person's existence is a lousy drag, it should be described as such rather than attempting a pious observer's outside viewpoint by describing it as an "adolescent rebellion against conventional mores." A phenomenological study is an attempt to represent or describe a person's existence adequately by a faithfulness to the very quality and experience of that existence. The point of view, the terminology, the emphasis in a phenomenological study is that of the experiencing subject himself. There are only a few such studies (2, 3, 4, 7, 8) in the whole English literature, a strangely sad comment on the sciences which attempt to understand humans.

I will attempt to describe the existence of a young man named Jack here, a so-called chronic schizophrenic.

First, a few facts about Jack. He is a 32-year old, tall, slender male. His father was a dentist, and he is the middle of six siblings. None of the other members of his family have been hospitalized for mental illness. He had been hospitalized in state hospitals some 11 years and had not responded sufficiently to electro-shock, insulin coma, three types of ataraxic drugs, or therapeutic community and hospital milieu treatment to be released. I saw Jack for two and a half years. He partially recovered and left the hospital for sheltered employment.

THE GENERAL QUALITY OF JACK'S WORLD

There is a significant and pervasive quality to Jack's world which makes any well-ordered description of it a falsification. For Jack,

¹My thanks to Mr. Art Heiser for a grant to facilitate recording interviews, and to Jack, co-author of this study.

existence is a falling apart, a fragmenting with the fragments fading and disappearing. He complains of this mostly as memory difficulty, but it pertains to all phases of his existence. His most common experience is to feel pulled apart into circumstances so that he cannot concentrate his thoughts, or experience himself consistently. Worst of all, in this state he must struggle very hard to direct himself. Every bit of routine helps. It lends an order to his existence which he can no longer maintain himself. Bear in mind the falsity of a presentation which seems to lend ordered relationships in an existence which is mostly a falling apart of order. It is more than just fragmentation. The very pieces fade as memory experiences. Worst of all, the falling apart and fading is himself. This falling apart is so confusing that the report below has taken two years of two hours per week sessions to piece it together.

The central drama. The central drama of Jack's existence might be called an heroic attempt at mind control which is constantly being threatened with dissolution of the very self which is controlling. It is very like someone trying to hold still a boat bobbing in a rough sea, only to find repeatedly that the self trying to hold the boat still has nothing stable to stand on and is itself bobbing and losing all sense of direction. I recently asked Jack if this was really the aim of his present existence, to hold his mind still. He said yes. I then asked what he would do with it when it was still, and he was embarrassed. He hadn't had it still long enough to figure that out. What satisfaction is there in such an existence? Jack said it is the momentary victory when he was in control. At this he beamed. This was reason enough, even though his mind had been bobbing for over 11 years.

The bobbing itself is not so bad, even though he is so distracted as to lose any consistent sense to his existence. It is the failure encroaching on the very self that is threatening. In this failure he dies little by little. The dying is a failing and sinking of existence. Failure begets failure, and his whole existence is threatened with doom.

The sequence of events is often like this. Someone asks a question of what he felt or thought. (It is easier for him when a questioning starts from another person. *They* are then a stable ground.) What he felt or thought is always a moment ago, since where he is now, is pulled apart into nothing. By such a question he has a chance to follow the other person and, at the same time, show his mental strength. He searches his recent memory for what he felt or thought. If he can come up with any plausible answer he smiles in self-satisfaction. He has done it— shown his strength. He has matched up to

the questioning of the other person. But often, in the process of searching his own memory, he senses the falling apart into not remembering and not-being. He becomes confused in this searching, tenses up his whole body, and fights desperately to match up to the other one with an answer.

When there isn't a questioner, he does the same to himself. He calls it making a problem. "Those words written there. I must break them up into three-letter groups. Where it doesn't come out even, I must find a plausible way out." For instance to complete three-letter groups he will make a *w* into *u u* (double *u*). In this internal struggle failures are to be avoided ("perish the thought," he says) and successes held on to. Where there are failures, that part of existence is chopped off. For instance he failed on the word *t h i ' n k i ' n g*. Thereafter he must avoid the word thinking. This heroic little game he plays results in a narrowing down of existence to those little parts where he can be victor. Because of failures, he has chopped off most of outside-the-hospital existence and almost every friend and acquaintance. He has a narrow little world from ward, to dining room, to work in the upholstery shop, to the gym. By avoiding the gaze of others, he avoids many defeats in the risky world-with-others.

