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THINKING ABOUT SCHIZOPHRENIA, THINKING ABOUT SCHIZOPHRENIC
THINKING, AND SCHIZOPHRENIC THINKING

JOHN PETER BARHAM

Ph.D Thesis, Department of Psychology, University
of Durham, 1977

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Note

Numbers above the line in the text refer to notes which are given at the end of each of the four sections.

ABSTRACTThinking about Schizophrenia, Thinking about Schizophrenic
Thinking, and Schizophrenic ThinkingJ.P. Barham

The thesis treats of schizophrenia as a social institution; consideration is given to the way in which schizophrenics speak and think, and to the ideas and practices that have developed around them. Such ideas and practices - both scientific and non-scientific - it is argued, have been generated by the requirements of living in Western societies. The inquiry is in three parts. First, a detailed study of the way in which a single chronic schizophrenic patient engages with the world. Second, a consideration of prevailing approaches to the study of language and thought in schizophrenia. Singled out for special emphasis is the personal construct theory approach to the study of thought disorder; close attention is given to an examination of repertory grids taken from a number of chronic schizophrenic patients. The account of schizophrenic thought that is given by personal construct theory is shown to be inadequate in its own terms, and more generally as servicing human interests that are falsifying both of schizophrenics and of non-schizophrenics. The final section builds on the earlier discussion, and introduces material from other sources, to suggest that, typically, the ideas and practices that have been developed around schizophrenics in the name of a particular version of science have had as their function the restoration of forms of order, relevance and relation to which, in our society, we strongly adhere and of which the schizophrenic is disruptive. Some suggestions are made as to the requirements for an alternative form of response and relation to the tribulations of schizophrenics, and for a formal characterisation of the way in which the schizophrenic engages with the world.

I. INTRODUCTION

Only those who know and respect stasis in progress, who have once and more than once given up, who have sat on an empty snail shell and experienced the dark side of utopia, can evaluate progress.

(Günter Grass, "From the Diary of a Snail".)

Or as, when an underground train, in the tube, stops too
 long between stations
 And the conversation rises and slowly fades into silence
 And you see behind every face the mental emptiness
 deepen
 Leaving only the growing terror of nothing to think about.

(T.S. Eliot, 'East Coker', 118-121)

Above all this is an essay about hiatus in the order of the person and our response to it. Michel Foucault, in his astonishing chronicle of the forms of divide that Western Civilization has established between reason and non-reason, tells us that:

The constitution of madness as a mental illness...affords the evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence (1967, pp.xii-xiii, emphasis in the original).

Madness, as Roger Bastide puts it, "n'est pas un fait, mais un problème" (1971, p.54). Schizophrenia is not a given but a construction; into what is originally an eruption of the outlandish and the unaccountable into the circle of association in a household, psychiatry interposes a technical perspective to guide and control our response to it. We are steered away from the muddle and perplexity that the schizophrenic engenders in us into the secluded citadels of psychiatric thought. The responses that we have developed towards those forms of behaviour that

we term schizophrenic is, I suggest, a special case of what Mary Douglas calls "pollution behaviour". "Pollution behaviour", Mary Douglas writes, "is the reaction which condemns any object or ideas likely to confuse or contradict cherished classifications" (1966, p.48). In any culture worthy of the name we find various provisions for "dealing with ambiguous or anomalous events" (ibid. p.52). If uncleanness is matter out of place, schizophrenia from this point of view can be looked upon as classification out of place. Part of our task will be to illuminate the finer characteristics of these cherished classifications and the forms of disruption that the schizophrenic inflicts upon them. As with uncleanness we must approach the issue through order: "Uncleanness or dirt is that which must not be included if a pattern is to be maintained" (ibid. p.53). I shall endeavour to show that, as with ideas about dirt, the only way in which ideas about schizophrenia make sense is "in reference to a total structure of thought whose key-stone, boundaries, margins, and internal lines are held in relation by rituals of separation" (ibid. p.54). Rituals of separation that show themselves both in the practices that we develop, and in the systems of ideas that we generate, around the forms of disorder; these - practices and ideas - tie together as part of a whole symbolic system that is also a system of social relations.

This is not, of course, how we have usually approached the issue of schizophrenia. Rather than treating our ideas about schizophrenia as generated by the requirements of the practice of living - as establishing something about how we order ourselves, both at the level of the person and in relation to each other - we have tended to divert the whole subject into a category apart, as having to do with a 'something' called medicine or science.¹ Much of the discussion about schizophrenia takes place within a closed circle of discourse: the categories of its thought - the carefully nurtured items of knowledge about schizophrenia - are lifted

out of the sets of human relations and interests within which they were first of all forged and to which they are a continuing form of address. If this is true of the way in which we look upon schizophrenia as a structure of knowledge, it is also true of the way in which, typically, we have approached the schizophrenic himself. Strange ideas and beliefs the schizophrenic may well have, but we have tended too often to divorce them from their context and study them as isolated categories of thought. Mary Douglas berates students of 'primitive beliefs' for their assumption that such beliefs are part of an organised system of thought. They were, Mary Douglas argues, never intended to be looked upon in this way, and measured against such standards they inevitably fall short. The proper approach is to see them as tied in with a practice of living. As Mary Douglas puts it the ideas "are not just linked to institutions...they are institutions...They are all compounded part of belief and part of practice" (ibid. p.108). From this point of view it is a mistake to compare "one type of thought with another instead of comparing institutions" (ibid. p.112).

Mary Douglas shows us how ideas and practices - whether scientific or otherwise - are generated to do a job of work that whatever else it may be is unequivocally social. Taking a lead from Douglas I shall characterise schizophrenia as a social institution. It is, without doubt, a very strange institution. A cursory inspection will reveal that it is, for example, very unlike the scientific communities that Thomas Kuhn describes in his monograph 'The Structure of Scientific Revolutions' (1962). For one thing it is much larger. Indeed far from being a small coterie of specialists hived away in a quiet corner of academic space, the institution of schizophrenia is a rambling, sprawling affair. Kuhn writes of the "unparalleled insulation of mature scientific communities from the demands of the laity and of

everyday life" (ibid. p.164). In our case, however, the boundaries and fences round the institution are not as firm as they might be; they are pulled this way and that; in places there are cracks. If we now approach closer to the door we will detect that there are even disputes over who has the authority to be gate-keeper. And once inside we will soon see that the whole discussion is fraught with dissent: myriads of sub-groups, some of them even claiming ownership of the institution, some of them petitioning for its demolition,² and all of them going about their business with resolute purpose.³

Somewhere deep down in the cellars of the institution are the men and women on whose behalf the whole edifice has been built: the schizophrenics themselves. To find one's way, past all the activity in the upper parts of the building, to see them is not always easy; the obstruction is less physical than institutional: one may perhaps be persuaded that such an exercise is unnecessary - the reality is after all known, imprinted on the data schedules in the upstairs laboratories; or, more likely, that only an accompanied excursion, hedged around by procedural requirements and by psychological test proformats, is permissible. To take oneself off to the cellars, and install oneself there for a duration without any specialist hand-luggage is, within the mores of the prevailing sub-culture of the institution, deviant.⁴

Indeed amidst all the clamour schizophrenics are sometimes quite forgotten. We do not have to listen very carefully to the conversations taking place all around us to notice that, interwoven with the talk about schizophrenia, sometimes held below the surface, and sometimes quite explicitly to the fore, are a host of preoccupations about how we live our lives together in society: about, for example, rationality and

irrationality; about the boundaries between common sense and scientific knowledge; about various aspects of man's alienation. We may perhaps be reminded of Arnold Van Gennep's (1960) metaphor of society as a house with rooms and corridors; danger, Van Gennep tells us - and we shall have reason to recall this later - lies in transition.

A substantial part of the institution, however, is given over to the elaboration and development of models and constructions to describe and account for various features of the schizophrenic's behaviour.⁵ It is these that hold the institution together and thus the schizophrenic within it. The feature of the schizophrenic's behaviour which engenders most perplexity and discomfort in those with whom he comes into contact is the way in which he talks.⁶ Schizophrenia, Bleuler tells us, "is characterised by a specific type of alteration of thinking, feeling and relation to the external world which appears nowhere else in this particular fashion" (1911, p.14). And the alteration of thinking, Bleuler argued, manifests itself in a disturbance in the patient's use of language. In a review of current thinking that is a prescribed item in the psychiatric training curriculum we are told that:

Disturbances in the form of thought and speech are diagnostic...Whether the disturbance of language is primary can only be a speculation at the present time, but if there is a defect or peculiarity in the schizophrenic's way of construing the world then this is likely to be associated with a difference or peculiarity in the use of language (Forrest and Affleck, eds., 1975, p.22).

Fish, in his celebrated monograph, writes that formal thought disorder is "diagnostic of schizophrenia if coarse brain disease can be excluded... Formal thought disorder is one of the unifying features of schizophrenia. All schizophrenics show some formal thought disorder if their illness lasts long enough" (1976, p.29). Any serious consideration of the ideas

and practices which have developed in response to the perplexities of the schizophrenic's behaviour, then, must pay particular attention to the kinds of constructions which have been erected around the language of the patient; and most notable among these - a cornerstone of the institution in point of fact - is the notion of thought disorder.

On approaching the institution the well-tutored research worker will, if he is wise, waste little time over the activity at the door or in the hall, nor will he linger long in the corridor. With forthright step he will proceed into the inner sanctuary of the institution to which only those with the proper credentials are admitted and enter, let us imagine, one of the rooms marked 'Studies of Thought Disorder'. Here he will find an atmosphere quite different from that which prevails in certain other parts of the institution, and especially at the boundaries. The boundaries, he will be told, must be maintained; with the help of science he will learn how to repair them.⁷ Quickly he will divest himself of the bewilderment of his experiences at the gate, and settle into the cumulation of knowledge in one of a number of puzzle-solving traditions. His mentors will perhaps compare the process of discovery to "the addition of bricks to a building" by which scientists "add another fact, concept, law or theory to the body of information supplied in the contemporary science text" (Kuhn, 1962, p.140). He will, in addition, be encouraged to learn the received versions of the history of his discipline.⁸ His chosen paradigm will provide him "not only with a map, but also with some of the directions essential for map-making" (ibid. p.109); not only, that is, with a theory and a set of operational procedures, but also with an established order of relationship to the world of 'raw experience'. The terms of his relations with the institution of schizophrenia and with schizophrenics themselves cease to be problematic; he is well taken care of. So much

so indeed that his adopted orientation may come to seem 'natural' to him. In this event it is unlikely that he will notice - or accord any significance to - the remarkable differences within the institution of schizophrenia in the duration and intensity of the relationship between professional worker - whether he be a clinician, a research worker, or both - and the schizophrenic patient. A recent memorandum of the Royal College of Psychiatrists (1974) tells us that: "In an average mental hospital a long-stay patient is likely to see a doctor for only ten minutes or so every three months. Even a recently admitted patient is seen by a doctor an average of only twenty minutes each week". The average research relationship with a patient is cursory; at a generous estimate we may perhaps allow an hour or so for any one patient, and most of this given over, not to relatedness to the patient, but to experimental procedures. At the other end of the spectrum we find, for example, Harold Searles who reports (1972) on a patient-therapist relationship that at the time of writing had extended over a period of eighteen years; and Marion Milner in her study 'The Hands of the Living God' (1969) describes the treatment of a schizophrenic girl over a period of fifteen years and more. For our research worker, that is to say, it is unlikely that these facts will carry any implication for the structure of the knowledge that is developed.⁹

One of the major difficulties that stands in the way of any attempt to establish a reasonably clear-headed, and yet still personal, view of what someone who has been diagnosed schizophrenic is actually like, and of the perplexities and discomforts that such a person presents for us, is that the space between the patient and ourselves is inordinately cluttered. For one thing, as we hinted at in our fable about the initiation of the research worker, and as we shall explore in more detail later on, technical materialism makes of the schizophrenic an

object in its own guise. However, as if that were not enough, the difficulty does not end with the eccentricities of scientific method. The institution of schizophrenia provides, in addition, a range of distractions, some of them, on first tasting, more tempting than others. Consider, for example, the elevated histrionics of the altercations between the American psychiatrist and psychoanalyst Thomas Szasz and various members of the psychiatric establishment in recent years. Most recently (1976) Szasz did battle with Professor Sir Martin Roth in the pages of the *British Journal of Psychiatry*. Szasz very skilfully, if polemically, gives the lie to the official versions of the 'discovery' of schizophrenia that have been meted out to us, but if we should then look to him for an alternative form of response to the hiatus of schizophrenia, or indeed for a more incisive analysis of why schizophrenia has come to receive the kind of response that typically has been given to it, we shall be disappointed. For Szasz the whole matter is tidied up in a series of statements about on the one hand the coercions of society and more especially the zealous behaviour of the psychiatric establishment, and on the other a series of oppositions between 'disease' and 'deviance', and between 'disease' and 'disagreement'. Sir Martin Roth (1976), for his part, bites back hard, and affirms - lest we ever had reason to doubt it - the worldly wisdom of the medical establishment.¹⁰

It is easy to be befooled by either of these two opposing discourses, and other examples are not hard to come by.¹¹ We would do well to resist however, for both of them press their claims in the service of interests that whatever we may think about them qua interests, make for a decimated rendering of the schizophrenic and his predicament. A hint of what from the conventional standpoint such an interest might be is given to us by Anthony Clare in his much praised monograph on the woes of psychiatry.

In schizophrenia, Clare tells us, "there is a 'permeability' of the barrier between the individual and his environment" (1976, p.156). On the face of it a commonplace piece of received wisdom - the loss of 'ego-boundaries' - but one has, I think, if one is not unquestioningly to swallow it whole, to enforce the question of what, from a reverse perspective, these 'blockades' between the individual and the environment in fact consist in for the ordinary person. To pursue this matter further here would be to pre-empt our later discussion. It is enough on this preliminary tour of various landmarks within the institution of schizophrenia to be aware of the difficulties. To reach the schizophrenic patient one has to tread across a space that is cluttered with assumptions, pre-conceptions, and specialised interests.¹² Assumptions and interests of one's own one must surely have but the nature of the prevailing culture within the space is not altogether conducive either to their recognition or to their unmasking. It is easy in all this to fall a thrall to binaries that falsify and to disown one's own perceptions, even to the extent of renouncing one's own language.¹³

Some of these distractions we shall try to avoid altogether; to others we shall pay more detailed attention. To be brief, in what follows we shall set ourselves three tasks. The first is to force our way past the bustle in the upper parts of the institution into the lower confines where the schizophrenics themselves are to be found. Here - after a rather lengthy and nervous preliminary - we shall stay for a considerable period. To borrow from Foucault's perhaps somewhat dramatic terminology, we shall try to break through the "monologue of reason about madness" to discover what a chronic schizophrenic is actually like - how he speaks and thinks - in the context of our relationship with him. We shall try to make ourselves the instrument of knowledge; not however by bracketing our subjectivity, but by its controlled employment.¹⁴ This

accomplished we shall, in Section III, return upstairs, and devote ourselves to a consideration of some of the constructions that have been placed on the language and the thought of schizophrenics. To some of these we shall give rather scant attention.¹⁵ We shall, however, examine in detail the personal construct theory approach to the study of schizophrenic thought disorder as exemplified in repertory grids; the special attraction here is that we shall be able to make renewed sorties to the downstairs quarters to off-set the descriptions of others against what we have learnt from our own explorations. Hopefully the exercise will teach us a little more about schizophrenics; beneath the surface however, and occasionally making itself explicit, we shall be probing another kind of inquiry about the human interests that underpin endeavours such as these that have been carried out in the name of science. In the final section we shall bring these considerations to the fore and pursue them more generally. What is it about the behaviour of the schizophrenic, we shall ask, that requires that it be hedged around with these kinds of procedures? Of what is the behaviour of the schizophrenic disruptive? I shall introduce some evidence from various quarters to suggest that it is our assumption about the manner in which the 'self' is constructed - and thus the order of the person as it is established in our culture - that is disrupted. By way of conclusion I try to indicate what is required of us if we are not to isolate the schizophrenic from our understanding in the service of what is a formidable, but for all of that conventional, cultural interest. Hence, then, the three parts to my title: the language and thought of the schizophrenic himself, the citadels of thought that have been erected around him, and the way in which these interact on each other.

Before we proceed with our first task some additional remarks are in order about what I shall, and shall not, be concerning myself with here. I have already, in a general way, stressed the lure of falsifying binaries in the institution of schizophrenia. One such is the question, much aired in recent years, of whether mental illness in general, and schizophrenia in particular, constitutes illness. In certain quarters at least the whole problem of schizophrenia has been made to turn on this question as though once it can be shown that schizophrenia is not an illness in the positivistic sense of an inherent disorder or disease which a large part of the psychiatric establishment claim that it is, then schizophrenics can be dispatched to the general category of social deviants or to the ranks of people with whom we disagree. But this is to add befuddlement to befuddlement. To show that schizophrenics are not ill according to one conception of 'illness' does not necessarily imply that they are not ill according to another conception.¹⁶ David Morgan points us in the right direction when he writes that: "From a sociological point of view...the question is not whether mental illness is illness...but why it is that certain forms of social deviance are treated as symptoms of illness and explained as a form of disease" (1975, p.271, emphasis in the original).

Nevertheless there is more to it than this. As we shall see presently one of the major failings of the prevalent approaches to the study of language and thought of schizophrenics is their refusal to engage in any significant depth with the detail and complication of the state of affairs that the patient presents us with; what we are given instead, for the most part, is a truncated disciplinary cadaver. However the critics of the psychiatric establishment, and of the concept of illness, have not done much better. From the writings of Thomas Szasz, for example, it appears that the edifice of psychiatric classification

and labelling once dismantled the schizophrenic is free to walk away; and better that he should go in one direction and we in another. Just as much as the denizens of the psychiatric establishment Szasz and his colleagues maintain their discourse at a considerable distance from the phenomena they purport to be concerned with.^{17, 18.}

The real problem, I want to suggest, is a problem of response and relation; and matters of response and relation - if we are to take them seriously - can only be worked out from a position of proximity to the phenomena of concern. The context to which problems of response and relation must be referred is given to us by David Morgan. He suggests that:

...whereas in traditional societies stability and order are typified by enduring relations of social life, in industrial societies we find the situation reversed. Against a background of social diversity, conflict and change, images of coherence, regularity and order are symbolically expressed by the more comprehensible and controllable world of inanimate things. This disjunction between the rationally determinable order of things and the complexity of social life is objectified par excellence by the epistemological priority we accord to the theoretical models of physical science (1975, p.279).¹⁹

And further:

In this context...the theoretical achievements of science are less significant than its ideological function in shaping and legitimating secular beliefs. In industrial society, the rationality of science has become accepted a priori as a symbol of order, coherence and truth. Its ideological function constitutes an integrating system of shared orientations and social beliefs which render otherwise inexplicable situations amenable to rational appraisal and technical control. Accordingly we might expect to find the ideological articulation of those beliefs most evident in relation to those areas of social experience which, mediated by moral and emotional conflicts, paradoxically least conform to the positivistic conception of order represented by the world of inanimate things. That is, the symbols of order are most likely to be stressed in relation to human problems we least understand. From this point of view, the 'scientific' explanation of insanity as a natural disease not only enhances the rationality and authority of established

practices and beliefs, but it does so precisely because it invokes an ideological conception of order that has increasingly legitimated and permeated the institutional structure of social life and made psychiatry and psychiatric judgements increasingly relevant to the problem of human existence in the industrial state (ibid. pp.279-80).

To re-affirm the point I shall in what follows be concerned with the mobilisation of symbols of order "in relation to human problems we least understand". Questions about illness tout court, however, I leave aside.

Nor in the course of this presentation do I report on any work of my own with families of schizophrenic patients. It may well be asked - given my concern with the bustle (intellectual and otherwise) around the schizophrenic - why not. The most compelling reason for this omission is unashamedly practical; as will, I hope, shortly be apparent I had more than enough on my hands with the immediate patients I was working with.²⁰ There is also another reason, only partly a rationalisation of the former: family studies, under the guise of discovering an intelligibility to the schizophrenic's peculiarities in the patterns of behaviour within the family, have tended to remove themselves too easily from the detail of the patient's behaviour.²¹ By isolating the patient from a potential context of intelligibility we are forced, thereby, to stay close to the real perplexity.

Finally, as must be apparent from what I have already said, it is not part of my purpose to contribute to the elaboration and refinement of the established edifice of psychiatric classification. I shall not, for example, concern myself with the niceties of the sub-divisions within the diagnostic framework of schizophrenia. It will be enough, for my purposes, that the patients I discuss here have a firm diagnosis of

schizophrenia, that they are deemed to be chronic schizophrenics, that on the basis of clinical evidence they are regarded as being thought disordered, and that they fall within the thought disordered range on the Bannister and Fransella grid test of schizophrenic thought disorder (1966). As far as the concept of thought disorder is concerned I shall not concern myself with the distinctions described by Fish (1976) between disorders of the form of thought, of the stream of thought, of the possession of thought, and of the content of thought.²² As Fish himself remarks "this is a purely artificial scheme" (ibid. p.29). In Section III.2 in particular our emphasis will be, taking a lead from Bannister (1960, 1962), on thought process disorder, but here and elsewhere matters of content will intrude themselves.²³

Similarly my stress in all that follows is on how we think about the whole business of schizophrenia - both at the level of what our experience of the individual schizophrenic engenders in us, and of the ideas and practices that we have generated around him. I make no claims to offer a developed description of the 'basic defect' in schizophrenia. Nevertheless, as a concession in this direction, in an appendix to Section IV, I set out some ideas as to the requirements for a formal characterisation of the schizophrenic's relation to the world, particularly as regards his participation in language.

I. Notes

1. Bastide (1971) discusses the relations between ideas about psychosis and the structure of society. Michel Foucault puts the matter thus:

...our society does not wish to recognize itself in the ill individual whom it rejects or locks up; as it diagnoses the illness it excludes the patient. The analyses of our psychologists and sociologists which turn the patient into a deviant and which seek the origin of the morbid in the abnormal are therefore above all a projection of cultural themes. In fact a society expresses itself positively in the mental illnesses manifested by its members; and this is so whatever status is given to these morbid forms: whether it places them at the centre of its religious life as is often the case among primitive peoples; or whether it seeks to expatriate them by placing them outside social life, as does our own culture (1954, p.63).

See also, more generally, on ideas and social relations, in addition to the source cited, Douglas (1975), especially Preface and Chapters 14 and 17.

2. e.g., Memninger, et.al. (1963) who propose the abolition not only of the concept of schizophrenia but of all diagnostic categories.
3. The heat that is generated is readily seen in the following, a letter from Gwynneth Hemmings, the Secretary of the Schizophrenia Association of Great Britain, writing from an address in Caernarvon:

Our society, and especially our mentally sick, can no longer afford those psychiatrists who do not regard schizophrenia as a wholly medical disease...One British psychiatrist recently wrote: 'The whole emphasis today is to regard mental illness as a breakdown in inter-personal relationships'. Another wrote to the 'Observer': 'Medication does not after all preclude psychotherapy'. Would that it did...Our association is determined that psychiatrists shall give up their old conditioning which makes them make remarks like these. They must accept the medical model of schizophrenia or perish ignominiously (letter, 'The Listener', 29 July, 1971).

The review pages and correspondence columns of 'New Society' and 'The Listener' seem on occasions to perform an admirable cloacal function in these matters. We can see from the following example

that all is not well in the institution of schizophrenia. The writer is a psychiatrist, and the book referred to is Hirsch and Leff's (1975) critical review of family studies of schizophrenia. The book, so Hugh Freeman tells us, is anti-environmental, and demonstrates that with very few exceptions environmental studies of schizophrenia "turn out to be sloppily conceived, performed with little regard for scientific method, and uncritically supported". It will, Hugh Freeman hopes, deter future students from "fashionably reproducing in their essays the idea that schizophrenia is an invention of fascist bourgeois psychiatrists". He continues:

In the ordinary way of things an academic work of this kind would be a matter of concern only for those professionally involved. But for more than a decade schizophrenia, and the way it is handled in developed societies have become socio-political and cultural issues of enormous general significance. This process really began with the writings of Laing which have had world wide readership on a scale previously unknown for any psychological writer. It has also involved a total rejection of principles of scientific method which have developed ever since the Renaissance. Little attention has been paid to the small voice of reason, and I predict that this book will not be a best seller among radical teachers of sociology, that Hirsch and Leff will not be interviewed by trendy journalists in expensive restaurants, that David Mercer will not dramatise their findings for television, and that these will not be filmed by Garnett and Loach as occurred with the Laingian version. However those who want to know the truth about schizophrenia will never spend a more informative half-hour than on the chapter 'What has been established' in this book - a triumph of scientific honesty (New Society, 4 September, 1975, pp.534-5).

Alas, the 'ordinary way of things' is with us no more. This is all good fun and a bit extreme! It does however bring out the 'purity and danger' theme in the institution of schizophrenia: the tussle to protect the virtue of science from the infidelities and wanton promiscuities of un-scientific invaders.

4. The idea of schizophrenia as an institution with the schizophrenics in the cellars was sparked off in my mind by the reading of a letter that Freud wrote to Ludwig Binswanger. Binswanger had delivered an address in commemoration of Freud's eightieth birthday in which he discussed the extent to which psychoanalysis had oversimplified and constricted human reality. He sent Freud a copy and Freud replied as follows:

Dear Friend! A sweet surprise your lecture!
 Those who heard you and reported to me were visibly untouched by it; it must have been too difficult for them. In reading it I rejoiced over your beautiful prose, your erudition, the scope of your horizon, your tact in disagreement... But, of course, I don't believe a word of what you say. I've always lived only in the parterre and basement of the building. You claim that with a change of viewpoint one is able to see an upper story which houses such distinguished guests as religion, art, etc. You're not the only one who thinks that, most cultured specimens of homo natura believe that. In that you are conservative, I revolutionary. If I had another lifetime of work before me, I have no doubt that I could find room for these noble guests in my little subterranean house... (quoted in Needleman, ed., 1968, pp.3-4).

5. The institution of schizophrenia in this country at least still reposes on the foundations established by Kraepelin. It was Kraepelin in 1898 who first outlined the concept of dementia praecox. In a remarkable statement Robert Kendell writes: "Although few contemporary psychiatrists are content with this framework and even fewer would regard either manic-depressive illness or schizophrenia as disease entities in the traditional sense, we continue to use this Kraepelinian edifice if only because it is familiar and we have nothing better to put in its place" (1972, p.383).

The concept of schizophrenia itself was first introduced by Bleuler (1911). In an interesting article, Stierlin (1967) delineates Bleuler's confusing heritage. Most American and English readers are familiar only with Bleuler's monograph 'Dementia Praecox or the Group of Schizophrenias'. Originally published in 1911 as a volume of Aschaffenburg's 'Handbuch' an English translation appeared in 1950. In Germany, however, the monograph was never reprinted and Bleuler's ideas became known through his textbook of psychiatry of which six editions were published in Bleuler's lifetime. The accounts of schizophrenia given in the textbooks suggest a very different perspective from that which we find in the original monograph. In Bleuler's original work the boundaries of the concept of schizophrenia are threatened. Stierlin writes:

The border between schizophrenia and other psychiatric conditions became blurred. Schizophrenia, which Bleuler had undertaken to delineate more clearly and, so to speak, more microscopically than had ever been attempted before, seemed to dissolve itself as a clear-cut entity. In emphasizing that schizophrenic symptoms exaggerated normal experiences, that the psychological setting was all important, and that there existed many abortive and latent

forms of schizophrenia, Bleuler indeed threatened the very Kraepelinian edifice which he had set out to complete and underpin (1967, p.999).

Overwhelming criticism, Stierlin tells us, was directed against Bleuler's psychological theory in which he had applied the ideas of Freud. Gruhle, Bumke, and Hoch repudiated it in whole or major part. Not only had psychoanalysis been allowed to creep into the domain, but Bleuler had implicitly questioned the assumptions on which psychiatry rested. We can identify, Stierlin writes, "bitter emotional undertones in the criticism launched at him". As a consequence from 1913 on Bleuler began to move away from Freud and closer to academic psychiatry. He became more interested in claiming organic causes for the disturbance of schizophrenia. Stierlin concludes: "In a sense he never seems to have given up on the task of reconciling the two psychiatric traditions but this task clearly overtaxed him" (ibid. p.1001).

For all of this - as Kendell's remark quoted above suggests - Bleuler by comparison to Kraepelin has had rather little influence in this country. Anthony Clare writes: "In Britain, psychiatric practice in the main favoured the Kraepelinian approach with its emphasis on possible biological causation, its use of relatively stringent and narrow diagnostic criteria, and its somewhat modest acknowledgement of the role of psychodynamic aspects in the condition" (1976, p.119).

6. After a period steeped in the journals, out of contact with schizophrenics themselves, one sometimes has to fight quite hard to remind oneself that there is no such 'thing' as schizophrenia. Mendel, introducing a recent book on schizophrenia, writes: "A book on the topic of schizophrenia written in the 1970's is necessarily a book of clinical observation and of speculation... The only data we have are the observed behaviour of people who experience the difficulty we call schizophrenia" (1976, p.2). From this all else follows. It is, as I shall try to show, a starting point - the point, that is, of direct contact and experience between oneself and a schizophrenic - that one must neither forget nor abandon.
7. See for example Bannister's paper 'The Logical Requirements of Research into Schizophrenia' (1968). Bannister argues that schizophrenia is an unusable concept in a scientific context because its boundaries are not in order. It "falls short of the rigorous definitional requirements which must be met by concepts used in a scientific context". And more strongly: "Research into schizophrenia as such should not be undertaken. Research can take as its starting point some characteristic which (whatever its historical association with the concept of schizophrenia) can be defined in its own right, e.g., thought disorder, delusions" (1968, p.182). On first reading the argument is enticing: I would agree that research into schizophrenia 'as such' is of doubtful value. However a lot is thrust into that 'as such'. Peter Winch helps us unravel what is at issue:

...it is quite mistaken in principle to compare the activity of a student of a form of social behaviour with that of, say, an engineer studying the workings of a machine...If we are going to compare the social student to an engineer we shall do better to compare him to an apprentice engineer who is studying what engineering - that is, the activity of engineering - is all about. His understanding of social phenomena is more like the engineer's understanding of his colleagues' activities than it is like the engineer's understanding of the mechanical system which he studies (1958, p.88).

Briefly our argument runs thus. The prevailing tendency is to treat schizophrenia - i.e., the forms of social behaviour subsumed under the concept - as if it were a machine. Bannister asserts that this won't do, and with this we would agree. For our part we have put the emphasis on what the activity in relation to schizophrenics is all about: hence our concern with the institution of schizophrenia. But here we part company with Bannister, for Bannister is troubled not by the idea of treating schizophrenia as if it were a machine, but because it is a rather poor machine: it threatens to fall apart. And in its stead he would substitute a better one. Just what the consequence of this is in his own case we discuss in III.2.

8. For a standard work on the history of psychiatry, still widely quoted, see Zilboorg (1940).

Andrew Skull has this to say about the orthodox treatments:

Most psychiatric historians have been inclined to equate the shift from religious or demonological explanations of insanity towards a conception of it as illness with the progress of science. As ideology an account of the establishment of a medical monopoly over the treatment of insanity in these simplistic terms has obvious value, creating a myth with powerful protective functions for the profession of psychiatry. As explanation, however, its adequacy is distinctly more dubious, inasmuch as it completely ignores the social processes involved in any such transformation of perspectives (1975, p.221).

Skull, in two fascinating papers (1975, 1976) documents how psychiatrists in England "first gained control over that type of deviance which must be assumed to form their core area of competence, namely insanity" (1975, p.218). The medical profession, he suggests, where it was weak on scientific evidence was strong on political strategy and the capacity to hood-wink the lay community. However, Monro, a leading protagonist of the medical profession in its incursions into the domain of insanity, when brought before the Select Committee of 1815 to investigate the conditions in asylums was forced to make the damaging admission that:

I do not think medicine is the sheet anchor; it is more by management that those patients are cured than by medicine...The disease is not cured by medicine in my opinion. If I am obliged to make that public I must do so (1975, p.230. Ref. from House of Commons, Report of Select Committee, 1815, p.99).

Not so many years later the Journal of Mental Science - the forerunner of the British Journal of Psychiatry - could write in an editorial: "Insanity is purely a disease of the brain. The physician is now the responsible guardian of the lunatic and ever must remain so" (October, 1858, Vol. II).

The difficulty with Skull's work is that though he ably documents the social processes within the profession of psychiatry he tends to write as though the whole problem of mental illness, and our response to it, is to be viewed in relation to the machinations of a particular professional group. The same is of course true to an even greater extent of the writings of Thomas Szasz (e.g., 1976). As we shall see, in my judgement a rather different account is needed, at least as far as schizophrenia is concerned.

On the history of schizophrenia see also Szasz (1976).

9. Features of this kind - from a clinical standpoint at any rate - are often talked about in the language of 'manpower shortage'. That restrictions on intimacy are quite clearly functional can be seen from a number of sources. Anthony Clare (1976) quotes from John Strauss (1973) to the effect that: "The better a clinician knows a patient the harder it is to make a diagnosis". Clare himself, discussing the attraction of the 'typological' model of diagnosis for the vast majority of psychiatrists in this country, remarks that many psychiatrists "working in large hospitals with a patient load that makes it difficult to get to know each patient to any significant extent...focus more on the disease type than on the particular peculiarities of the individual's state (some may prefer to work this way)" (ibid. p.142). Furthermore, "when individual differences are scrutinized with some care, it can turn out to be a troublesome task to assign all but the most 'typical' patients to the prescribed categories" (ibid. p.143).

Kuhn (1970) suggests that science operates not by rules but by shared examples. The difficulty for the human sciences is that the examples may not be constant. They may change independently of our intervention, or appear differently according to the position we take up in relation to them. And more pertinently, in order to maintain a semblance of constancy we must always maintain the same role in relation to them. Feyerabend captures the ideal of 'purity' that underlies the traditional research relationship with the schizophrenic:

...our habit of saying 'the table is brown' when we view it under normal circumstances, with our senses in good order, but the 'table seems to be brown' when either the lighting conditions are poor or when we feel unsure in our capacity of observation expresses the belief that there are familiar circumstances when our senses are capable of seeing the world 'as it really is' and other, equally familiar circumstances, when they are deceived...All these are abstract and highly doubtful assumptions which shape our world without being accessible to a direct criticism (1975, p.31).

A more complex formulation of the way in which dimensions such as time, the relationship between patient and research worker, and the structure of the knowledge that is produced, interact on each other is in terms of the concepts of 'classification' and 'framing' as developed in Basil Bernstein's paper 'The Classification and Framing of Educational Knowledge' (see Bernstein, 1971). It would indeed be interesting to formulate the 'pedagogy' of the institution of schizophrenia in these terms.

10. To give credit where it is due, Roth in an illuminating passage castigates Szasz for his procrustean conception of 'illness':

Of course if illness is a matter of lumps, lesions and germs most schizophrenics are perfectly healthy. But such definitions of disease would be repudiated even by physicians as too arid and restrictive for general medicine. For psychiatry which is primarily concerned with mental suffering its mitigation and prevention irrespective of cause, they are even more irrelevant. It is with the tribulations of people that the analysis of the scope and limitations of psychiatry has to begin. 'Disease' is a highly complicated concept and to impose upon the word the concreteness of hard fixed objects of one's personal choice is something different from understanding (1976, p.319).

The scope and limitation of responses to a particular form of tribulation: that is indeed our concern.

11. Thus for example Professor Henry Miller of Newcastle-upon-Tyne tells us that the evidence presented in Mayer-Gross, Slater and Roth (1969): "will probably convince most readers uncommitted to a metaphysical approach to psychiatry that genetic factors predominate in the causation of schizophrenic illness" (letter, 'The Listener', 22 July, 1971). Between these two options we are not left much choice.

See also 'Anti-Psychiatry: A Debate' (The New Review, off-print, 1977), featuring Szasz, Clare and others. 'The Observer' comments: "In its way the acrimonious attack on the unorthodox views of R.D. Laing by his fellow psychiatrist, the American Dr. Thomas Szasz, is as important to psychiatry as the famous Leavis-Snow debate of the 1960's was to literature" (10 April, 1977). This, it hardly needs saying, is nonsense.

12. A fine description of a worldly man's visit to the heartland of the institution of schizophrenia is given to us by Professor Roger Brown of Harvard University (1973), known to us for his cognitive studies of young children. Brown tells us that he had been reading the works of authors such as Szasz and Laing, even "an occasional leaflet of the Insane Liberation Movement - which is just that":

All these things together suggested that the ideas about psychoses especially schizophrenia, which I had absorbed in graduate school some 20 years ago and which had not seemed to be challenged in any fundamental way by the professional reading I had done since, were nevertheless no longer considered beyond dispute (ibid. p.395).

Responsible university teacher that he is he decided that he had better explore these things for himself. "The fall-term reading period gave me just three free weeks in which to get out of my office and arrange something like a period of total immersion in schizophrenia" (ibid.). What he did, among other things, was to have private conversations with a wide variety of schizophrenics in a local hospital. "The experience in general was sad, sometimes psychologically stressful, but above all fascinating to a psychologist whose experience had been limited to the laboratory and classroom" (ibid. p.396). What comes after this is revealing:

Twenty years of reading experimental studies that contrast performance on some laboratory task of normals and schizophrenics had, without my realizing it, in the case of the latter group, though not the former, built up a preconception of a homogeneous population, a monolith bearing the mark of 'schizophrenicity'. What I discovered after a few conversations...is that persons called schizophrenic are as diverse as persons called normal. But one thinks they must have some common quality or qualities, or else why are they labeled with one term, and I kept trying to find it as I talked with one person after another. In the first few days I found my mind was doing something that my reason certainly rejected. It was trying to find some perceptual property common to schizophrenics, some special look or sound that the distance receptors, the eye and ear, could make use of in the future. In time all hypotheses failed - there seemed to be no reliable stigma. Indeed,

when that fact first came home to me it was with a certain shock because one then recognizes that anyone, however he looks or talks in ordinary situations, may have uttered thoughts that could qualify him as schizophrenic (ibid.).