There are many disruptions to this existence. Curiously to us, most of these disruptions have the character of normal human experience. One of the most serious inner contaminations to the constant attempt at victory are sensory experiences. They range from such a simple thing as itching to lively images of interesting parts of women. Included in sensory interruptions are thirst, hunger, pleasure of any sort, and even the insidious temptation of smoking. His fluctuating mind will latch onto one of these sense experiences, and he will have to "perish the thought," and with it he kills off his own normal affect. When he succeeds, he feels a pleasant and momentary victory. In a way he feels he has put down the devil himself (he is Roman Catholic). As he goes into one of his more visible psychotic periods, the senses get the upper hand. He can't get food or women off his mind. They crowd him out of existence, and he becomes very confused. In one psychotic break he fought to not eat or drink, though images of these and sex crowded his mind. He could eat only when I ordered it because he hadn't given in then. I had taken the responsibility. All the way through his existence there is this striving to be one up, to match up, to be victor. He fears complete victory as much as failure because in the few cases he really knew victory he had fallen into an abyss of psychotic punishment. Both victory and defeat are dangerous. He is suspended between them.

There is no such thing as spontaneity in such an existence. Spontaneity always leads to sense experience which is a defeat to his whole purpose. It was many months before I found he planned our talks together. He memorized speeches ahead of time so as to be prepared and never be caught off guard (hence defeated). "I must anticipate. I shatter when I can't." His image of the perfect person is one who can anticipate everything and handle everything. "I need to kill or fill up time because in the blankness (of spontaneity) I can't anticipate." Once he spoke of optimism and I commented on the physical tension he showed. He said, "I tried to *put* as much feeling in it as possible." In other words, optimism should be said with feeling, so he worked to put in the right amount. Everything must be planned or it gets out-of-hand. His whole world hasn't enough control in it. Once he said, "I try to keep my energy consciousness up. When it sinks I replace it with activity." Some of this activity is very stiff catatonic gesturing. Anything that spontaneously occurs is immediately doubtful. Once he became enthusiastic when he spoke of working. This was thrown into a doubtful questioning as to whether this energy force was his, or was it a coincidence. In this way the enthusiasm perished in the questioning. Most of his internal gymnastics he described as, "I made a problem to ward off the unknown, uncertainty of blank spontaneity." To help him in this, his locker is filled with somewhat academic paperbacks such as *Faster Reading Self-Taught* or *The Family Medical Encyclopedia* which he thinks he ought to master. He never does because of the constant falling apart of his experience.

This constant attack on the nature and sequence of his own experience is like one constantly attempting to lift himself by his own bootstraps only to find he is pulled to earth and defeat. He can have no clear stable center to call himself. "It's like I am hardly clear what I am to myself." When he is dashed into defeat, there is too little self left even to acknowledge the defeat. "When I slip it is beyond me to admit it." Because he is always distracted and destroyed as a self, he can't always look at his own thinking enough to see logical fallacies. When asked on the Wechsler Adult Intelligence Scale why does the state require a license in order to be married, he answered, "Because a systematic procedure has been established." Of course, the licensing is the systematic procedure, so the answer to, why a procedure? amounts to because there is a procedure.

"The day covers up despair. I'm not living in a world of any kind now. I'm suspended in ether," and he laughs at this. "You don't have the passion or thrill of individual things. Life seems dull. When you talk to people, you don't respond as well. It's hard to gather your

thoughts." Objects become meaningless decoration arranged around him. His mind stops and goes blank. He looks for something to fill the blankness. He grabs for a cigarette, and there is a little life. Then he fights this temptation. "I'm always following myself around instead of going where I want to go."