He then found himself disabused in another way:

Throughout my three weeks I kept my ears cocked for what has been called schizophrenic speech, a kind of speech still often called regressed, which suggests childlike, though not everyone who uses the term intends that sense. While I fairly often heard patients spoken to with what I call nursery school intonation, a kind of exaggerated prosody that most adults use with small children, I have to report that in my three weeks I never heard anything childlike from a patient nor indeed anything that I would want to set apart as schizophrenic speech. As far as my experience goes and within the limits of a particular definition of speech, I would have to conclude that there is no such thing as schizophrenic speech. I hasten to add that I encountered plenty of schizophrenic thought but that is another matter (ibid. p.397, emphasis in the original).

His experience led him to feel that the vast quantity of research that has tried to establish the basic deviation in schizophrenia (overinclusion, associative intrusions in language, paralogic in thinking etc.) is disappointing:

After reading quite a lot of this work I cannot help wondering if there is not a more fundamental difficulty. The tasks used have typically been well established laboratory tasks having slight and very occasional personal interest to any subject. It is as if the assumption were that schizophrenia resulted from an across-the-board, content-free impairment of a basic function like perception, learning, concept formation, or attention. If that were indeed the case, then it would make no difference what task was used to test the function and convenience might as well dictate the selection. But is this the case?...In my conversations with schizophrenics it was not my impression that some particular function had become impaired in a content-free way. Quite the contrary it seemed that when one hit upon or even approached the disturbed content area, any or all functions might suffer disruption. And the differences from normals were not slight (ibid. p.402).

He is, he tells us, inclined to the view that "people studying family interaction are on the right track" (he instances the work of Theodore Lidz, see, e.g., Lidz, 1975).

At the end of the day he is left with the feeling "that I have been able to do nothing in return for the kindness of the persons called schizophrenic whom I met during my three weeks out of the office. And I deeply regret that, because I found myself sympathetic to all of them, and pained by the suffering many endure each day".

From our point of view Professor Brown provides a fascinating account of what it is to approach the schizophrenic as through the 'clutter' that litters the space around him. On one point though we must fault him: he is much too modest and self-deprecating. "I do not expect", he writes, "that experienced clinical psychologists can learn anything from my observations." His discovery that people called schizophrenic are as diverse as people called normal must, he believes, be obvious to the initiated. What he fails to realise is that though from one point of view it may well be obvious, the whole thrust of the scientific endeavour is to repudiate such a recognition; and hence the misapprehensions that he brought with him from his reading of the literature in the first place. It is a pity that he does not esteem his own 'naivety' more, for a good many 'experts' have a great deal to learn from him.

His insistence that there is no such 'thing' as schizophrenic language and that whatever is wrong with schizophrenics is to be located in the "domain of meaning" (ibid. p.399) is also in the right direction, as we shall see from our later discussion.

13. In his remarkable study 'Against Method' the American philosopher of science Paul Feyerabend puts the whole matter of 'scientific education' and of the loss of what is one's own very well:

It simplifies 'science' by simplifying its participants: first a domain of research is defined. The domain is separated from the rest of history...and given a 'logic' of its own. A thorough training in such a logic then conditions those working in the domain: it makes their actions more uniform and it freezes large parts of the historical process as well. 'Stable' facts arise and persevere despite the vicissitudes of history. An essential part of the training that makes such facts appear consists in the attempt to inhibit intuitions that might lead to a blurring of boundaries. A person's religion, for example, or his metaphysics, or his sense of humour (his natural sense of humour and not the inbred and always rather nasty kind of jocularitry one finds in specialized professions) must not have the slightest connection with his scientific activity. His imagination is restrained and even his language ceases to be his own. This is again reflected in the nature of scientific 'facts' which are experienced as being independent of opinion, belief and cultural background (1975, p.19, emphasis in the original).

14. Habermas writes of the psychoanalyst that he "makes himself the instrument of knowledge; not, however, by bracketing his subjectivity but precisely by its controlled employment" (1972, p.237).
15. With some of this activity there is a limit to argument; once one has demonstrated what is going on, it is best to walk away.
16. See Sedgwick (1972, 1973) for the argument that the specialised medical model of illness is not the only one. As Sedgwick rightly points out the real argument in relation to mental illness is not over illness as such but over the conversion of illness into the terms and procedures of technology.

For a different argument see Siegler and Osmond (1966). For these writers social explanations of schizophrenia are incompatible with an illness model and hence must be jettisoned.

17. Mental illness, like mental health, is a fundamentally critical concept: or can be made into one provided that those who use it are prepared to place demands and pressures on the existing organization of society. In trying to remove and reduce the concept of mental illness, the revisionist theorists... have brought themselves and their public into a state of complete inertia: they can expose the hypocrisies and annotate the tragedies of official psychiatry, but the concepts which they have developed enable them to engage in no public action which is grander than that of wringing their hands (Peter Sedgwick, 'Mental Illness is Illness', p.27; paper delivered to the National Deviancy Conference's Tenth Deviancy Symposium, University of York, April 1972).

See also Sedgwick (1973).

18. See also, the posture that has been adopted by proponents of the new vogue in deviancy theory in recent years. Just as, by Foucault's (1954) account, the 'great internment' of the late seventeenth and eighteenth centuries brought together within the confines of a single space the whole range of social transgressors so, after long years of solitary confinement, the schizophrenic has been re-united with his fellow transgressors in the imaginative space of deviancy theory. Taylor, Walton and Young, authors of 'The New Criminology' write:

For us, as for Marx and other new criminologists, deviance is normal, in the sense that men are now consciously involved (in the prisons that are contemporary society and in the real prisons) in asserting their human diversity. The task is not merely to 'penetrate' these problems, nor merely to question the stereotypes, or to act as carriers of 'alternative phenomenological realities'. The task is to create a society in which the facts of human diversity whether personal, organic, or social, are not subject to the power to criminalize (1973, p.282).

Lest there be any doubt about the schizophrenic's inclusion in this gathering, see p.270 in the same book. Strong rhetoric, but we should know better than to ride with this, for just as much as the traditional scientific observers whom the authors berate so severely, 'The New Criminology' celebrates the diversity of the human scene as an adult looking over a wall views children in a playground.

19. Raymond Williams, in the context of a discussion of the responses of the novelist to social change, writes of a scepticism and disbelief that came about in the nineteenth century "in the possibility of understanding society". "An important split takes place between knowable relationships, and an unknown, unknowable, overwhelming society". Furthermore:

...what is knowable is not only a function of objects - of what is there to be known. It is also a function of subjects, of observers - of what is desired, and what needs to be known. A knowable community, that is to say, is a matter of consciousness as well as of evident fact...It is to just this problem of knowing a community - of finding a position, a position convincingly experienced, from which community can begin to be known - that one of the major phases in the development of the novel must be related (1970, p.17).

20. The Ph.D. researcher is something of a one-man band, and my schizophrenic instrument was several enough for my meagre musical talents without attaching its relatives to my person.
21. This is particularly true of Laing and Esterson (1964). Even if we allow that the familial frame is disturbed, mystifying etc. the line of connection between the patient's behaviour and the reported pattern of communication in the family is still a difficult one. A demonstration of the mystification within the family cannot take away from the experience of what it is like to relate to the patient in the absence of the family. The implication in Laing and Esterson is that all these confusions of relatedness etc. will disappear once the intelligibility of the patient's behaviour in

relation to the family context is demonstrated and accepted. This is to confuse an intellectual acceptance at a somewhat abstract level with the stuff of what takes place in intimate relations between people.

22. Even those committed to the edifice of classification in all its detail have sometimes eschewed these definitional niceties. See for example the criticisms of R.W. Payne and his associates made by Foulds et.al. (1967).

23. It is as well to mention at this point another aspect of what I have excluded. In the next section I talk about the 'patient' material that I have found it necessary to exclude. In addition I have also jettisoned some theoretical material: thus for example a section on psychoanalytic perspectives on schizophrenia, particularly as these bear on problems of language and thought. But somehow one has to bring things to a close.

II. JOSEPH

II.1. Introduction to the Fieldwork

Let me begin by setting the scene. Most of the work was undertaken in a large provincial mental hospital some eight miles from the nearest town.¹ A daunting edifice, set on a rise, Enoch Powell must have had it in mind when in his legendary address of 1961 he described the mental hospitals: "There they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined, rising unmistakable...out of the countryside".

If we stand outside the admission wards and look over to our right we can see over in the far distance the environmental upheaval of a colliery; and all around us fields, some of it arable, some of it pasture with cows grazing. And behind us, and further back, beyond the main hospital buildings, the gardens: some of it ornamental with vast sweeps of lawn, much of it given over to vegetables. And if we should wonder how in this era of stringency the hospital can muster the resources to sustain such a presence, we shall not have to look far to find the answer: rows of cloth-capped patients, trailing long overcoats, some of them heaving a cart, the rest armed with spades and rakes, a uniformed attendant not far behind.

Over the two and a half years that I worked there I tried, as far as I could tolerate, to steep myself in the life of the institution: I attended case conferences and clinical meetings, I lunched with psychiatrists and psychologists, accompanied the social workers on domiciliary visits, drank tea with the nurses, gave a number of lectures both in the hospital and at local psychiatric departments, spent a number of days sitting in a locked ward talking and listening to patients (much, I may add, to the displeasure of the nurses for whom it was untoward

that a professional worker should sit with the patients in their own space rather than in the nurses station, the more especially since there was nothing about my clothing that distinguished my status) and attended social events. I tried, in other words, to involve myself in the institution of schizophrenia as it went about its business in the hospital and around: not just the literature and the formal discussions, but the informal trafficking that goes on around patients.

Unlike mental hospitals in large cities, the hospital had no tradition of research. The presence of a roving research worker was therefore unusual and I was accorded a significance that in other settings I would not have had. The hospital consultants were generally extremely helpful in providing the conditions within which for me to work. I was given free rein to see as many patients for as often, or as long, as I liked. In the words of one consultant, I could do whatever I liked as long as it was reasonable. The hospital provided me with the use of a room at the corner of the female admission block, and it was here that I did most of the work that I report on in this thesis. The location of the room was important: away from the main part of the hospital where most of my patients lived, it provided me with a space that was relatively separate from the dominant categories of everyday life in the hospital.

For the patients, too, I had clearly had a 'special' role that marked me off from others. To begin with, it was difficult, for the nurses, especially, to separate my presence from that of the hospital psychologist, largely because within the hospital I was designated as a 'research psychologist'. Some of my patients, for example, were on occasions mistakenly directed to the 'treatment centre' which housed - along with E.C.T. and other forms of apparatus - the clinical psychology unit. However within the patient subculture it quickly became clear that

I belonged in a category of my own, and that my associations with the medical and para-medical fraternities need not be taken too seriously. This was partly a matter of inference on my part, but it was also said to me explicitly on a number of occasions. Age and appearance were, after all, in my favour, and in a number of instances, I was actually mistaken for a patient.

Those patients who were allowed freedom of movement most often made their own way over to see me. Several of the patients with whom I worked, however, were locked ward patients. When I began my work these patients were escorted to my room by nurses. I quickly came to feel that this procedure did not enhance my relationship with the patients, and armed as I now was, with my own set of master-keys to the hospital, I decided to collect the patients themselves and return them to the wards after the session. The arrangement produced its own discomforts in that I was now in the role of 'jailer' and this aspect was on occasions not lost on some of the patients. Nevertheless the conversations that we sometimes had on the walk back to the wards from the admission block - the admission block was separated from the main part of the hospital by a wide acreage of lawn - were often extremely illuminating.

For the patients I was marked off from the hospital personnel in another way too. As we have already seen a long-stay patient in an average mental hospital is likely to see a doctor for only ten minutes or so every three months. My impression from the chronic patients with whom I worked is that in many cases contact was even less frequent. For the rest contact is either between each other or with nurses. And the nurses, efficient though they may have been at managing the situations in the wards, did not engage in any depth with the patients under their charge. The simple fact, then, of being able to have an

extended conversation with someone lent a 'special' character to what I was doing.

And we may wonder, in this connection, what the designation of research actually meant to these patients. My impression was that though on first meeting it may have triggered suspicions, in the event it came to count for rather little. Treatment, in the context of this hospital, meant either tablets or E.C.T. I administered none of these, hence I must have been doing something different. There was, however, no meaningful alternative category in which to put me. I suspect that for many of the patients I was something of an anomaly, an unexpected benefit that their experience of the established currencies of hospital existence could not have helped them to foresee.

What I told all the patients I worked with was that I was trying to learn something about how they felt about themselves, about each other, and about their situation. I made it clear in every case that anything they said to me would not pass beyond us, unless they specifically asked me to do so. This was a contract to which I rigidly adhered.

I have so far set the scene in a general way. Most of my time, however, was spent in a room alone with patients, and it is to the material that I collected that we must now turn. Over the period of my research I worked with upward of fifty schizophrenic patients. A few of these I saw only once, others for varying durations. Some of these patients were acute, first admission schizophrenics; most of them were long-stay patients. All of them had received a firm diagnosis of schizophrenia by a consultant psychiatrist. Each of the patients whom I saw completed the Bannister & Fransella Grid Test of Schizophrenic Thought Disorder (1966), and several of them other grids besides. The bulk of my material, however, derives from discussions that I had with

patients. For some of these I took written notes, and several of them were taped.

From the outset my aim was to work closely with a small number of chronic schizophrenic patients, and to use the material taken from these patients as a means to illuminate some of the perplexities that they present for us. But just as I thought it important to explore the wider parameters of the hospital environment, so too it seemed to me essential to investigate the outer reaches of the larger group to which the sub-group of patients with whom I worked closely belonged. For one thing I wanted to be clear in my own mind that the considerations that emerged for me from my own work with the sub-group were to some extent representative. For another, as a matter of practical procedure, I needed to see a wide range of patients in order to determine those with whom I felt I could profitably work more intimately.

For a research endeavour such as this my practice was I think the right one. However it does create difficulties for the presentation of the material. Very simply, I have too much material. All told, I have some sixty hours of tape-recorded material, together with several notebooks of hand-written notes. The main problem, then, has been one of exclusion. The first principle of exclusion I have adopted is only to present material from patients with whom I have worked at all closely. My incursion into the wider hospital environment, and my work with other patients, do not appear explicitly; nevertheless they are there as an informing background, and what follows could not have been written without that work.

Even within the small sub-group of some ten patients, however, the material is still daunting. This is only partly a reflection of its extent; it reflects also the complexities within the material itself.

As R.D. Laing puts it: "Each investigation into the life of any single schizophrenic patient is a laborious piece of original research" (1960, p.179). I have therefore chosen to build a considerable part of this presentation around the material taken from one patient, and even for this patient I have used only a fraction of the twenty hours of tape-recording on which he features.² Presently I shall say something about the basis for my choice of this patient, and the principles of selection I have adopted in presenting his material. All of the patients have been given fictitious names, though as far as possible I have chosen names that seem to me to capture something of the individuality of the patient concerned. Where appropriate I have altered identifying details, such as place names. Otherwise everything is as it was given to me. Joseph, as I have chosen to call him, is my principal actor; seven other patients make appearances of varying length as a supporting cast, and to six of these I pay particular attention in my discussion of the personal construct theory approach to the study of schizophrenic thought disorder in Section III. All of these patients had a diagnosis of chronic schizophrenia, and all of them were regarded as being thought-disordered on the basis of clinical evidence.³

II.2. Preliminaries

Shortly I shall introduce Joseph. Before I do so, however, some preliminaries. In the introduction I quoted from Michel Foucault's observations to the effect that Western Civilization has thrust the language of madness into silence. In his inaugural lecture to the Collège de France Foucault takes the matter further. He poses the question: "...qu'y a-t-il donc de si périlleux dans le fait que les gens parlent, et que leurs discours indéfiniment prolifèrent? Où donc est le danger?" And he continues: "Je suppose que dans toute société la production du discours est à la fois contrôlée, sélectionnée, organisée et redistribuée par un certain nombre de procédures qui ont pour rôle d'en conjurer les pouvoirs et les dangers, d'en maîtriser l'événement aléatoire, d'en esquiver la lourde, la redoutable matérialité" (1971, p.10-11). He instances three procedures of exclusion; one of these is the opposition between reason and madness. "Jamais, avant la fin du xviii^e siècle, un médecin n'avait eu l'idée de savoir ce qui était dit (comment c'était dit, pourquoi c'était dit) dans cette parole qui pourtant faisait la différence" (ibid. pp.13-14). We are tempted to believe that in our time things are different; that "la parole du fou n'est plus de l'autre côté du partage; qu'elle n'est plus nulle et non avenue; qu'elle nous met aux aguets au contraire; que nous y cherchons un sens, ou l'esquisse ou les ruines d'une oeuvre; et que nous sommes parvenus à la surprendre, cette parole du fou dans ce que nous articulons nous-mêmes, dans cet accroc minuscule par où ce que nous disons nous échappe" (ibid.). Yet we have only to look at "tout l'armature de savoir à travers laquelle nous déchiffrons cette parole; il suffit de songer à tout le réseau d'institutions qui permet à quelqu'un - médecin, psychanalyste - d'écouter cette parole et qui

permet en meme temps au patient de venir apporter, ou désespérément retenir, ces pauvres mots; il suffit de songer à tout cela pour soupçonner que le partage, loin d'être effacé, joue autrement, selon des lignes différentes, à travers des institutions nouvelles et avec des effets qui ne sont point les mêmes" (ibid. p.15).

And it is not difficult to see what Foucault is getting at. All along the tendency has been to assimilate or absorb the schizophrenic's speech - the detail of an active state of affairs as it is rendered over time, what gets said, and how it affects us - into another discourse that is not the schizophrenic's own but is a discourse about him. It is most unusual in the vast literature on schizophrenia to be permitted to listen to a schizophrenic speak in any depth. The evidence for the tendency we find scattered across a range of responses that belong to very different theoretical frameworks: it is as true, for example, of psychoanalytic presentations as it is of repertory grid studies.⁴ And the text-book presentations of schizophrenic speech are, from Bleuler (1911) on, legion; a small item - often the most obviously incomprehensible - of schizophrenic speech is fixed to the page; its self-evident stupidity then comes to serve as a justification for another kind of approach that pays no further attention to the detail of what the patient says.⁵ As Raymond Williams remarks in another context, "the living speech of human beings in their specific social relationships in the world" comes to be "reduced to instances and examples of a system" which lies beyond them (1977, p.27). Mary Douglas discovers a similar tendency among those anthropologists who reject the detail of social life as it is lived in favour of isolated categories of thought:

...a predilection for concretising written words and treating them as the only hard and solid objects of study. The anthropologist starts by saying that the only accessible reality lies in the words of classificatory systems. He goes on to write as if this externally visible and audible reality represents another more real but hidden one, the categories inside the heads of the informants. The system of classification is credited with autonomy and fixity, neither of which it plausibly has. According to this presentation the rest of human behaviour is a bloodless affair, without strife or feeling. These anthropologists spiritualise social life... On their record an awful lot of human behaviour is discarded as unworthy of a scholar's time. This view has something of the attraction of plastic flowers. The verb to express allows the transient to be fixed. Life moves too fast for easy analysis. Exclusive focusing upon expression and its logical categories detaches from the flux of living something that will stay still long enough to be contemplated (1975, p.120).