Gestures, clothes and property. Most of Jack's movements are awkward, as though he doesn't know where to place himself. There is a pervasive weak quality. I often feel he has come for a handout, though he doesn't have the courage to ask for a dime. At other times he looks like a prostitute who has been turned down so often she no longer can make advances. He moves stiffly or with a tremulous inadequacy. When he lights a cigarette, he may gaze at the match or cigarette for a few seconds as though he had gone blank. His fingers are often extended and stiff. When he sits he slides down in the chair, with sprawled long legs in his ill-fitting cheap hospital clothes. He has good clothes, but he manages to find the poorest faded ill-fitting ones. When he dresses well, he is less psychotic.

His gaze is almost always averted from others. As he poses problems, he looks to the ceiling for solutions. He has several kinds of grin. One is a wise "I know what I am talking about" one, which is often donned rather mechanically when he is suffering blankness. Another one is more weak and sickly in appearances. It says, "Don't hurt me" or, he called it, his "please-pass-me-grin." The expression of his face and the placing of his hands reflect the drama in the inner life. His hands drift into his crotch and when found there are jerked into a stiff aloofness from this dangerous area. His facial expression is often out of control so he has to readjust it. "It is as though I am always behind myself and having to catch up." He often sticks his tongue out a little bit as though feeling his lips though he is unaware of this. In part his control of his own mind reflects in stiff arms, hands, shoulders, and neck. He has some feeling that if he let go this control he might go blank. Knowing the language of these gestures has been of considerable help in following his inner experiences, since he is often slow and faulty in describing himself. It's hard to describe what is going on when your experience is falling apart and fading. Many of his gestures are quite on the fringe of awareness. They may have to be pointed out repeatedly before he even notices them.

We once went through the many things in his pockets to see what he saved there. He keeps a notebook with rather formal notes as to when his mother wrote and he answered. It also has addresses and scraps of academic information he felt he should know. He also had

two oranges, string, papers out of garbage cans, scraps of upholstery, empty tobacco bags and the like. Very seldom does he show emotion, and when he does he soon has it under control and killed. He did show emotion about the papers, scraps and tobacco bag. The papers were from hospital garbage cans and gave various bits of information about the hospital. When memorized these would help him to answer the questions of others so he wouldn't be defeated by not knowing. String, rubber bands and scraps enabled him to be ready for emergencies. "You never know when you will need them." The scraps were new material. With tears in his eyes he said that something new should never be thrown away. It must be seen by someone and preferably used before it could be discarded. I had the feeling then and many times since that he feels like an unused scrap. He doesn't *want* to be thrown away. He has referred to himself as a can on the shelf of a state hospital. In the tobacco bags was the problem of life and death. They are made, emptied and thrown on the ground. With tears he asked what happens to them when they are forgotten and go into the soil. He was saving their lives by keeping them in his pocket.

Interpersonal relations. Interpersonal relationships, to Jack, are primarily a battle of wills where one proves superiority over another person. This fight for supremacy is in the glance, in questions and answers, and in being informed and able to anticipate the other person. It takes very little to defeat Jack on all of these scores. Everyone else's glance is steadier. They have the questions to pose which puts him on the keep-up-to-them end of the situation. They have more education and experience and are faster in social repartee. Dominant self-assured males are particularly crushing to Jack. He studies how to avoid them because their dominance threatens his very existence. "I always have to rush to catch up to others. In this way I abandon myself to the opinions of others." People with strong opinions nearly crowd him out of existence.

He has some means of protecting himself from this devastation. "I'm slow and careful not to expose myself. Or I masquerade as a competent, intelligent person." It took me some time to find out that when he looked wisest he was often most blank.

"I conducted myself as the competent, unquestioned, without-social-ties individual in contradistinction to the proven member of the group who *knows* what is going on. I didn't want to be found a stupid dummy. As it worked out they didn't go after my hide where they could have. And so it was I was able to bluff my way as an equal to some of these fellows who are a few grades above me."

"This is where comes in the problem of the adverse effects of such things as loneliness, strangeness in one's environment and the emotional feeling of non-

acceptance. And when a person is not accepted, his sense of responsibility usually declines, when he becomes frustrated. After that, he may indeed also lose his self-respect. I want to admit, in a burst of honesty, that I have often been sick while I've been here. I'm thinking in particular of strangeness. Much value, I believe, is put on a person's ability to have the courage to express himself without fear. A tendency to withdraw; seek shelter and pawn off attention to neighbors; become insignificant, unnoticed; in short, to evade responsibility; to get 'lost in the crowd'—these are bad for him. So, if he has that sense of individual responsibility which is necessary, he has something. You're going to have to 'reach for yourself'."