In a very obvious way, then, one of our tasks, if we are not to undermine our endeavour before it is even properly under way, must be to closet ourselves away with the schizophrenic patient for a considerable period of time. We have to resist the temptation to extrude the difficulties and the disturbances that such a confine may impose on us into congenial formalisms, of which the institution of schizophrenia has a ready supply. Only from within such a space can we begin to understand something of the way in which the schizophrenic intrudes into, or pulls at the margins of, those forms of order, relevance, and relation to which we most strongly adhere; to grasp, in Foucault's formulation, the 'dangers' of the psychotic's discourse. Erving Goffman puts the same question in his own terms when he concerns himself with the kind of 'social delict' that psychosis constitutes. "Psychiatrists" he writes, "have failed to provide us with a systematic framework for identifying and describing the type of delict represented by psychotic behaviour." And he continues:

Psychosis is something that can manifest itself in the patient's work place, in his neighborhood, in his household, and must be seen, initially at least, as an infraction of the social order that obtains in these places...Common criminals, we say, offend the property order; homosexuals the sex-role order; drug addicts perhaps the moral order; and so forth. We must ask, then, what type of social order is specifically related to psychotic behaviour? (1964, p.139, p.141).

The questions he asks are, I think, the right ones, albeit that the answers he provides, as we shall see later, are unable to do the work that is required of them.

We are now almost ready to meet Joseph, but not quite. Still required of us is to say something a little more exacting about how we approach a patient such as Joseph. To set about this we shall borrow from the German social philosopher Jürgen Habermas. Habermas, by virtue of his concerns with the human interests that direct and underpin scientific endeavours, is in any case of interest to us. More specifically he has in recent years developed an interest in problems of meaning and understanding as these bear on the models of language activity that we hold to, that is directly relevant to our purposes. Habermas, it need hardly be said, is not easy reading and in these next few pages I shall try to show as succinctly as I can that his recent treatment of these matters points us in a direction, and at the same time gravely distorts the possibilities that the approach appears to suggest. Hopefully the exercise, apart from any intrinsic interest it might have, will serve to tighten our explication of our own endeavour.

Habermas, in the context of a discussion of the hermeneutics of Dilthey, remarks on the "practical" character of the "knowledge-constitutive interest of the cultural sciences". "It is" he writes, "distinguished from the technical cognitive interest in that it aims not at the

comprehension of an objectified reality, but at the maintenance of the intersubjectivity of mutual understanding, within whose horizon reality can first appear as something" (1972, p.176). It aims at comprehension certainly, but the comprehension is achieved through dialogue within the speech situation, through communicative, as opposed to instrumental, action. We can say that Habermas puts forward a model that stands in contrast to the "monologue of reason about madness" that Foucault alludes to. Elsewhere, in an article in which he discusses strategies of comprehension in relation to communication, he writes: "Any attempt to locate misunderstanding in communication is itself part of a further (or possibly the same) process of reciprocal communication, and therefore not the result of 'observing' such processes. The critical vantage-point can never be better than that of a partner in the communication" (1970a, p.206). He then leads on to say that: "...we have no valid criterion at our disposal for determining in general whether we are labouring under the mistaken conviction of normal understanding, and thus wrongly considering difficulties to be hermeneutically explicable, when they actually require systematic analysis" (ibid.).

Hermeneutic understanding is able to help us where "difficulties of comprehension are the result of cultural, temporal, or social distance"; we are able to say in principle "what further information we would need in order to achieve understanding"; we are able, that is, "to recognise, within the limits of normal communication, what it is that we do not - yet - know" (ibid. p.205). However in those cases where "incomprehensibility results from a faulty organization of speech itself" that Habermas terms "systematically distorted communication" - and here he instances "the clearly pathological speech disturbances to be observed...among psychotics" - a different form of understanding is

required, which he calls scenic understanding. Scenic understanding determines the analytical conversation between patient and analyst and is "based on the discovery that the patient behaves in the same way in his symptomatic scenes as he does in certain transference situations; such understanding aims at the reconstruction, confirmed by the patient in an act of self-reflection, of the original scene" (ibid. p.208). Scenic understanding, "in contrast to hermeneutic understanding or ordinary semantic analysis, cannot be conceived as a mere application of communicative competence, free from theoretical guidance" (ibid. p.209). What it does, in effect, is to undertake a systematic analysis of the distorted forms of communication.

The implication of these propositions is, I think, quite clear. Psychotic communications, viewed as from within the framework of normal communication and normal modes of understanding, are necessarily unintelligible. The normal framework has then to be discarded in favour of an alternative model of understanding. Only if we follow this procedure can we attribute any sense at all to these forms of communication. Habermas then proceeds to set out a number of propositions regarding the structural conditions which must be met for normal communication to obtain. Thus for example:

In the case of normal speech the speakers are aware of the categorical difference between subject and object. They differentiate between outer and inner speech and separate the private from the public world...The speaking subject will master the distinction between reality and appearance to the same extent as speech attains a distinct reality for him, distinct that is, from the denoted objects and their meanings as well as from private experience.

Furthermore:

In normal communication an intersubjectivity of mutual understanding, guaranteeing ego-identity, develops and is maintained in the relation between individuals who acknowledge one another. On the one hand, the analytic use of language allows the identification of objects (thus the categorization of particular items, the subordination of elements under classes, and the inclusion of sets). On the other hand, the reflexive use of language assures a relationship between the speaking subject and the language community which cannot be sufficiently presented by the analytic operations mentioned. For a world on the level of which subjects maintain mutual existence and understanding solely by virtue of their ordinary communication, intersubjectivity is not a universal according to which the individuals could be classified in the same way as elements are subordinated to their classes. On the contrary, the relation between I (ego), you (alter-ego) and we (ego and alter-ego) is established only by an analytically paradoxical achievement: the speaking persons identify themselves at the same time with two incompatible dialogue roles and thereby ensure the identity of the I (ego) as well as of the group. The one being (ego) asserts his absolute non-identity in relation to the other being (alter-ego); at the same time, however, both recognize their identity inasmuch as each acknowledges the other as being an ego, that is, a non-replaceable individual who can refer to himself as 'I'.

And finally:

...normal speech is distinguished by the fact that the sense of substance and causality, of space and time, is differentiated according to whether these categories are applied to the objects within a world or to the linguistically constituted world itself, which allows for the mutuality of speaking subjects. The interpretational schema, 'substance', has a different meaning for the identity of items which can be clearly categorized analytically from that which it has for speaking and inter-acting subjects themselves, whose ego-identity, as has been shown, just cannot be grasped by analytically clear-cut operations...'Space' and 'time' undergo a different schematism when viewed in regard to physically measurable properties of observable events from that which they undergo when viewed according to experienced interactions. In the first place the categories serve as a system of co-ordinates for observation controlled by the success of instrumental action: in the latter case the categories serve as a frame of reference for the experience of social space and historical time from a subjective point of view (ibid. pp.210-212).

Habermas sets out very skilfully the structural requirements for normal communication, and it will be apparent later that the communications of psychotic patients involve a breach of some or all of these. It is something else, however, to mount an argument about the limits of understanding and of comprehension on the basis of these same requirements. The stress on the reflexive notwithstanding, Habermas, without acknowledging as much, sets a limit as to the possibilities of the reflexive from within the normal speech situation for the normal speaker. It is as though the speech situation, once established, becomes analytically hardened and fixed, incapable of understanding the terms and procedures of its own ordering. Now quite clearly this may be the case as a point of empirical fact under specific social conditions, but this is a poor basis on which to build what is, in effect, a universal theoretical case about normal communication.

In short the 'normal speaker' in Habermas's presentation is an impoverished affair. Moreover between this and the specialised mode of communication and understanding of psychoanalysis we are given no other option. Without further ado to dispatch the psychotic for scenic understanding seems to me hasty; it is, implicitly, to assert that for ordinary mortals the communications of psychotics are nonsense. Only an expert can detect any sense in them. And it is also, as a consequence, to disparage our capacities as normal speakers and listeners.

Given then, the enforced choice between the normal and the specialised we shall, in our presentation of Joseph, opt firmly for the normal. Like Habermas we take the view that "the critical vantage point can never be better than a partner in the communication". We shall not, however, subject Joseph to a systematic analysis, as described by Habermas, under the conditions of scenic understanding. Normal communication, Habermas

insists, is "free from theoretical guidance". We can turn Habermas's argument about and say that the very delineations he provides of the way in which ego-identity is developed and maintained, and of the reflexive stipulations which are necessary for structures of communication to be sustained, provide us with just the theoretical guidance we need to approach a situation in which these same structures appear to be under threat. Thus in my relationship with Joseph and other patients I never made specialised interpretations but operated on the principle - and as we shall see on occasions expressed my understanding to this effect - that the patient's communications could be referred to the difficulties of maintaining an identity, that is to difficulties in relation to that analytically paradoxical, reflexive achievement that Habermas describes. André Green tells us that demanded of the other person in the relationship with a psychotic or a borderline patient is "more than his affective capacity and empathy. It is his mental functions which are demanded for the patient's structures of meaning have been put out of action" (1975, p.6).⁶ Turning now to Joseph, our mental functions, our reflexive capacities that is, will indeed be under pressure. But what I hope the exercise will, among other things, uncover are not the 'systematic distortions' of a psychotic speaker but the tenuous and precarious devices by which we maintain our selfhood, devices that if we are to disparage neither our own reflexive capacities as normal speakers nor our ability to put those capacities to work in communicating with psychotics, we must regard as relative and insecurely anchored.

II.3. Joseph

So Joseph went after his brothers and found them at Dothan. They saw him afar off, and before he came near to them they conspired against him to kill him. They said to one another, 'Here comes this dreamer. Come now, let us kill him and throw him into one of the pits; then we shall say that a wild beast has devoured him, and we shall see what will become of his dreams'. ...So when Joseph came to his brothers, they stripped him of his robe, the long robe with sleeves that he wore; and they took him and cast him into a pit. The pit was empty, there was no water in it.

Joseph is a fruitful bough,
a fruitful bough by a spring;
his branches run over the wall.

(Genesis, 37: 17-20, 23-24;
49: 22)

I now turn to Joseph. The material is in three parts. First, I introduce Joseph and the material that I have collected about him; second, I provide examples of a number of units of interaction involving Joseph and myself, and Joseph and others; and finally, in a commentary, I set out some of the movements and fluctuations in his thought, and in his way of talking about himself and his situation, over the period that I knew him.

Joseph, when I met him, was 33. A gaunt-looking man with a pock-marked face, and piercing blue eyes, he was first admitted to hospital at the age of 26. He had been in and out on a number of occasions and when I came to know him had been a permanent in-patient for three years. According to the consultant's report at the time of first admission, Joseph was "up most of the night, lighting fires, running water taps, during the day shooting arrows tipped with nails from a home-made bow into a busy thoroughfare". On one occasion he sat on the roof of his father's bungalow holding a shot-gun and fired at his father as he was

trying to get him down. (His father was not hit!) The report continues: "Often talking as if he were lecturing, and says that if it were not for the lecturing he would go mad. He believes that there are ghosts in the house, and stays awake all night rattling doors and flushing toilets. Pre-morbid personality solitary, shy, pessimistic and health conscious. He is grossly deluded and thought disordered. He says, for example, that 'though people think that a sail drives a ship it doesn't; it's pulled round the world by cables and capstans, and blocks and tackles'; 'What use are aeroplanes? There are cables underneath the sea to pull the ships'; and that there are two Edward Heath's: one who's gone to live in Ireland and one who's come back". The diagnosis is chronic schizophrenia.

Joseph comes from a working class family. He was brought up in a pit village in County Durham where his parents still live. The pit has long closed down and the village is now half deserted. Joseph's father is a builder. Joseph was successful at school and went on to grammar school. He obtained a technical certificate in carpentry and joinery and taught for a time in a technical college. He has one sister.

From a common-sense point of view many of the items of Joseph's thought are very odd indeed. Not only do we have ships pulled by cables under the sea, but tractors buried in tanks of water under the earth, cats giving birth to cave-men, men eating stones, the atmosphere filled with fragments of aeroplanes, cows dying in the fields roundabout, hospitals that turn into farms and then into colleges, and much else besides. He told me once, apparently apropos of nothing, that he had just hit upon a startling theory of religion: "That we are in fact living in a heap of stones at the bottom of Durham River...our world is a stone hollowed out at the bottom of Durham River...and when we shoot for the moon we are shooting through water to another stone".

I worked with Joseph over a period of 16 months. All told we spent about 50 hours together. Sometimes I saw him alone, and sometimes in a group. Over the period I ran two series of group sessions for the sub-group of chronic schizophrenics I worked with closely, and Joseph was a member of both of these. All of the group meetings and some of the individual sessions were tape-recorded; for the remaining sessions I took notes. Throughout the period that I knew him he was on a locked ward, Male 15's, that in the patient sub-culture was generally reckoned to be the most 'crazy' ward in the hospital, under a compulsory detention order.

Among those patients I worked with intensively, I chose to concentrate more energy on Joseph than on the others. Why? One reason is that he was for much of the time extremely difficult to understand, and manifested very starkly all those features of language and thought that are taken to be most characteristic of the schizophrenic condition. Another is that we liked each other: Joseph was keen to meet with me, and I with him. He certainly had a great deal to teach me, and for my part, I was, I think, perhaps more willing and able to engage with him than anyone else in the hospital with whom he came into contact. Without this base in friendship and respect I do not think that we would have been able to work together as intensively as we did.

I now provide some examples of a number of units of interaction involving Joseph. All of them are taken from group discussions; Units I to XVI from the first series of group meetings that I ran, and Unit XVII from the second series which began two months after the termination of the first. All the examples are given in the order in which they occurred; between the first and the last there is a gap of four and a half months. Along the way we shall meet other patients: Eric,

Arthur, Terence and Henry. Eric and Arthur, like Joseph, participated in both series of group meetings, Henry and Terence in the first and second series respectively. Eric, Arthur and Terence we shall have occasion to meet in greater depth in a subsequent section. All of the patients in the group were chronic schizophrenics, although Joseph was without question the most obviously disturbed.

I chose to organise the group discussions for two reasons. First, I wanted to learn something about what took place when the patients whom I saw individually met together. Second, and more important, the group meetings provided for a space in which there was less pressure on me to adopt the formal role of interviewing psychologist. As far as possible I tried to structure the groups such that we discussed topics that were of interest to everyone present, such as, for example, topics that bore on different aspects of hospital life. (On one occasion Joseph proposed to me privately that we discuss 'reality and unreality' at our next meeting!) Needless to say members of the group - myself included - did not always stick to the topics that had been agreed and they were in any case intended only as rough guidelines and not as firm boundaries. Despite the obvious status distinction between myself and these patients I did, I think, manage to create a setting in which it was possible for participants to ventilate their thoughts and feelings in a way that, by their own account, they would not normally have felt able to do with a professional worker present. Although I did sometimes give expression to my understanding along the lines I outlined earlier, as far as possible I tried to participate in the group in as direct and ordinary a way as possible. Thus for example in the session when we shared some of our dreams with the group, I chose to share a dream of my own.

With the exception of Unit XVII all the examples given are culled from a much longer interchange. I have not chosen them randomly nor have I selected them to illustrate particular theoretical points. As far as possible I have wanted to illustrate the variety of responses of which Joseph was capable over this period. In the commentary that follows I draw on these examples, and introduce other material where appropriate, to set out some of the movements and fluctuations in Joseph's thought, and in his relationships.

The commentary, though it does I hope illuminate and clarify in certain respects, is not to be read as a 'finished' piece of work. And this, I hasten to add, is not due to some procedural irregularity of my own. To make the point more concretely, in preparing my presentation of Joseph although I have used transcripts of sessions or parts of sessions I have found myself returning time and again to the original recordings. Rather as with literary criticism one does, I think, have to keep returning to the original 'text'. The critical rendering can never supplant the text, and the orientation that one establishes to it is necessarily provisional, must always be capable, if the text is not to be supplanted, of being re-worked.

II.4. Processual Units⁷

UNIT I

Early on in the very first session Joseph initiates a discussion about aeroplanes:

"Eh, eh...I think about the hardest thing in the world to get right is an aeroplane...every aircraft is different..."

He then enumerates various aircraft - Vulcans, Concordes, Deltas, Boeing 707's - and continues:

"I mean a perfect Delta and a perfect 707, they're just exactly the same aren't they? Even though the design is different, they're doing the same job just as well".

I then try to say something - perhaps a bit long-winded - about the aims of the group. Joseph cuts across me to say:

"Why, eh, they've told me to keep very quiet, because all what I've been designing is top secret".

Me: "Keep very quiet? Who's told you to keep very quiet?"

Joseph: "Keep very quiet...that's one of the reasons why I'm on a locked ward...because I know too much..."

And a few seconds later:

"I mean if everybody found out about the Vulcans we'd have a nation of Vulcans wouldn't we?"

Me: "If everybody?"

Joseph: "If everybody found out how the Vulcan or the Concorde works... I mean eh...the air would be full of them...I mean eh...that's something people have got to work out for themselves...that's one of the tests in psychiatry...to find out how the Delta works..."

UNIT II

Eric has been talking about the contrast between home and hospital.

"Hospital is a backwater...nothing to do." Home, in contrast, "is mixed in with ordinary life". I ask Joseph what he thinks:

"Well, I don't know...I think you start off when you're pretty young on the building sites...then you work up to heavy engineering...then you graduate to farming".

He underscores the contrast between the hospital and the world outside in this way:

"A different way of life entirely...this hospital teaches you farming doesn't it?...For anybody interested in farming it's the ideal place to be".

Me: "Why?"

Joseph: "Well, because they're actually producing their own food. It's got to be processed of course like I told you the other day.

I mean you can't live on chemicals all your life. You'll die".

We then discuss where we would like to be living. Joseph asks Eric:

"Would you rather live in the town or the country?" and continues himself:

"You see the point is...if you're living in the town you depend on the country all the time...it's the country that keeps the towns alive...Because Scotland which has always kept England alive...because that's where all the power comes from...you see it has to be built in Scotland because otherwise the machinery would be red hot in no time...as metal gets colder it gets harder...so you're dependent on somewhere very, very remote. I mean you call this a commune...communism and all that...a town's just the same".

I ask him again where he would like to live:

"Well, I like my friends, what I call my friends...like old Billy R. I like living in a commune".

Arthur: "Where there's a lot of people living?"

Joseph: "If I was living in a house by myself which I would have to do because I have nobody except for two old people, I'd go crackers...I'd have nobody to talk to all day...Well, I like to see the two old people, what I call my mother and my father, on a weekend, but the place I've moved into it's impossible".

Henry says that if he had money he would be "able to do things...move around...live in hotels by myself...this is what I'd do".

Joseph then offers his view:

"Well you see it's like this. You were born in a certain place. Wherever you were born you always return to. It's very difficult to leave the country and go to an entirely different country and settle down there...very difficult indeed...managing a job I mean".