These very literate descriptions of his experience are rare. I've received only four in nearly two years. They are usually written when he is on the upswing and in a clear period. When he slips into blankness he doesn't write.

The joke. There is an even darker side to his social relationships which I was slow to discover. It enters, for instance, when the other party slips or makes a mistake. This usually pleases Jack considerably. The listener might have trouble following Jack's train of thought because Jack will often speak in such general terms one doesn't know if he is referring to himself or the universe at large. When the listener becomes confused Jack's face brightens. He has won a point. This extends to the whole matter of hospitalization. Repeatedly I've gotten the impression that he has defeated mother, father and siblings by being the mentally ill one. It is as though he says, "See, they have to come to see me."

Some of the most hilarious jokes between us pertain to his riding along on the state. We described this as his being a bum riding along in the state's box car. To repeat the joke I need only say click-click, click-click (the sound of time passing or the click of the tracks) and he laughs out loud, as is rare for him. The other day he didn't feel like talking to me or anyone. We sat silently. He would chuckle when my chair squeaked (my weakness showing). Finally, I just made a sound of sucking. He saw my point and laughed till his face was red and his eyes running tears. The joke? The hospital is a breast. He is sucking on it by becoming passive and incapable of anything better. It is so funny because I've caught on and Jack is suddenly exposed. It's hilarious. By his behavior he quite passively defeats everyone. That's why his enigmatic laugh. It's only serious when he tries to get out of his passive dependency and finds he can't. Then he becomes frightened. Jack has said, "I had it tougher as a boy than I have it now. There's a routine here so you don't have to think. They make it too easy for you." On the one hand one feels Jack is in a trap. On the other hand, one feels Jack has designed the trap, and it closes on us too. He has one upped us. Don't we care for him?

JACK'S OWN ACCOUNT

The following is Jack's longest and finest written account of his experiences. It was one of the many periods when people began to talk as though he was recovering.

Questioning. I find now that the questioning experience is more so a less harrowing one than it used to be. Or rather, the visits with my psychologist. It was always (almost always) difficult after I'd started to make my way to his office. Has my confidence grown? I remember the importance I attached to these visits, my own marked un-self-assuredness and uncertainty. Often there was the polite conformity and readying before the meeting.

One thing it did for me was to arouse my self-awareness. I wanted to, very much, please. As little as I knew about what *I wanted*, yet I was pretty aware of the person-to-person relationship. This is much. And since, I believe, my relationship to people in general has definitely known an actual, undeniable improvement. However, during this time, preceding visits also, was the presence of conflicts. They, too, were aroused. Many were questions about myself. What was I? Was it okay for me to be here, and would I pass? After I came out that door, would I make it down the hall and slip upstairs to my room, or would I be intercepted and stared out of existence on the way? Did I have the date for next time down so I wouldn't forget it? Did what was discussed here jibe with what other people knew me as, or, had I learned something new; something different? If so, what would be the significance in relation to them (other people)?

Reflection on lostness (blankness). Had I been stunned or shocked into nether-ness today? Did I know what it was that caused this state? WHAT was it I can't remember? WHAT WILL HAPPEN if I don't? God, this has happened *so many* times already, I fear the end if it happens this time—the end. I don't feel so good right now, cause I haven't been able to concentrate on the job, I'm moving pretty slow, there doesn't seem much to inspire me. So, I perform lazily, maybe take it out on a cigarette, which also hides my weakness in that while I'm smoking I can discipline my facial expressions, all the while the morality of it is wrestled over, and other matters or ideas are first hog-called pleadingly then dispelled as invaders.