The conversation then turns to the pressures at home in contrast to those in the hospital. Joseph says:

"I found that when I was living at home I was still working all the weekend typing notes out for somebody...doing some clerking for somebody...in fact when I got home on a weekend I did more work than when I came back here...That's what I found...I was glad to get back on a Sunday night...Just to simply go to bed and go to sleep...because I never got any sleep at all all the weekend...I was up all night writing things out for people".

Arthur: "You weren't forced to, were you?"

Joseph: "No, I wasn't forced to...I suppose I decided I had a job to do and had to do it".

UNIT III

I introduce the question of tablets: "What do people feel about having to take them? And what do they do to you?"

Joseph starts off the discussion:

"You get into this routine of taking tablets...relying on tablets for everything...I mean if you take sleeping pills all your life you get to a point where you can't sleep at all".

Arthur says that he feels that tablets interfere with 'human nature': "They interfere with your own system". Both Arthur and Eric feel that tablets deprive them of something: Arthur of his sexual desires, and Eric of the right to make decisions for oneself. I ask Joseph what he feels about it:

"I don't know like...I just...more or less...the people who look after us in our ward...well, like...they've been working at their job for so long that they know exactly what they're doing...we rely on the nurses you see...we rely on them all the time to decide what we have got to do".

Eric continues to disagree and says that "we should have a will of our own". At this point the time is up, and I say that we will have to finish.

Joseph then says:

"I tell you what's occurred to me. Somewhere in the world there's a group of people who tell everybody else what to do".

Me: "You think that's good?"

Joseph: "It is in a way like...it is for me like. For some people it isn't. Somewhere in the world there's a genius who knows everything and he tells everybody else what to do. He must be very very old".

UNIT IV

Joseph begins the session by saying that life is terrible on the ward; everybody is getting on each other's nerves.

"Worse this last week than ever...I suppose we've been in this hospital too long...everybody's wanting to go home... everybody's fed up and we're getting on each other's nerves... we're sick of the place and we just want to go home".

Me: "And yet last week you were telling me..." (The previous week he had said the hospital was the ideal place to be for those who wanted to learn about farming.)

Joseph: "I know, I've changed my mind now...I just want to go home... I don't want to be in that place for another week...I've changed my mind...I've been in there too long...I'm going round the bend...I'm getting headaches now...It just confuses you somehow in there...they're marching around that much...the racket, the marching".

Eric comments in agreement:

"You just sit about until you can bear it no longer, and then you start walking up and down".

Joseph goes on:

"There's nowhere to go you see; you're in the ward, you can never go out; the only exercise you get is walking up and down on the ward".

He claims that he has not been out since he last saw me; there is, at the moment, no garden group because of the weather and he has been working on 'bottle tops' on the ward.

Henry complains that someone else takes all the decisions in the hospital. Joseph starts to laugh and says:

"If you can work out how a two-way switch works you've signed your life away...You put the light on at one end of the room and go to the other end of the room and put it off...If you can work that out you've signed your life away..."

Eric: "You mean you must be raving mad to work that out?"

Me: "Is it the same person who turns it off as turns it on?"

Joseph: "Of course not...There's three wires and one bulb and two switches...if you can work that out you can work anything out".

UNIT V

Joseph starts the session by talking about the 'Atlantic Shelf':

"Slowly bit by bit the Atlantic Shelf is disappearing...so you're going to have no Britain...bit by bit it's been eaten away...you see Britain was part of Europe at one time".

Some half an hour later the discussion turns to life in the hospital.

Joseph says:

"Ward 15's are the last people left in the hospital...you see gradually bit by bit we were moved from ward to ward you see... and then we all finished locked up in Male 15's. Most people have left the hospital. It was practically empty. It was falling down".

UNIT VI

Arthur talks about the 'unimportant thoughts' that he feels he has to control. It becomes quickly apparent that these are about violence. Eric says that in the hospital the tension can easily get out of hand. He recounts how he has seen Joseph punch a nurse: "A lovely punch, right on the nose". Joseph comments:

"I think really the most important thing in life is comedy... making good comic pictures...good quality you know...that's the most important thing...that people can go out and enjoy... comedy you know..."

The talk then turns to television. Joseph says:

"I don't see any point in Westerns...you can't ride a horse like those they ride...those horses is a wash out..."

And he continues:

"There's only one way you can handle a horse...what they use is wooden horses...by putting it in a special cart...you can ride a horse but it's got to be encased in metal...the whole of the armour is the gear box...and you change gear with the sword".

In the meantime other members of the group are discussing Coronation Street. Joseph then says:

"That's it...I've got eh some horses to put right...know what I mean...thirty years time...take about thirty years to put them right...they shouldn't have bought them".

Arthur: "Horses don't live that long do they?"

Joseph: "I'll have to keep them in the stable...feed them on cabbages... If I feed them on anything else but cabbages they'll be dead in a fortnight...In other words you've got to starve them down to the bones...I killed a bull once...chained it up in the back garden and starved it down to the bones...they're animals you see...that's the treatment for animals...people is different".

All this is clearly too different for Arthur:

"I think a lot of people are different but I think you're a lot different than anybody else here myself..."

Me: "In what way?"

Arthur: "Well his opinions about things...about what's going to happen... His thinking about dangers happening and that you know...I don't believe some of the things he says".

There is a long pause; then Joseph says:

"Well, you see eh...like I say...I want something to eh... where the milkmen work you know...and I had thirteen lovely white horses...and I've worked them to death...I bought those horses cheap...I got them put right...into the stable...they had tails on that long...I started when I was fourteen years old putting them right...As soon as they were put right somebody bred off them...I've got it all to do again now".

Arthur starts to talk about his sexual problems; a little later Joseph returns to his earlier theme:

"I was fourteen years old...up till I came into here...it took us all that time to get thirteen white horses I bought from the Milk Marketing Board put right...As soon as I got them put right...somebody came along and bred horses from them...See, it was a waste of time...Occupied myself, got myself into debt... I mean they were going to slaughter those horses...I stopped them and bought them..."

UNIT VII

I suggest that over the coming sessions we perhaps share some of our dreams in the group. Henry says that he had a wet dream the other night; Eric says that he too sometimes has wet dreams. Joseph says: "I've also had six white cats".

Henry: "Did you? They're rare, white cats".

Joseph: "I don't know where they are now but I find that people take things from us you know...you've got to sign forms all the bloody time and I don't want to".

Me: "Do you feel that we'll be taking something from you in talking about your dreams?"

Joseph: "Well, I feel terrible enough without any tablets...I mean they don't make tablets now, I feel terrible".

UNIT VIII

This is the session in which we have agreed to discuss our dreams.

Joseph starts to talk:

"I can't dream...it's just like being in the arctic...I can go to bed and I don't know a thing...sometimes it's a week or a fortnight...All I can remember is a room in a hospital".

Me: "Remember of what?"

Joseph: "Of me life...a room with beds in...I was in this room that was all painted white and there was yellow beds and there was a little lass there...I was in the room like...just sort of standing still...and there was a little girl there...she was a nurse or something..."

Me: "Is this a dream?"

Joseph: "Sort of like...it was sort of a different world you know..."

Henry: "And it's as if you're dreaming is it?"

Joseph: "I never slept...I was awake all the time".

Me: "When?"

Joseph: "When I was in this room...I don't even know where it was".

Me: "You weren't able to sleep?"

Joseph: "No...I don't know...I just sort of come...I don't know what happened. I just woke...I just dreamt" (said very quickly and almost inaudibly) "I was in this room with white walls... That's all I can remember".

Me: "Of what?"

Joseph: "Of my whole life...It's as if I've lived twice...I feel as if I've lived on this earth twice...One part of it I remember was all black, and then all of the sudden I finished up in this little room with white walls...Somebody was living a terrible life and I don't know what kind of life it was".

Me: "And what happened?"

Joseph: "He drowned".

Me: "What's the little room got to do with that?"

Joseph: "I don't know...I was happy in this little room with white walls".

Me: "The little room is one of your lives?"

Joseph: "The other of my lives is all black...that's the terrible life".
"It stuck in my memory...all this horror, that was my father's life".

Me: "I thought you said it was your life?"

Joseph: "It was somebody's life...I don't remember who...somebody was leading a persecuted life".
"I just remember coming round and I was in this white room with

yellow beds and that person had died...And that person had died...he was living in jail".

Me: "Who was?"

Joseph: "Me dad...I regard him as me dad...a very old man...he died".

Me: "Your dad?"

Joseph: "Somebody died...I don't know who".

"Why, it was like an old-fashioned building...an old-fashioned jail he was living in".

Me: "But you weren't locked in the room, that wasn't the jail?"

Joseph: "No".

He then goes on to say that the girl in the room with him was "like a sister. She was no relation to us...she seemed to be looking after me...she had like golden coloured hair...somebody was living a terrible life in this jail. They couldn't get out; they weren't allowed home; all they did was work. Eventually they worked themselves to death and just died... This person worked right until he was sixty five years old... and died...he died in his sleep".

Arthur starts to describe his dream; Joseph presses to enlarge on what he's just been recounting:

"This person who died was living not in a hospital but in a prison...he got hardly anything to eat...a very old man...as soon as he retired he died..."

Joseph, in contrast, is in a room in the "most fabulous hospital". The nurse is the daughter of the old man.

UNIT IX

Arthur describes a dream: it is about an animal that has been skinned in the slaughter house but that is still alive. Joseph asks:

"Could you draw it?...its height and breadth? Could you not get something to measure the size of it, this beast?"

I then recount a dream of my own about a headless, cardboard cut-out, figure of a woman that seems to move away as I approach it.

Joseph: "Why to me it's a dream of horror...well, I feel, a rejection to the whole thing".

Me: "How do you mean?"

Joseph: "I feel a rejection of the whole idea: in other words it's as if you'd been in the slaughter house".

(pause)

"Was it still alive?"

Me: "What?"

Joseph: "The headless figure".

Then a few seconds later:

"I was feeling that it was a woman; a real woman with no head and no arms".

Me: "Do you feel I killed her?"

Joseph: "I don't know...it was probably alive, probably a woman..."

(pause)

"What happened to it? It doesn't make sense to me".

Joseph: "Was it a dream or did you actually see it?"

Me: "No, this was a dream".

Joseph: "A headless woman? Made of cardboard? I don't understand. How did she lose her head? It was a woman? Was there a man there as well? And she died?"

Me: "No, she wasn't dead".

Joseph: "Did she get her head back then?" (everyone laughs) "They used to chop their heads off in the middle ages".

UNIT X

Joseph starts to talk about cats; the theme appears to have been suggested by a dream of Henry's in which a cat walks into a fire and out again without getting burnt.

"It's a fact that what a cat does breeds cave men...it roams all the countryside taking semen from animals, carries them into houses, hypnotises women and before you know where you're at a cave man is born...demon from hell".

Then suddenly he says, while others are discussing something else:

"There's a cat just arrived in here...I can smell it...it may be in the kitchen...I know what colour it is as well...black...the worst kind...cats stink".

And then:

"You can shoot at birds at point blank range and they'll still live...they're indestructible, cats and birds..."

"While you're awake you have hallucinations, while you're asleep you have dreams...Know what causes the dreams? The bad dreams? A cat comes into the room and digs its claws into you".

Somebody suggests that Joseph is just imagining the cat. Joseph replies:

"I've moved away, I've prisoned myself up, I've done all sorts - there's a black cat followed me all my life...It was somebody who died, somebody had a cat...they died, and ever since - it was a

black tom cat - they died...as soon as I die that cat came to my house...it's been following us ever since...it's pitch black".

And later:

"If you kill a cat you'll have half a dozen cats...Some cats are more intelligent than people for the simple reason they're only partly human...They cross all sorts as well; a cat can make an ape-man...the worst form of animals there is...runs all over the country...at night time...before you know where you are you've got an explosion of cave men crossed with bulls, elephants and all sorts".

UNIT XI

On the way over from the ward I tell Joseph that Arthur won't be there today because he has had to go to his brother-in-law's funeral. He laughs and says:

"I've got trouble with my ears...I think I'm going deaf".

Early on in the session he says:

"I feel as if people are saying things to me and I can't hear what they're saying...somebody else is telling us what to say".

(laughing)

"...the facial expression doesn't fit up with what they say, you know".

Me: "How do you mean?"

Joseph: "When someone's talking to us, you know when they dub these films you know...like putting the titles in the bottom...that's

what I feel like I'm watching now...a film where people are sort of speaking in a foreign language..." (laughs)

Me: "...the words unrelated to the facial expressions?"

Joseph: "I mean now if you wanted to say anything to us you would have to write it out for us to understand...Everything I do now I write...I write everything...because I'm not sure whether what people say I hear...it's like watching a silent movie...people seem to be pretty anxious when they're talking to us".

Me: "Why?"

Joseph: "I think it's because of the state of my health...I can't take a hot climate any longer".

UNIT XII

The members of the group are discussing the stigmatisation of the mental patient; everybody feels strongly that it happens; Eric says of people outside: "They know just by looking at you". Joseph starts to speak: he says that his trouble is that he went to see too many science fiction pictures - 'The Forbidden Planet', 'The Twilight Zone' etc. - when he was young, and started developing stupid ideas. He went to see a psychiatrist; the psychiatrist told him not to go and see any more science fiction films:

"He said I was turning the whole thing towards science...and everything that I drew out was really a design...you know... that could be made...instead of doing something like poetry or something like that...in other words I was losing me emotions".

And he continues:

"I was becoming too self-centred...too much science...I feel that now. I'm too much on the scientific side...Everything I draw out is made of metal or wood...It first started when I drew a model aircraft plan...somebody pinched the plan and built a model aircraft to the plan...and it worked".

Then after a pause:

"I was getting away from the modern idea of art which is more or less spirals...like wall paper designs...I was completely away from that altogether...I got to a point where I was leaving art behind".

The talk in the group then moves on to psychiatrists: how much do you tell them, and how much do you hold back? I ask Joseph about his relationship with Dr. Y.

"Dr. Y.? He's retired now isn't he? How old would he be now?"

He then says that he was about to get a job as a bus conductor, had passed his "test and everything", when Dr. Y. said, "Would you like to come in to my hospital?"

"I've been here ever since".

The session ends shortly afterwards; Joseph comments that he feels like going down to the pub and getting drunk. On the way back to the ward he says to me sadly:

"I used to dance, go to dances...not any more: it's all science now..."

UNIT XIII

Joseph says that he has a comedy to tell us about. He dreamt that he had died and had been buried in a coffin ten feet under; then he woke up - this is still part of the dream - to find that the grave had been dug up, and that he was lying in the coffin in hospital with a plaque on the coffin saying, 'Here lies the body of Joseph K.'. (everybody laughs) He thinks it was his sister who made the coffin and put him in it and buried him - "with only the worms for company" - it was definitely a woman, but he is not sure. Arthur talks about the flowers on his brother-in-law's grave: how beautiful they were. There is a long silence. No one else can remember any dreams. "Don't think I've dreamt at all", says Henry. Then someone starts to talk about the 'space business'. Joseph says it's all comedy:

"They slam the door and say that's such and such a part of the space-ship and you see it all on the T.V."

In reality a space-ship has never gone to the moon: what we have seen is just a film that's been made for television, complete with background effects of doors slamming etc. The film was made in a huge tank of water. Joseph then says that he would like to get back to the "standard of designing a good engine". The last one he made:

"They told me it went a hundred yards and dropped to bits. I couldn't believe it".

I say that I feel the others are just letting Joseph talk to fill up the vacuum. Arthur is tense and silent, clearly very angry. Joseph says that all the kids are getting fed up with their mothers and fathers; they can't look after them properly. Arthur says that he feels angry with himself and with everybody else. He wishes that "everybody would be a bit brighter". Joseph asks: "Feel depressed do you?"

Arthur says that the ward is so depressing: everybody sitting around; no

communication: "I read a book; someone else talks to himself". Henry says that he does not understand what Arthur is getting at. Arthur says: "I'm angry with myself for not getting on in the world". Joseph comments: "Nothing you can do about it at all".

Arthur continues:

"When I'm at home I think about the front garden...full of weeds...and the more I think about it the more I put it off... full of weeds and the dahlias need standing up with canes...I haven't made much progress; I haven't got a job; the only entertainment I have is going to a nightclub...I'm by myself most of the time".

Joseph makes a suggestion:

"The best thing to do is to get some wood and make something... improvement bit by bit...start a project or something...start off with something simple..."

Arthur says that he doesn't feel that he has anything to say that would interest anybody. He has to struggle quite hard to stay in contact; otherwise he would start daydreaming, about for example, life on the moon. There is a sense of emptiness and fragmentation in the group. Joseph tries another remedy:

"I mean, I suppose the best thing we can do is to...for everybody here like is to sort of find somebody who's your own type...who thinks the same way as yourself...get together...and like start a business...find something to do like..."

Me: "Start a business?"

Joseph: "Why eh...start a car factory or something like that...I think we're entirely different, that's what's wrong with us, we can't get on together...because we're all in a different mood..."

And a little later:

"I think people should be free to go wherever they want to in the world and see what they want to see...whatever they're interested in...but to do that you need a car...and you need to build good roads...and to build the roads you need tractors".

UNIT XIV

Eric recounts a dream he has had about going round the hospital from room to room trying to find somewhere to stay, and being rejected at every point: "Not getting anywhere to stay...that was the point...going all over the place and not getting anywhere to stay..." And he adds: "In real life, I'd prefer somewhere like a flat".

Joseph comments:

"The best thing to do...what I used to do...I used to live in transport cafés...I used to go from one café to another café... and then I'd come back to where I started".

Arthur then asks:

"How can we find a place that satisfies us?"

Joseph answers:

"You see the point is at the moment we're all dreaming... we're living in a constant state of sleeping".

I ask Joseph what he's dreaming about. "About transport cafés", he replies. And then: "I mean eventually we'll all sort of get back to work I suppose".

He continues:

"Everything we're making is from wood isn't it? I mean that's no good...I mean you can't drive a wooden tractor...it's got to be a metal one...The poetry of the matter is, while you're asleep you don't eat do you?"

Then after a pause:

"I mean I used to dream a lot...eventually I came to me senses... I got back to doing something...I got back to doing what I like to do, which is woodwork...woodwork and metal work...making a design for something...The metal was the nails you see... different sized nails...I used to make something out of wood you see...with different sized nails...inch and a half, three inches...I used to hammer them in and make a model ship or something".

After a pause:

"I was probably ill when I did that...I don't know...I mean eh... being asleep's all right...but...I mean...eh...I'm in a constant state of sleep, I can't get out of it...I mean eh this morning I realised that a caterpillar tractor is 90% easier to make than a good quality car...This morning when I woke I realised, I came to the realisation that a tractor is one of the easiest things in the world to make...especially when it's powered by petrol...so if you start off on something simple, then gradually you work out something more complicated such as a good quality car...I would recommend if it was possible for us to remain in the stage of tractors...that's what I say...I don't know...In other words we're right back to square one...we sort of get to a point where we could make something good and we go backwards you know".

On the way back to the ward he says to me:

"I think the depression's lifting...Just at this moment I'm stopping dreaming and coming back to reality".

UNIT XV

Joseph announces that it's a crazy world; so crazy that we can do nothing about it. He goes on:

"This is what I'm going to do, I'm going to get somebody to cut pieces out of the paper and stick them in a scrap book".

Me: "What for?"