. . . . Wha-a-at would happen, now if I (gulp), if I ? But, no, I can't. I couldn't do that. And he might 'cause he's not going to let ME get away with But maybe I can use a new twist. Yeah, some sort of sharp new twist. One of the conventional ad-libby impersonations, or sympathy stories (something like the rationalizations as to why I'm here in the hospital) might do it, or a probe started by him, or both of us might start me off in a hopeful enlargement. If interrupted, okay by me. I got many techniques, too, you know. There's a return to questioning. Otherwise, blankness will work. He'll let off when I go blank. That suicide. That ill cry. Or the simply helpless. *Honestly* helpless. This, I think is the most unrehearsed

Or, BANG! Another time I would idealize. Put on my (ahem!) dubious armour of profound religious fervor and virtuousism. Clad in this, I could proceed unquestioned until, well probably until it began to feel too tight.

I know distinctly that; formerly, all the time, I was, in actuality, a sniveling, cringing coward-baby (although never required to acknowledge it outwardly), a trembling spineless BUM, hopelessly succumbed to his disresponsible fate, with little or no active hope, and immersed in his comfortable situation, actually a

hideous pig pen and he a pig, which pig pen he cursed as the cause of his trouble (silently, never aloud), while yet languishing like the old Romans. During years of hospital life, this animal is what I actually was. It describes me. It's what I wanted to be, and it I was. Typical demeanor was a timid, over-cautious, egoless, nameless, cringingly hopeful handout-seeker walking along trying for an invite, scarcely daring to use the eyes directly. Or walking along, trying to find the guy who "blessed my household" by inviting me in his household last. Or get a "buddy." I used to do the same thing when I was young. It grew with me as I grew up, and in grammar and high school, was definitely a part of me.

I guess at first I swore to do something about it, but when I tried I found obstacles, began putting it off, and so it overran me. The rest is ugly record. I had ceased to care. Others lost their meaning for me. I looked at them for as long as I dared. After that, they just weren't there. And my life since has been nothing but a pretense, a lie. I've not been something human, but something inhuman. I hardly dare guess how much of what I've seen is true. I honestly hope a depression never again affords me delight, as they have done, or a sense of achievement or "suffer's satisfaction" (martyr).

More than once, oh, oh, how many times I edged my feeble way into a discussion (me, not quite committed or sure if I really wanted to be in *this* group—actually beyond mercy and afraid of and incapable of, begging) during the course of which many times I died to myself, unwilling or unable to free myself in any way. No self-respect. A moral coward. Same deal with waiting for a door to be opened or service to be done by authority.

I just walked into the day hall. Started to sit down to enjoy a cigarette after my (fast) meal. Television on. Comes "A girl, with the Million Dollar Legs." I get up to leave the room. I removed myself from them and the TV, lest I become intoxicated with joy. Might not such ungrateful indulgence, particularly on the part of me, the self-conscious lucky-one (for lack of a better word) be greatly punished if I got drunk on sense pleasure, or social pleasure of the group? Might I not even be returned to the "dark hole," to insanity?

At this time, I'm kind of trying to recuperate after a somewhat rough day, upset in other words. And it has frequently seemed that in such situations, when I felt my power after the initial successes in dealing with and being with other people, I wished to spend my newly inherited fortune slowly, not in lavish spending. That fortune was ME. So what did I do? It had come free. And in the matter of taking things it is hard for me to decide. I doubt if I can refuse any more. I've been so weak I'm a trained bum. Here my motive is hate. I hate the group or the TV (although I desire these things) because they make me take what I don't want to take. How will I atone and pay for my gift if I yield to this? I've yielded in conversations so many times, and at these times I never even did get a chance to assert myself. They tricked me into thinking they'd accepted me, but actually I was outnumbered from the start, used as a fool, and crushed by the big monsters. Result: I hate groups. Solution: Don't mix too much. Enough to escape criticism, and that's it. Besides, they've noticed your improved ability, so are expecting more from you, but before they expect too much, undershoot yourself. But the main thing is don't yield. Likewise with women.

Anyway, it is a strange thing, to WIN. To walk into that day room with confidence of being a winner provides its own misgivings. The old forces of non-existence strike. You want to fight regression. Or to "storm" boldly (in my case),

proceed (feeling good, now) into a more personal situation, i.e., one in which I'm armed with more ego-support, wherein the confidence-ego is vs. the timid ego . . . and, very recently (but not really recently, for I've done it regularly, for years, and even since childhood) my reaction (or decision) would be not to realize the blankness of the environment (the room, the group, others). ME, *my* blankness, were one and the same being, but frown and sigh inwardly, virtually collapse mentally, and panic-stricken, withdraw, disappear to my room, and freeze, become cold and remote, rather than wriggle into the womb-like atmosphere there to rest up. My rationalization would be, I can't atone here, so better to flee elsewhere. It's not running away, for me, for although I don't know what would be better, I'll find something more worthy, something better. *Anything* would be better than this.

Also, there is the case of the ego-erection. Probably, my marriage in the church of this hospital, my marriage-acts in the day hall of the unit, and the consequent illegitimate children are unwanted (children) born during a moment of impulse. But, let's not reject them, shelve them. Why not give them a chance to live, and with them myself? There is a meaning behind the bad-marriage erections. The woman *does* think of other things than just the marriage act. Here that paradox is.

THE INVERSION OF THE DRAMA

There is a drama within this drama which turns it inside out and reverses all of its features. The inversion of the drama seems to have to come from an outsider. Jack can't or won't do it himself. It comes when one encourages him to give up trying, drift in the blankness, or let go of all thoughts. On someone else's direction he will do it. There are two major kinds of experiences when he lets go and drifts. Both of them appear quite normal. In the first he rediscovers his own sensuality. In the void he has sexual feelings; he will visualize a seductive woman, or he may simply experience sensual pleasure of less threatening sorts. All of these imply defeat to him, so he struggles to kill off the sensations and pose a problem to himself to get back to his usual condition. In these experiences he seems to rediscover himself as physically real for a short while.

The other experiences in the void are even more striking. In them he forms impressions of what he is. They are impressions such as "I'm a weak jellyfish", or "I'm a sniveling coward afraid of others," or "I play this game of mental illness because I have no courage to do anything more." The comments all look to be objectively accurate. That is, they are what most people would say if they really knew him. They are just the opposite of any pretense. They get right down to business and seem to be genuine revelations of what he is. *All that occurs in this void is the opposite of mental illness.*

The ordinary Jack is all social pretense. In the void is the undoing

of all pretension. The ordinary Jack is always striving to be on top. In the void this seems foolish. The ordinary Jack is effeminate. In the void he is strikingly masculine. The ordinary Jack is somber striving. In the void he laughs and is carefree. What emerges from the void is the opposite of the schizophrenic Jack. I've called it his normal mind, but the ordinary Jack rejects that. What is ordinary is this constant striving to control the mind.

It is impressive that what appears to be the very kernel of the schizophrenic pathology, the blankness, the falling apart of existence is itself the entrance to a fertile void (5) which contains his normal side. By fertile void I mean the fertile core of experience which is revealed when one is emptied. This normal side of Jack would live in his body, enjoy it and reflect more as others do on himself. I don't know yet how to bring about an inversion that would bring this inside out. At this point the usual Jack doesn't think too much of the other side. It looks too much like common clay and defeat to his whole elaborate structure. So he avoids it.

Outer aspect—the usual Jack: Hang on, keep up a good front, look intelligent, find others' weaknesses, overcome one's weak drifting mind in order to taste the sweet moment of victory which is mind control. Above all, reinforce one's self as a spirit over the body and the whole world.

Middle aspect—the change: But I am suffused with blankness. I hate it. It pulls me down from victory. It says I am all front.

Inner aspect—the hidden: I can't force my will through the blankness. I must give up my will. When I do, I feel my body and myself. I feel my vanity, my stiff face, my stomach is scared, and masculinity stirs in my genitals. Here I am alive. I want to work, marry and do something useful.

CONCLUSION

Most psychiatric description appears to assume from the outset that certain aspects of people's lives (i.e., love and aggression) are central, and in concentrating on these it seems to prove its own thesis. For me, the beauty of phenomenological description is that it seeks to uncover a world of experience just as it is. What is central in the description is whatever is central to the person living the life. One can have the subject himself examine and pass on the description, for, after all, his is the last word. Jack modified words here and there and

emphasized points. His corrections were incorporated. This isn't entirely fair in this case because the very coherence in the description is greater than his ordinary experience of himself.