Joseph: "When I find one sensible person I'll give him the scrap book and he'll sort it out". (laughs)

He continues:

"It's what's in the paper man, it's crazy...the news and all that...it's ridiculous...I'm going to get a big book, a bottle of paste, cut the pieces that I like out of the paper and stick them in the book".

Me: "That you like?"

Joseph: "That I'm interested in".

Me: "What sort of pieces?"

Joseph: "Why, tractors, cars, clothes...all the articles is not worth reading".

Me: "Well, what is worth reading?"

Joseph: "Why, design...I've read the paper today and there's nothing worth taking out of it...nothing worth cutting out of the paper and putting into a scrap book".

He then has another idea:

"...to get a big piece of plywood, cut out pieces from the paper, paste them onto the plywood, and form a pattern...then varnish it...Eventually you come to realize how ridiculous it is and throw it away...because as I say at the moment it isn't worth reading...Eventually the chronic depression will lift and you'll look at that piece of paper, and you'll say, 'What was I thinking about at the time?'...By doing that you can help the doctors understand your case: they know how your mind works by what you cut out of the paper".

UNIT XVI

Joseph complains about the hospital: people keep "coming and going"; people leave instead of "sticking it out and getting into a routine"; the hospital is almost empty:

"Even R. wants to go home...I mean eh...if he goes home...he depends on me...I mean if R. goes home what's the good of me stopping here...I mean eh they just seem to sign themselves out and go home...and we stop here all the time..."

Arthur: "Are you informal like?"

Joseph: (very softly) "No".

Arthur: "Are you on a section?"

Joseph: "Why, I was...I had a house like which I lived in".

Arthur: "I mean could you get out of here if you wanted?"

Joseph: (very softly) "I don't know...I sort of...I've sort of settled down now like but eh..."

Arthur: "Yes".

Arthur then complains that it's so difficult to find things to talk about in the group:

"I mean all we can talk about is the hospital...the only life we're practising is this hospital, aren't we?...I mean some of us don't even go out of the ward to be interested in anything".

Joseph: (very softly) "At one time I used to play the guitar...never bother now...I've repaired it and repaired it...finally it's all finished now, allbust up...I used to play the guitar like".

UNIT XVII

The sequence that follows is taken from a group session with, apart from Joseph and myself, three other people present, Eric, Terence and Arthur. Terence starts a conversation with me about his desire to move to another ward. All the way through this conversation Joseph is talking and laughing loudly. At one point he refers to a man called Jack who "keeps changing his name like me". He says that one day he had decided to call himself Jack Waterhouse. He then says:

"Makes you in a bad temper doesn't it, this place, puts you in a bad temper". (laughs)

Terence: "That's why we're having to drink tea all the time".

Joseph: "...fighting with each other all the time".

He laughs again, and continues:

"I don't know...you get to a point where you say 'Have I hurt his feelings or has he hurt mine?' "

He then says that people of the same weight seem to get on best: for example you're best off on a ward where everybody weighs sixteen stone. Someone else then discusses his home situation briefly. A few minutes later Joseph interjects:

"Have you been to F. lately?" (Joseph's home village) "The old F. you know, used to be a fish and chip shop...it's in a terrible state, you couldn't live there now...The village is in a terrible state, nobody lives there at all now...it's absolutely deserted".

Me: "Don't your parents live there?"

Joseph: "No, no".

Me: "Where do they live now then?"

Joseph: "I don't know like...I suppose they're living at home...they've moved...my mother came from eh...why I think they've gone to South Shields like..."

He pauses and then continues:

"Why, the old F...There was houses about there, bingo halls and that...all finished now...nobody lives there...the buildings are still there, impossible to live there now...you see you can't just live anywhere, you know, you've got to have the weather conditions to live in...I mean if you buy a house and find you can never go out of the house...If you buy a house on eh dry land like you find that you're never out of the house".

Me: "Why?"

Joseph: "Because if you go outside you get dust up your nose and down your throat".

Me: "In F.?"

Joseph: "Why, anywhere...What they do is they get a pressure suit when you take seriously ill, and you have to live on tablets...and when you take seriously ill they put you on a crash course in a pressure suit and you go crazy altogether, crackers altogether, for about three weeks. There's one on M.15's. That's psychiatry that. You see the whole world is eh...you see there's so much dust and dirt and things like that, you can't live... Most people live in communities under big domes. Now you don't know the dome is there. They build a whole village, and then they build a dome over the top, and they paint the dome and you see aeroplanes flying about inside".

Me: "Inside the dome? And what is there outside the dome?"

Joseph: "Certain death...there's domes under the sea".

Me: "Is there a dome over this hospital, or does the dome extend over the whole of England?"

Joseph: "No, just over this area...for about five miles around. You see aeroplanes only that big" (demonstrates with his hands) "they

put hypnotic gas in and there's little bits of aeroplanes flying about".

Me: "Inside the dome?"

Joseph: "Inside the dome...some of it's possibly in me...it's the only way to exist on a world like this".

Me: "Why?"

Joseph: "Because there's so much impurities in the outside atmosphere... You just turn into a cave man...if you went outside, if you went out of this environment of the dome, you would die within half an hour...It's like being on another world or another planet".

Me: "But does each village have its dome, or how does it work?"

Joseph: "Of course, they're connected with tunnels".

Me: "Between one place and another?"

Joseph: "No, between one dome and the other".

Me: "Have you been outside the dome?"

Joseph: "No...only in a pressure suit...when I went to F. like...At one time people existed outside this world of...dome agriculture and things like that...living outside like cave men you know and they died you see, and were buried you see, and then they learnt to make things...And so the first thing they made was a... I suppose they cut this tree and all sorts growing outside you know. They made a big dome like. And to sort of give them a sense of security against the breakage of the dome they built brick houses...inside the village, inside the dome. And there's another dome which manufactures gases and things like that, and we are living in what's called an environment which is suitable to ourselves".

He goes on to say that the dome could collapse at any time, and has to be kept in a constant state of repair. It is impossible to live in the

outside world for the "simple reason that there is too much dust".

"You might get hit by a meteorite coming down from space or something like that." I then ask him how it is that he seems to be more aware of these dangers than the rest of us:

"I don't know really...I suppose eh...at times you realise where you're at through your, through living in an artificial, in this environment you see".

Me: "And what's brought this realisation to you?"

Joseph: "I don't know really...you take so many tablets to get you fit you see, and you realise what you're living in...you're seeing aeroplanes...and you realise it's only that" (he points towards the ceiling) "high above your head and it's only that big... then you realise that you're living in this artificial environment".

Me: "I don't really understand about the aeroplane".

Joseph: "Why, size you see, size...You realise that the aeroplane going overhead is only just above your head and is that big".

Me: "But in fact the aircraft looks to be that big because it's such a long way off?"

Joseph: "But it's not. They put hypnotic gas into the eh dome".

Me: "So the aeroplane looks to be only that big and is in fact only that big?"

Joseph: "Yes, the gas affects your eyes you see...in the dome, and so you think that there's a big aircraft miles up".

Me: "But not so?"

Joseph: "Not so. In fact there's little aircraft flying just above your head". (then almost inaudibly) "It's like a nightmare".

Me: "You said earlier on that there were bits of aeroplanes".

Joseph: "Well, there is at times. At times you see there's one crashed you know...so you maybe just drive down the motorway...like that... that is a dome about that big...and make probably a full-size aircraft and just stick it somewhere".

He then goes on to repeat his feeling that if we lived outside the dome we would die. People may call this an artificial environment but in fact it's our real environment. He then returns to the topic of aeroplanes:

"I mean an aircraft eh is a form of transport, they tell you all sorts, but it doesn't work you see...nothing can fly...All these birds you see flying around are flying food parcels or clockwork. You see an animal is part of the human body. People talk about breeding cattle. A bull is how you feel. There's different kinds of bulls. A bull is your mind. People say why a bull you know...breeding cattle and things like that you know...well that is part of your mind you know, you see bulls".

"Now every animal that has ever been designed or existed is part of your body. You design your own animals".

Me: "What about the birds then? Which part of the body are they?"

Joseph: "Why, I suppose they are your fingers aren't they?"

I then ask him about a horse; he reflects for a moment and says that he doesn't know about a horse really. Snakes, however, are "your intestines, your insides". "Every animal that has ever been designed, that part exists in you." (laughs) I then ask him why a bird is a flying food parcel:

"Well, a bird is something to do with your stomach you see, the hands you see, you eat with your hands, that's the bird's wings, and when it goes down into here..."

Arthur: "You mean that when we eat these things they become part of us? You have to eat them to make them part of us?"

Joseph: "You see animals are part of the human body. You X-ray a human body and it's made up of parts isn't it, like a car you know...It's against the law to X-ray anybody like, you couldn't do it in any case, but you know this part here that would be the head of a snake, and that would be a bird flying...activity... You see animals are nothing. That's where life would have started...I suppose it'll probably have started with a bird, some people say that you see, and then they would sort of have inter-bred, inter-bred, and inter-bred till you got a cave-man like a gorilla you know. But that didn't happen. That was impossible".

Me: "Why?"

Joseph: "Why it worked the opposite way you see. It would work the opposite way you see if you went outside this dome".

Me: "What would happen?"

Joseph: "Why there would be animals producing our body".

Me: "But instead we're produced from animals' bodies?"

Joseph: "No, no, it's the opposite way round. People think that we're produced from animals but we're not. If we went outside the dome animals would produce themselves from us".

Me: "Well, what happens inside the dome?"

Joseph: "Inside the dome?...I don't know like...well inside the dome the most important thing is your medicines isn't it".

Me: "You're saying animals don't exist, they're just part of us?"

Joseph: "They probably do outside the dome like, what's left of somebody who went out".

I then ask Joseph why the bull is the mind:

"I don't know like...people talk, they say 'He's a bull in a china shop', and things like that".

I still don't understand and ask him to explain further:

"Something to do with the brain probably. You see, you live in this environment where your medicines is changed, and things like that you know...and your state of mind changes and everything doesn't it...You see we're living under the influence of hypnotic gases...and if anybody is showing too much activity they give them some work to do so they don't go outside".

I tell Joseph that it puzzles me that over all these months he has never talked about domes before:

"I don't know like...we also live in special suits don't we, like with diving? Everybody has been in a pressure suit you see and we all talk about deep sea diving now. Now we don't talk about domes we talk about diving and submarines and things like that...it's under 15's you see, under ward 15's...Why, we are talking about submarines is simply that we're in a dome which is under the sea. For the simple reason that the sea protects us from any flying particles and dissolves them before it hits the dome".

Terence then says that he thinks Joseph is talking scientifically about life on Mars. I disagree and say that in my view Joseph is talking about living in the hospital, about life on this planet. There is a long silence and then Joseph says:

"No, what I'm beginning to think now...I realise now that I can't exist in the outside world...I must stay here...and I'm feeling a kind of revolt against that...of staying in a, of living in an art, in an environment like this".

Me: "Revolt against it?"

Joseph: "Ay, where you have to live with people...you see you can't go outside at all...It's a pity you couldn't have your own private dome. But you can't you see".

A little later he returns to his feeling of revolt:

"Some times you feel a revolt towards this eh...idea of living under this environment but you realise like that you'd be dead if you didn't, that there'd be nothing left of you...if you went outside".

Me: "Outside of where?"

Joseph: "Outside the environment of the hospital and the place in the atmosphere in which you live...We're stuck here aren't we... We can't...I'm not you know...We must work here...We must clean the place up and keep it tidy...Otherwise any dust accumulating gets into us".

Arthur clearly feels a lot of sympathy for what Joseph is saying and comments:

"I feel that nowadays it's the only thing I can do...to come here like...I could perhaps get an outside job but I'd probably not be fit enough to keep up the pace".

Then Joseph says:

"That's it you see. This is where people come for treatment who are working in another environment. They come here for treatment. They come here full of muck and dust you know and things like that...They come here dead you know...they come here dead...they come here dead man".

Arthur then enlarges on what Joseph's thoughts about domes stir up in him. He needs a protected environment like the hospital because he can only think of one thing at a time. Outside, in contrast, you have to think

of several things at a time. I comment that there's a sense in which we all need our domes: "We need to have a dome", I say, "but it's also a limitation". Joseph replies: "Exactly, people want to get out of it... and go for a long walk...and killing something" (this last phrase obscure).

II.5. Commentary

...There is, it seems to us,
 At best, only a limited value
 In the knowledge derived from experience.
 The knowledge imposes a pattern, and falsifies,
 For the pattern is new in every moment
 And every moment is a new and shocking
 Valuation of all we have been. We are only undeceived
 Of that which, deceiving, could no longer harm.
 In the middle, not only in the middle of the way
 But all the way, in a dark wood, in a bramble,
 On the edge of a grimpen, where is no secure foothold,
 And menaced by monsters, fancy lights,
 Risking enchantment.

(T.S. Eliot, 'East Coker', 81-93)

People come to the hospital, Joseph tells us at the end of the 'dome' sequence in Unit XVII, "for treatment". "They come here full of muck and dust you know and things like that...They come here dead you know...They come here dead man". Joseph experiences himself most of the time as dead, as having to fight for life. Much of what he says about himself, and about the world in which he lives, depicts a struggle between the forces of life and the forces of death. It is not, however, a straightforward tussle between Eros and Thanatos: the difference is that Joseph does not always know which to choose; sometimes he favours life, and sometimes death. More than this, listening to him we can never be sure - because he is himself so unsure - of the difference between life and death; the struggle is not only between life and death, but a struggle within life - or within a death in life - between conflicting ideas about life, about what it is to be alive and to live a life.⁸

For Joseph everything is turbulent; nothing will settle for very long. An opposition of meaning that is established in one instance is turned in a different direction at the next. It is easy to be daunted by all of this; the material is in every respect too laden with contradiction and resonance for any kind of comfortable response to be

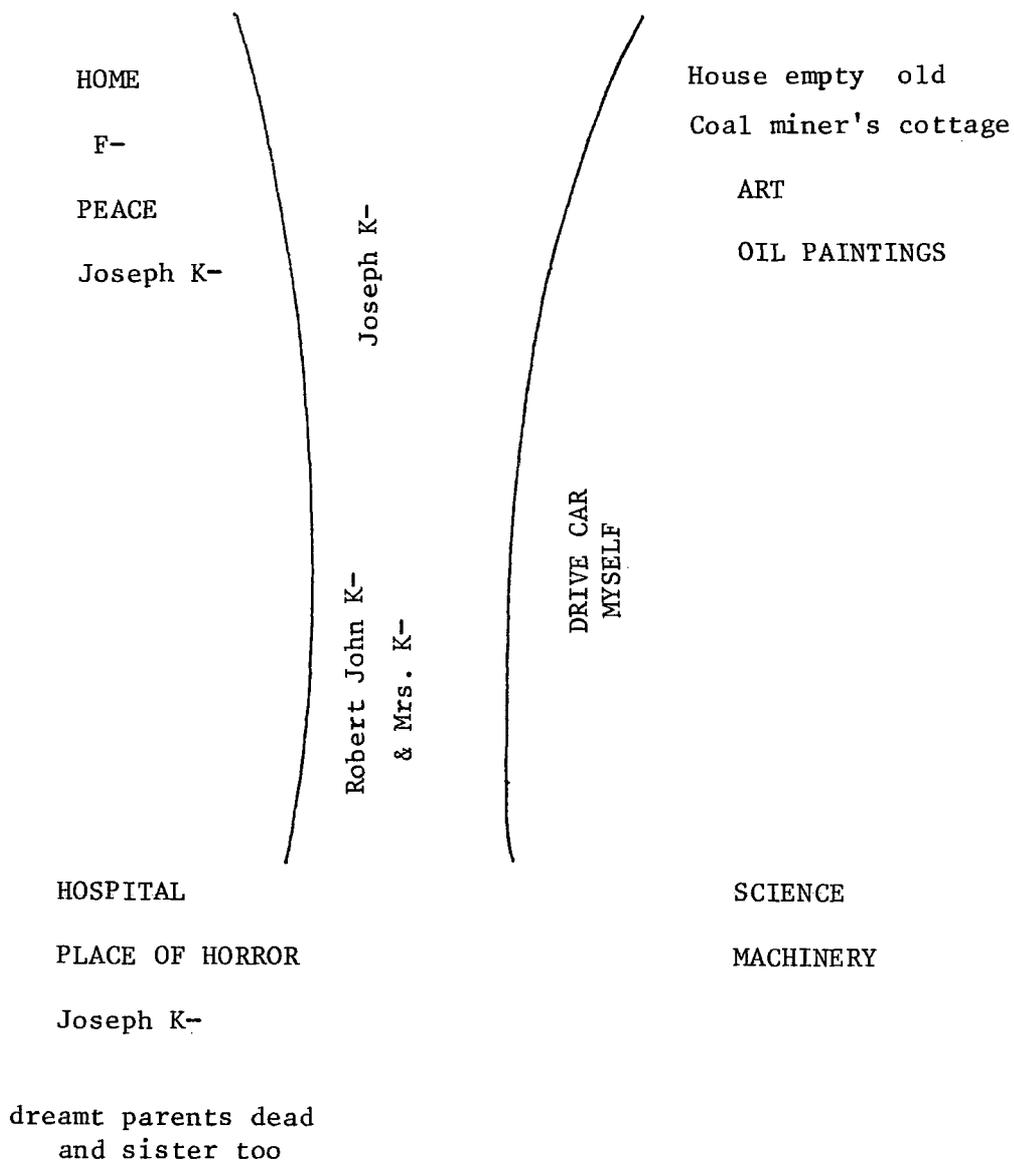
possible. The temptation is either to disregard it all as meaningless 'noise' or to search in desperation for a 'key' or hidden code that will disclose a rationality beneath the turbulence of the surface. In the idiom of André Green that we quoted earlier we have, I think, to try to create a 'space' that is neither an empty space - a space emptied of all significance - nor a space filled to overflowing without limit that can leave us only confused and amazed; we have, instead, to try to situate what Joseph gives us "in a ventilated space, a space which is neither that of 'this is meaningless' nor that of 'this means that' " (1975, p.8).

Some of what he says is clearly filibustering. Take for example the sequence about aeroplanes in Unit I. At the time of the meeting from which this excerpt is taken I had already met Joseph on a number of occasions but I in no sense knew him well. His long and rambling monologue - of which I reproduce only a few items - has on the face of it no apparent sense to it; not only the person behind the language but even the language itself seem to be obscured by the presence of hard-edged objects and fragments of objects that will not resolve into a unity of meaning. Only when he starts to talk about 'tests in psychiatry' am I given a clue. He was clearly anxious in this meeting; and his anxiety was not diminished by my own nervous and stumbling introduction to this first group session. I am reminded of Laing's remark that "irreducible difficulties are practically certain to be increased, at least in one's first encounters with the patient, by his or her deliberate use of obscurity and complexity as a smoke screen to hide behind" (1960, p.163).

For the most part, however, the obscurities and perplexities of his talk were not contrivances produced for the immediate occasion but had a more pervasive function in his ordering of himself and of his

relation to the world. It is to the detail of the tensions and oppositions that are at work in his discourse that we must now turn. These are several and they move in a number of directions.⁹ There is no single core notion around which everything else can be seen to turn. A useful beginning is with the opposition between art and science to which Joseph returns on a number of occasions.