Uncovering the world of the other person is itself psychotherapy because, as we learned together, Jack's own experience took on more meaning, order and ramifications than he had known when we began. In the last six months our conception began to unify under the theme that he was a bum riding along on the state, a half-drunk failure meditating on the meaning of it all. The bum combined both the outer drama of moral weakness and the inner man grounded in sensuality. He later recovered sufficiently to leave the hospital to work as a gardener for an institution. He lived outside the hospital for the first time in 11 years and worked at his first paying job. He is still a socially impaired individual who continues to take a low dose of stelazine. But the study of his world brought at least a partial social recovery.

The most curious aspect of his existence for me is the way in which his pathology appears to be an attempt to maintain a superiority over his own experience. In his subjective experience he must control all impulses so that almost every spontaneously arising experience is already suspect and must be stamped out or converted into something more acceptable. This inner struggle toward a position of superiority over himself reflects outwardly in his marked sensitivity to inferiority-superiority in social situations. Whatever is contrary to this aim, is cut off or avoided, including reality. In this effort to superiority he is always in the has-been, trying to keep up with dangerous spontaneous developments.

The whole of this hypercontrol is beset by a falling apart of existence, an encroaching blankness and taking away. Yet, when we explore the blankness, give up and enter it, here is his most normal and reality-grounded thinking. In the center of pathology is hidden normality. How to use this center, I am not certain. In less serious cases, as described before (5, 6), it appears therapeutic for the patient to give up the self, enter the void, and learn what he really is. It is as though the pathology that haunts the schizophrenic contains his true self. No wonder he can't get rid of it. But, I don't yet know how to make the productive descent into the heart of pathology. At least, I suspect pathology shows us we cannot assert ourselves against our own nature.

The parallels with Adler's description of schizophrenia are striking (9). There is the same striving after an impossible goal with its concomitant distance from others and reality. Superiority and self-es-

teem are maintained at the cost of the world of others and even at the cost of control within his narrow world. Adler (1) described the narrowing of life space (p. 278), the use of weakness as a weapon to attain hidden ends (p. 320), and Jack's way of shifting from facing situations to battling pseudo-problems (p. 305). The main and practically only difference I can find from Adler is the rather surprising finding that in giving way to the encroaching void Jack runs into his normal self.

But even in this regard Adler at least dropped a hint when he advised depressed patients never to do anything they disliked. If they replied there was nothing they liked to do, then, he suggested, they should stay in bed. In this way he tried to relieve the patient's ordinary tension and striving, thus going "to the root of the whole trouble" (1, pp. 346-347).

Perhaps it should be expected tho, that pathology shows one is in flight from one's self. And hidden in the pathology is the very pull back into one's self. If one must be superior to one's own impulses, then a pull down into impulse is to be expected. In a way, chronic schizophrenia is an over-playing of ordinary life, and in its drama it may serve as a caution to us.

I once remarked to Jack that his existence looked to me like an endless playing with himself. He smiled and answered quickly, "That's right. It ends up in my own pouch. Nothing lost and nothing gained."

REFERENCES

1. ADLER, A. *The Individual Psychology of Alfred Adler*. New York: Basic Books, 1956.
2. LYONS, J. *An annotated bibliography on phenomenology and existentialism*. *Psychol. Rep.*, 1959, 5, 613-631.
3. MAY, R., ANGEL, E., & ELLENBERGER, H. (Eds.) *Existence*. New York: Basic Books, 1958.
4. VAN DEN BERG, J. H. *The phenomenological approach to psychiatry*. Springfield, Ill.: Thomas, 1955.
5. VAN DUSEN, W. Wu Wei, no-mind and the fertile void in psychotherapy. *Psychologia*, 1958, 1, 253-256.
6. VAN DUSEN, W. A central dynamism in chronic schizophrenia. *Psychoanal. psychoanal. Rev.*, 1959, 46, 85-91.
7. VAN DUSEN, W. Existential analysis: the English literature. *Existent. Inqu.*, 1959, 1 (1), 16-30.
8. VAN DUSEN, W. Addendum to the English literature. *Existent. Inqu.*, 1960, 1 (2), 33-35.
9. VAN DUSEN, W., & ANSBACHER, H. L. Adler and Binswanger on schizophrenia. *J. Indiv. Psychol.*, 1960, 15, 77-80.