In Unit XII the distinction between art and science is made explicit; Joseph contrasts science - woodwork, metalcraft, and designing model aircraft - with the modern idea of art: spirals, like wall-paper designs. He had, he tells us, reached a point where he was leaving art behind, and "instead of doing poetry or something like that" was concentrating his energies on things that could be made. "In other words", he tells us, "I was losing me emotions". And walking over to the ward after this session he says in a despairing voice: "I used to dance, go to dances...not any more: it's all science now". The following day he returned to the theme and asked if he could draw me a diagram.¹⁰ This is what he drew:



(FIGURE I)

In the diagram then, art is related to peace and home, and science to horror, machinery, and the hospital. Later in the same session he asks if he can draw me another diagram to depict a horrible dream he has had:

100 yds
square -

PUT ON IRON
STIKTS

ANIMALS
AVOID
PLACE

ELECTRIC
FENCE

EVERY
THING
GROWS
BIG

TRAPLINE (CONFORMITIES)

TRAP

ROSES
WHEN
ROSES
GROW
START
FARMING

GRASS

FIRST
STAGE
OF
FARMING

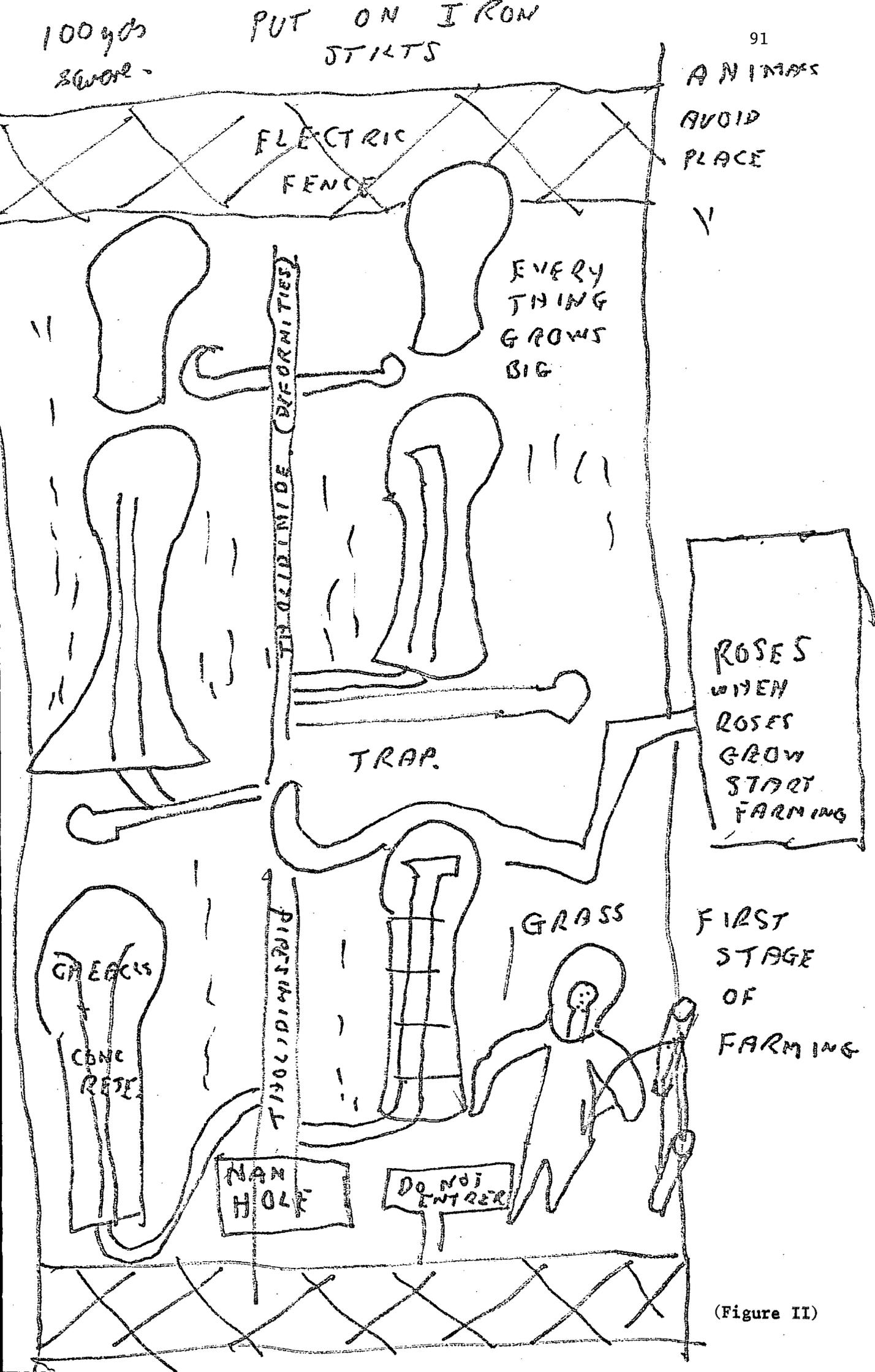
CAECUS
+
CBMC
RETE

PIRSTIMID/2011

NAN
HOLE

DO NOT
ENTER

(Figure II)



The meanings here are not easy to disentangle. He mourns the loss of art and of his emotions, yet in this second diagram he appears to encourage an alien growth that violates the life of the roses. Art is seen to be good and the rubbish-heap bad; the roses, like the room in the hospital with its white walls in Unit VIII, and the image of 'peace' associated with F- and home, in the earlier diagram, suggests a romantic ideal of purity that is in contrast to the dangers and contaminations of the 'trap'. Yet the trap, with its pipes, and the bones, and phallic-like growths is strongly suggestive of Joseph's body. And the rubbish-heap is also the hospital; the hospital, he tells me on another occasion, is a "tip: a dirty, scruffy, rotten hole".

A few months later he tells me that he wishes that he could spend more time looking at pictures. He mentions Cezanne; Cezanne, he says, started by painting trees and then moved on to sculptures. When he was on a course in Edinburgh he used to look at large books - opening his arms wide - of illustrations. But here, he says, there is nothing, only the buildings:

"So you have to create your own art. When there's no art provided you have to create your own. Current affairs is all photographs, just a copy of something. Art is much more important...it shows you what you think."¹¹

He does indeed attend the hospital art classes, but in the larger sense to create his own art is clearly very difficult for him. Moreover it carries with it its own dangers. The rubbish-heap is 'bad' but it is surrounded by an electric fence to establish the boundary between it and the outside world. The artist, by contrast, risks the loss of all his boundaries. Thus he tells me that when he came into hospital he threw his pen away. There was too much poaching going on: people

transforming someone else's ideas into their own style. Many of the patients on Male 15's have written books and they are now half-dead:

"Take the back three pages of everything they have written - the worst stuff - put it all together, and publish it under their name, as the authors of these novels. It'll show you what a state they're in...We used to say the Lord's Prayer backwards".

Most novelists, he goes on to say, are in psychiatric hospitals "on these therapeutic drugs...they're wanting new ideas from people all the time".¹²

In Figure I it is a car driven by himself that established the link between home and hospital, between art and science. However, a few months after he drew the diagram he tells me that he has lost his sense of pleasure. The car that used to carry him from home to hospital was once a source of pleasure; now, he says, it is simply a form of transport. Thus, for example, he could, like me, go to Durham if he felt like it. But if he did go there he wouldn't know what to do. And if he went home there'd only be trouble. I ask him of what kind. "Well", he replies, "I've been here four years and I don't even know if the house is there anymore. On the ward they say 'this is your home' but I say it isn't. I know I should go home...A married man is separated from his wife in hospital, and an unmarried man is separated from his future wife".¹³

In Unit IV he declares roundly - in contrast to the previous session where he has celebrated the hospital as the best place to learn farming - that he wants to go home: "everybody's wanting to go home...We're sick of the place". And in the graphic image of the two-way switch he describes the depletion of autonomy that hospital existence inflicts on him.

In the following session - Unit V - I am for a long time at sea - from

the Atlantic Shelf we travel to the Azores - but gradually it dawns on me that Joseph is talking about the erosion of his own identity in the hospital. The collapse of his own self and the collapse of the hospital are tied together;

"Ward 15's are the last people left in the hospital...you see gradually bit by bit we were moved from ward to ward you see...and then we all finished locked up in Male 15's. Most people have left the hospital. It was practically empty. It was falling down". He survives, but only just.

The hospital here is associated with death and decay; the possibilities of life and creation are somewhere else. Over the time that I knew him, however, the road between home and hospital seems to be invested with less and less hope. Roads carry a great deal of meaning for him. In Unit XIII in answer to Arthur's dejection about his wasted life he says:

"I think people should be free to go wherever they want to in the world and see what they want to see...whatever they're interested in... but to do that you need a car...and you need to build good roads...and to build the roads you need tractors".

Ten months later - almost the last session I had with him in fact - he tells me that the roads are bad for the cars. "Any type of practical work has to be stopped apart from sitting on benches; you can't build a car because to put a vehicle on these roads would crack the roads and completely spoil them...Now the roads have gone and we all seem to be stuck on this desert island here". Roads, he goes on to say "are the life-line of the country. If you ever lose your roads you can manage like, but it's difficult." ¹⁴

And he is indeed in danger of losing his life-line. The possibilities of returning home are slim; in any case the peaceful haven of the diagram is not the real home that he knew. His real home - and his real relations with his parents - as the quotations in Unit II seem to suggest - evoke in him a turbulence that is unbearable. I was never able to build up a clear picture of his relations with his family, and of his feelings about them - often he would talk about imaginary families in which he had either the role of parent or infant; sometimes it seemed as though he experienced himself as a parent to his own parents; and on occasions he talked about his actual parents as his step-parents. Something, however, of the tumult in his relationship with his mother is evident in the following. A propos a visit that I was to pay to his parents¹⁵ he told me that an undertaker had once said to him:

"Take no notice of psychiatrists and psychologists: there's many a man been killed by his mother'. So as soon as he said that I bought a gun. He said there's not a woman on earth didn't want her son born the opposite sex. He said the right thing to do was to look after your mother and make sure she's physically and mentally happy: but the danger is that when she gets too well she'll want to look after you and kill you. You mustn't put her in a prison because when she gets out and you haven't visited her she'll kill you." He goes on to say that his mother "lived in a house, but she had a large ring which wouldn't come off, tied to a mile of guitar string, so she could only walk a short way."¹⁶

And on another occasion he said to me:

"Some people as soon as they start talking on the street corner start doing daft things, stuffing things down their throats: because they wish they hadn't been born men rather than women".

Home, then, although it may be an imaginary haven of peace and art is associated with fearful complications of sexual identity. Between home and hospital, he can envisage no other real possibility. As he says to me on one occasion, even if he did leave the hospital he wouldn't be able to afford to buy any land. And not being a family man, he would walk the roads, working in showgrounds and sleeping in cars. In Unit XVI he complains that people keep coming and going: the hospital is practically empty; even his friend R- wants to go home. But he is no longer inclined to leave himself. Arthur, in a poignant turn of phrase, remarks on the dreariness and emptiness of the "life we're practising in this hospital". Joseph, in a statement that echoes his earlier remark about how he used to go to dances but "it's all science now", comments sadly:

"At one time I used to play the guitar...never bother now... I've repaired it and repaired it...finally it's all finished now... all bust up...I used to play the guitar like".

The hospital depletes his identity; it separates him from his future wife and it undermines his work identity. A man who does not work, as he tells me, is not a proper man. Moreover the hospital has no art, only buildings. One solution open to him is imaginatively to devote his energy to building. Alluding to building work that is taking place in the hospital, he says that Male 15's is not in need of alterations. A new ward couldn't be as good as 15's because of all the work that he and the other patients have put into it. "We've put a lot of work into the insides" he tells me "we don't want any roads digging up or any lawns digging up. We're just going to keep on working on the insides all the time. We're working on the roof at the moment... to make it water-tight." The walls are in need of papering: "The

trouble is there's 40 on the ward; we might have to transfer them over here whilst we paper the walls". Male 15's he says, is home: "I've got it the way I want it...The work I've put into the place, I wouldn't like to leave...I'd have to start from scratch again on a new building... It takes 40 men to look after a hospital this size and they all come from 15's".¹⁷

Imaginatively, then, he has been able to build for himself a work identity and a home that he can call his own. However the vocabulary of building on occasions serves him with a more fundamental function than this; it provides him with a means to talk about, and find a temporary solution to, violations to the carapace of his self. The most extreme version of this is the extraordinary sequence about domes in Unit XVII, which follows, we will note, a statement that he makes about his experience on the ward to the effect that "you get to a point where you say 'Have I hurt his feelings or has he hurt mine?'". In the 'dome' sequence even to build a strong house is not enough; the house or the village is placed inside the dome, and the dome itself is located under the sea "for the simple reason that the sea protects us from any flying particles and dissolves them before it hits the dome".

He develops his ideas about buildings in his responses to some of the pictures in the Object Relations Test which he gave three weeks after the 'dome' sequence.¹⁸ In response to one picture he says:

"...There's shadows in it, that's the funny part, that's all wrong and there's no shadow for that wall...could be at night then... a light or something shining through a partly demolished building...a farmhouse or something after it's been blown up...there's a place like that near F-, a farmhouse that's fallen down...a lot of people meet there...there's a path all the way round...and a path just over here...

and bits of farmhouse all round".

The village of F- recurs in the next picture too:

"That looks to me like...oh I recognise the place...looks like Black House...I used to live there once...it's still here like...I always wanted a better house but never got one...Windows are boarded up...Looks as if he's saying 'do we have to start with the house right from the beginning again?' Looks like old F- pit heap to me. Them houses no good. Probably the stones and bricks are made from F- pit heap. They have to be all fitted out like a ship. The basic structure's pretty sound, but it wants fitting on the insides of the walls...It would cost a hundred times as much to build a place this size properly...to house this number of people...with ultra violet lamps and round absorbing walls, and pipes in the walls...and electric central heating and that...and then it would cost a fortune to run wouldn't it...Basic structure's sound but no good really...Won't last very long I don't suppose...Two years and then it'll fall down...Black houses: we tried to repair them but couldn't...we couldn't demolish them. So we just boarded up the windows to stop people getting in...Villages and villages of them...And so many people wanting houses. And all these houses going to rack and ruin. Impossible to build houses for all the people who wanted them. Housing, food and medicines are the three biggest problems in the country..."

People come to the hospital, Joseph tells us in the 'dome' sequence, 'full of muck'; in the hospital there is no art, and the buildings themselves are in a sorry state of collapse until Joseph starts to 'work' on them himself; and the whole place is in any case hopelessly overcrowded. An alternative is to be found in the following:

"That picture to me is a place worth living in. A lot of timber in it. Good ventilation. All right. One of the stately homes of England. You see really a place this size...it takes a place this size to support not 40 to a ward but just one man and his wife. So they can live comfortably for ever...They were built large so the person could walk around them, looking at paintings. So he didn't have to go out among all that muck and that. He could get out of his car and into the house without ever going outside. He lived a comfortable life in a very big house - not like 15's, 40 to a ward... and that's the way it should be. And the houses were good houses".

The stately home provides for a peaceful existence, not unlike the haven of peace in Figure I. In the next example he takes us back to the muck and chaos, and intimations of a terror around his own birth - he was born in 1937 - and upbringing, in which identities are hopelessly muddled. The RVI is the Royal Victoria Infirmary in Newcastle-upon-Tyne where Joseph was first admitted some years back before his transfer to the present hospital:

"Looks like a London fog. He's sort of wandering around looking for his house in a fog...I mean they got themselves into this mess, we can't get them out." "They?" "Our parents...I mean they'll have to learn how to build a proper house and produce materials and everything. I mean they produced buildings like this which are useless. Most of their time they spent in the RVI which is a good building. The houses they had are all no good - they kept coming in till they were shipped into the RVI...1937 in the RVI...terrible...I was born in 1926...full of babies and that...the doctors couldn't cope with the chaos in there, they hadn't the medicines, and a lot of the babies died...That's where I first met my doctor. She said 'I'll take your appendix out' but didn't...Just put a couple of scars, tattoo marks...

At about 11 I was shipped into the RVI to work in there but I couldn't do nought...It was really bad in there...It was all due to their houses: they were no good...The place was jampacked. So all they're doing now is to push them into places like this, hoping they'll come round to studying building and that...They're doing what they did in 1937 when the RVI was full up...Otherwise they're going to spend the rest of time in a place like this...until they learn a bit about building...and get into a decent hospital...Now when you try to teach them something - such as joinery - they can't do it, they won't have it, what tools you need to buy to build a house, a prefabricated house."

Michael Long, in a powerful study of Shakespeare's tragedies, shows how central is the image of the house in both the comedies and the tragedies. In the comedies we find a house, surrounded by woods and fields, "which can open its doors and allow free movement back and forth between the society indoors and the wild world without" (1976 p.7). In the tragedies, in contrast, we "have houses which do not open their doors, except to cast out the errant to their fate. They keep their doors firmly shut and their bulwarks impregnable, fearful of volatility and therefore preventative of release" (ibid.). Thus in 'King Lear' "we begin within a great house where all the panoply of a culture is assembled...This house of Law is surrounded by the wild world, into which the errant are driven or where the Law's victims seek sanctuary; and those who adventure into it experience all the tumult of the kinetic which, in the social world, was tamed or ignored or repressed," (ibid.pp.162-3). And Cordelia and Kent are indeed expelled; expelled "to inhabit an outer, extra-cultural and non-human world of dumb animal violence; an area of life not on the map, and hence not part of the King's 'nature', inhabited by the sub-man or beast 'that makes his generation messes/To gorge his appetite'" (ibid. p.166).

For Joseph 'housing talk' is familiar; his father is a builder and Joseph himself a joiner. Some years back, for example, Joseph had - as his father proudly showed me - designed and built the roof of his parents' bungalow.¹⁹ There is a sense in which houses constitute the bricks and mortar of his work identity in that larger house - the house of society - from which he is now exiled. There is an obvious sense, too, in which talk about houses and about building provides him with a means to give expression to forms of experience that are alien, and for which he has no settled vocabulary. The difficulty for him is that the language of housing treats of the fixed and external whereas the meanings that Joseph is struggling with are both internal and external; they shift and leap about. The house for which he has built the roof does after all include his mother; and therein a meaning that the structure cannot contain.

Joseph, like Cordelia and Kent, has been expelled from the house in which most of us live. He has violated the habits and assumptions - the frameworks of meaning - that hold the house in place, and for this he has been banished. Unlike Lear, however, Joseph is not cast out without shelter onto the heath. His enforced place of residence, although in one sense it belongs within the social world, speaks loudly of his exile from it. In Units II and III he wonders where he should live; home or hospital; between these, as we have seen, there is no other option. The question that he asks is in one sense real; but it is not just the physicalities of place that concern him: more pressing is his abode in the vast drift of meaning. In a celebrated phrase of Winnicott's, it is a question of the "place where we live".²⁰ The message that is given to him by the social world is that he and the rest of us do not live in the same place. He is in that sense, thrust into an "area of life not on the map". One tactic, as we have seen, is to restore the hospital and his activity in it, to a place in a meaningful

social world that includes the world of work. And more than this, the hospital is restored not only to the social world but also to culture and to nature; from being a rubbish-heap, "a dirty, scruffy rotten hole", a repository of the unwanted and the derelict, it becomes a farm and a college:

"...we thought it was a college when we first got here...next we thought it was a farm...then we thought it was a hospital...then we thought it was a farm...so eh".

"What do you think it is now?"

"If it is a college...it looks more like a college to me than anything...the OT and the group-work and that...it looks more like a college than anything to me...a very old-fashioned college like".²¹

Yet to build himself an abode, and to keep it intact, is not easy. He has been thrust from the house of named and institutionalized others in which most of us live. What he does not renounce - what cannot be taken from him - is his tenancy in the institution of language; he uses the resources that it offers, with energy and ingenuity, to build for himself an abode that will protect him from the storm. For Joseph in his own way all that is outside the house is dangerous. Thus in the 'dome' sequence he tells us:

"...you see you can't just live anywhere, you know, you've got to have the weather conditions to live in...I mean if you buy a house and find you can never go out of the house...If you buy a house on eh dry land like you find that you're never out of the house."

"Why?"

"Because if you go outside you get dust up your nose and down

your throat".

The only way to go outside, he goes on to say, is in a pressure suit; to leave unprotected is to risk certain death or to turn into a cave-man.

Clearly it is not simply a matter of holding the door shut: the whole structure threatens to collapse. The abode is always temporary: flying particles and bits of aeroplanes, the fear of fragmentation and devastation is never far away. For the most part his language holds together; occasionally the molecular splitting puts it in jeopardy as here:

"...In fact there's little aircraft flying just above your head", (then almost inaudibly) "It's like a nightmare".

"You said earlier on that there were bits of aeroplanes?"

"Well, there is at times. At times you see there's one crashed you know...so you maybe just drive down the motorway...like that... that is a dome about that big...and make probably a full-sized aircraft and just stick it somewhere".

At his most extreme, he wants to build for himself an abode that is utterly unpeopled: "It's a pity you couldn't have your own private dome, but you can't you see". At times it seems as though there lies nothing in between the extremities of the villages upon villages of empty houses, their windows boarded up, standing desolate and irreparable, and the terrible chaos and confusion of the teeming life in the RVI. Some months later, at the time when he has started to invest the hospital with significance as a place where he is doing useful work, and that he can call home, he adopts a better solution. Speaking of the hospital

he says to me:

"I think I'll be here for quite a while...I like these remote areas...My mother says that there's nothing here like: she's in the women's ward. But the work's here like..."²²

A month later I ask him how things are on the ward. "Why eh... they're pretty bad like...after working all winter like...they're pretty bad like...Well, we're pretty eh...mentally fit like...I wouldn't say that we're physically fit like, but we're mentally fit like, our mothers are fit you know" "Your?" "Our mothers, we've got our mothers and sisters into hospital like...you know...ay because of the weather like" "How's that?" "It's too hot like". I remind him that I recently met his parents at their home in F-. He tells me that the two old people I met were only his step-parents. He goes on to say that his mother makes tea and does a bit of secretarial work, "not much, mostly making tea all the time for the doctors and things like that..." "My mother's all right", he says, "she used to go to the art classes with me". And he continues: "While I'm outside she can't go out...she stops in on the ward...to make sure I don't wander off... Wherever I work she is".²³

By a fine imaginative stroke, then, Joseph has found a solution to his problem of abode; like Joseph himself his mother takes refuge in the hospital from the 'weather conditions'; one of her functions is to make sure he doesn't wander off; in short to protect him from the ravages of the storm. And the mother that he brings to live in the hospital, we can be sure, is from Joseph's own account very unlike his own mother who wanted her son born the opposite sex, a mother who figures prominently in the storm from which he would have his imaginary mother protect him.²⁴

In 'King Lear' the spurious and corrupt 'nature' of the house contrasts with the natural world of the storm on the heath. The storm may be harsh but in its raw actuality brings with it a sense of life that is invigorating. And as Michael Long points out, the storm in 'King Lear', unlike the natural world of 'Macbeth', is "quite free from witches and mousing owls and crows making wing to rooky woods and horses eating one another" (op. cit. p.188). For Joseph, however, nature holds no consolations. Time and again he presents us with images that depict an acutely painful hiatus of growth and development; it is as though nothing can be allowed to follow its natural course from beginning to end; everywhere there is collapse, depletion and reversal. In Unit XIII he says of the last tractor that he designed: "They told me it went a hundred yards and dropped to bits. I couldn't believe it". Of one of the pictures in the Object Relations Test he says: "Looks as if he's saying 'do we have to start with the house right from the beginning again?'". In Unit VIII Joseph is in a peaceful room in a "most fabulous hospital" but it seems at the expense of another man - who appears to be his father - "who...was living not in a hospital but in a prison...he got hardly anything to eat...a very old man...as soon as he retired he died". And of himself he says on another occasion: "It's going to take me until I'm sixty-five to have my own self put right before I can have any family at all". In his response to the Object Relations Test picture in which he talks about the RVI, the chaos of his own birth and development, and of his parents' identities, seem to be mingled together. Something of his agonising feelings about growth and procreation is evident in a discussion that we had towards the end of my work with him: "They" - he did not make it clear who 'they' refers to - "prepared in 1937" - the year of Joseph's birth - "to breed this new herd of cattle...and eh it's now

1974" - it was in fact 1972 - "and eh, so far they've got a young bull, a young cow,...and two old cows...that's all they've got since 1945." And the cows in the fields roundabout, he tells me, are "deaf, dumb, blind, and stupid. Their tablets wear off and they stop eating. They sit down in the meadows and they starve to death".²⁵

Nature for Joseph is more like the world of 'Macbeth' than that of 'Lear'. In Unit X we have the rampant sexuality of cats giving birth to an "explosion of cave-men crossed with bulls, elephants and all sorts". In Unit VI horses can only be ridden if "encased in metal... the whole of the armour is the gear box and you change gear with the sword."

Nature, as the last example indicates, demands mastery and control. Union can only unleash dreadful hybrids. Mastery and control is the idiom of science in contrast to art; science as we have already seen is associated with death and horror but the life of art exposes the self to the possibility of violations and thefts that may be utterly fragmenting. (Joseph talks about the 'poaching' of ideas in the hospital; images of stealing recur in Units VII, IX and XII.) Much of the time Joseph opts for science and punctuates his discourse with statements about tractors, cars, aeroplanes, wood-work and metal-work, as for example in Unit XVI. In Unit XV he proposes to cut pieces out of the paper that he likes and stick them in a book. The pieces are of "tractors, cars, clothes...all the articles is not worth reading." Better the stability of these frozen images than to be violated by meanings from "a crazy world". And if words there must be, the written word is preferable to the spoken, as in Unit XI.

But in saying to me "everything I do now I write...I write everything" Joseph of course belies himself. The reality is that he

talks a great deal and writes only a little. Just as we found that 'housing talk' could not contain the meanings that dwelt in the house, so with the idiom of mechanical objects Joseph, try as he will, cannot keep art out of it. The idiom is presented as an alternative to animate, organic meanings and at the same time as a vehicle for expressing these meanings without appearing to do so. Thus in Unit XIV Joseph tells us that "this morning when I woke up I realised...that a tractor is one of the easiest things in the world to make...so if you start off on something simple, then gradually you work out something more complicated such as a good quality car...I would recommend if it was possible for us to remain in the stage of tractors...that's what I say...I don't know...In other words we're right back to square one...we sort of get to a point where we could make something good and we go backwards you know". The talk is ostensibly about tractors, but we can quickly sense the presence of those other meanings concerning growth and development that we referred to earlier.

An important question arises here, in relation to this example and others that we have discussed: how aware is Joseph of these hidden, or not so hidden, meanings in what he is saying? Or to put the matter differently, how aware is he of the symbolic import of what he is conveying in, for example, the 'dome' sequence? Or are we to treat examples such as this, as the conventional wisdom would have us, as 'delusions' of which Joseph is a passive victim? A contrasting formulation, favoured by some American theorists,²⁶ is that the schizophrenic patient is playing a 'game' of which he is fully conscious.

Neither the conventional nor the radical renderings of the problem seem to me adequate. A more accurate expression of the difficulty is, I think, to say that Joseph is both aware and unaware of the significance of what he is saying and of the nature of the reality to which his

statements refer. It is as though much of the time he carries out mental operations on himself, such that he is able to export a large part of what is troublesome and frightening in his feelings about himself, and his relations with the world, into objects that are external to him. Nevertheless although these operations may be partly unconscious, he is for the most part sufficiently in charge of them as to be willing, and able, to make the connections between his immediate experience of himself, and the meanings that are being conveyed through objects and events external to him, when called upon to do so. The clearest expression of this is in the 'dome' sequence where Joseph readily accepts the construction that I place upon what he has been saying as having to do with his feelings about himself, and more particularly with what it means for him to be in hospital.²⁷ In a subsequent section I shall return to the difficulties that are posed by these formulations, and to the expressions of them that are current in the literature.

Joseph oscillates a great deal of the time between extremes of awareness and non-awareness, between sensitivity and obliteration. In Unit XI when I tell him on the way over from the ward that Arthur will not be present at the meeting because he has had to attend his brother-in-law's funeral Joseph remarks: "I've got trouble with me ears...I think I'm going deaf". On another occasion when Henry recounts the tale of a patient who thought that he was going to be discharged but found that his psychiatrist had decided to renew his section for another year Joseph comments:

"I'm having trouble with my ears and eyes now...I can't see properly...I want a pair of glasses...My hearing's dull, I can't hear properly". In the next session, however, when the incident over the patient is again discussed, Joseph is able to muster a more humorous

response:

"It's what they used to do exactly...they used to call it foreign labour...offering people holidays in the country, and once you were in the country you couldn't get out".

The same oscillations are to be found in his perceptions of others. What he had to say about Henry, for example, made me wonder if we were discussing the same person: "He's a born leader...a real man...He seems to know what he's doing all the time...he's one of these persons who would get onto a straight course and stay there...He's what we call a 'he-man'...he's a crack shot with a shot-gun you know". In my own case I often felt quite lost with him. Time and again I had that feeling of deep futility that Searles has described in his work with chronic schizophrenics.²⁸ It seemed quite impossible to penetrate beyond the fabric of bizarre description and speculation to achieve some sense of how he felt about meeting with me.²⁹

On one occasion, however, after a particularly futile meeting in which it seemed to me that everyone in the room was become increasingly remote from each other, Joseph asked if he could write me a message.³⁰ The other patients had all left, and Joseph and I were alone in the room together. He asks if he can write me a message to "see what you make of it". This is what he wrote:

A DOZEMEZE
 COMMANDANT
 OUR A VOIR
 Espaniola
 VOUS ET LE MOIR
 J K-

I thank him, but say that I find it difficult to understand. He

readily translates for me: "Where are you bound for Commandant?
Where are you going? Good bye. You are sick of the job".

The ritual was in one sense comic: a message in doggerel French and Spanish that he then unhesitatingly translates for me; the words that he writes down bear only an oblique relation to the message that he translates; the posture is droll: it suggests a provincial garrison in a second-rate Western. But in a sense we were actors in just such a drama: there he was a locked ward patient in a large, dreary, provincial mental hospital, and I, with my keys at the ready, was soon to lock him up for the night. No doubt this was the best that he could summon to enliven this sad, empty, reality. And it was also the closest that he could come to a directly personal statement that recognized my own depression. In his own way, he points to something of this himself when, walking back to the ward with me a few minutes later, he says that there are "so many misunderstandings with English"; Spanish, by contrast, "is definite".³¹

When the period of my research was drawing to a close, I decided that I would inform the patients I worked with closely of my departure a few months before I actually left. Joseph was at that time very preoccupied with sick animals. "I see this place" he said "as working over time to look after animals, sick animals...the cows are the worst of the lot". And part of Joseph's responsibility, so he told me, was to look after these animals. He then said to me: "Anything you'd like me to do for you? You've done a lot for me. If you had a dog or a cat or something took sick you could bring it here". A week or so later I told him that I would be leaving in a few months' time. The date was May 16th. There was a silence, then he said, looking at me: "Yes...the trouble with the meadows around here is that there's not enough grass. The cows

can't find enough to fill their stomachs...They can't get by without supplementary sustenance".

Some months later - on August 4th to be exact - Joseph ponders whether the hospital is a farm, a college, or a hospital. He decides, as we noted earlier, that it is probably a college. He then says: "It seems to me that the first part of the course is over...We're now in the second part of the course, and the first part of the course was a year. It finished on the..." - and he thinks for a minute, and says aloud - "15th?, 16th?, 15th of May like...if it is a college like".

Astonishing though it may seem, coming from someone who on occasions appears to be confused as to his own age, the dates of the Second World War, and the year in which we are presently living, I can only assume that Joseph is alluding here to the date on which I told him that I was going to be leaving. And in May I had, in fact, been working with him for a little over a year.

You take my house when you do take the prop
 That doth sustain my house; you take my life
 When you do take the means whereby I live

(*'Merchant of Venice'*, IV.i. 376-8).

Joseph, with a generosity that it is not easy for us to complement, shows us the means whereby he lives. To sustain his house is difficult for him; he suffers bitter tensions and contradictions: between art and science; between the life of feeling and the artificial; between the rose-garden and the rubbish heap; between the complete dissolution of all structures and a moribund order that cramps the human spirit. He feels terrible without tablets, and yet when told by someone that psychiatry is dependency on tablets, "we didn't quite understand this, we thought 'Surely to God we weren't put on this earth to live on tablets all the time' ". These tensions and contradictions are, taken together, more extreme than we would want - or could tolerate - for ourselves but we have, I think, as a necessary component of any act of personal and social affirmation, to recognise ourselves in them. In order to find a position convincingly experienced from within which we can both allow Joseph his voice and ourselves be allowed our own, without the one seeming to repudiate the other, we have to stress the important sense in which we do live in the same place. The strangeness and 'otherness' of much of what Joseph says does not therefore go away but the whole problem is experienced from a different vantage point. Instead of trying to reach across an inalienable divide as from a safe and assured harbour of refuge it becomes a matter of how to forge a language of description and communication, a mode of response and relation, that is rooted in a common - and therefore felt - dynamic of personal and social life. To provide Joseph with the "supplementary sustenance" that he asks for is, to be laconic about it, a problem of art as much as of science, and more particularly of the tension between them; sustenance for an isolation that is only partly

of his own choosing; a house under the sea in which he dances no more:

The houses are all gone under the sea.

The dancers are all gone under the hill.

(T.S. Eliot, 'East Coker', 99-100)

II. Notes

1. On occasions I saw discharged patients at clinics and psychiatric departments elsewhere in the area.
2. I find the extent of my own material daunting, nevertheless I cannot claim to equal Searles (1972) who presents the case of a schizophrenic woman whom he has seen 4 hours per week ("apart from brief vacations") over a period of 18 years, a "total of some 3500 hours at the time of writing". All the sessions for the last 6 years were tape-recorded.
3. All of the patients reported here were receiving a form of Phenothiazine treatment. None of them were administered E.C.T. or any other form of treatment during the time that I knew them.
4. Excellent presentations of schizophrenic patients in recent years are Laing (1960), Milner (1969), and Searles (1972). Nevertheless even with these writers it is often difficult to distinguish the voice of the patient from the voice that is speaking about him. The accomplished understanding that is given to us at the level of the text takes away from what happens in the social occasion of meeting; namely the struggle to accommodate the discourse of the schizophrenic within one's own discourse in a way that does not involve a repudiation of one or the other, or of both. To go from reading, say, Laing (1960) to meeting with a disturbed schizophrenic is no easy matter.
5. The following examples are characteristic. The first is taken from Mayer-Gross, Slater and Roth (1969, p.267):

A young patient said 'I feel that everything is sort of related to everybody and that some people are far more susceptible to this theory of relativity than others because of either having previous ancestors connected in some way or other with places or things, or because of believing or of leaving a trail behind might leave a different trail and all sorts of things go like that'.

The example is presented as an instance of 'thought blocking' to indicate the gaps, the poverty, the indefiniteness, and the vagueness of the thinking disorder.

In Forrest and Affleck, eds. (1969, p.23) we find the following as an illustration of the disorder of the possession of thought:

J.G. claimed that he was highly skilled at making up jokes. Unfortunately these were immediately removed from his mind and put into the mouths of comedians so that when J.G. was watching the television he would hear his own thoughts uttered as jokes by the

performers. He said he was going to write to the BBC about this infringement of his privacy.

The critical point is, of course, not that these vignettes do not illustrate the tendencies that the authors ascribe to them but that the presentation enfolds the patient in a terminology of its own such that we are never permitted to hear more from the patient than the occasional curtailed utterance.

6. André Green, a French psychoanalyst, is useful in another way too. The paper from which the quotation is taken, 'The Analyst, Symbolization and Absence in the Analytic Setting' (1975), is quite the best description on a broad canvas that I know of, of the various directions that psychoanalytic thinking and practice have taken in recent years. Habermas's notion of psychoanalysis as involving an interpretation of the patient's behaviour in the transference as a "repetition of early childhood experience", in particular of an "original scene experienced in early childhood" (1970a, pp.207-8), is clearly a partial, if not retrograde, view. Green sets out an opposing conception which concerns itself with the vicissitudes of adult identity. See also Winnicott (1971).

It is worthwhile mentioning here, before we embark on our next stage, that all the fieldwork reported here was undertaken before I had received any form of experience or training in psychoanalysis.

7. The dates of the sessions from which the examples are taken are as follows:

Unit I	1.7.71
Unit II	1.7.71
Unit III	7.7.71
Unit IV	11.7.71
Unit V	14.7.71
Unit VI	19.7.71
Unit VII	19.7.71
Unit VIII	22.7.71
Unit IX	22.7.71
Unit X	22.7.71
Unit XI	28.7.71
Unit XII	28.7.71
Unit XIII	2.8.71
Unit XIV	5.8.71
Unit XV	11.8.71
Unit XVI	12.8.71
Unit XVII	16.11.71

8. Winnicott (1971) writes:

Starting as we do from psychoneurotic illness and with ego defences related to anxiety that arises out of the instinctual life, we tend to think of health in terms of the state of ego defences. We say that it is healthy when these defences are not rigid etc. But we can seldom reach the point at which we can start to describe what life is like apart from illness or absence of illness. That is to say, we have still to tackle the problem of what life itself is about...Psychotic patients who are all the time hovering between living and not living force us to look at this problem, one that really belongs...to all human beings (ibid. p.98, p.100, emphasis in the original).

9. It will be obvious from what we have already said, and from what follows, that our approach differs from Laffal (1965) who might be thought to share with us a concern with the range of a schizophrenic's discourse. Laffal sets out to establish the contexts in which a patient uses certain critical 'key' words. A context he defines as "that segment of the patient's language which included one sentence immediately preceding the sentence in which the key word was used, and one sentence immediately following the sentence with the key word" (ibid. p.132). The catalogue of fragmented utterances that we are given is a minor triumph of the technical imagination, but any sense of the patient as an active speaking subject occupying a social space together with the research worker is quite lost.

10. 29.7.71

11. 25.1.72

12. 7.6.72

13. 22.2.72

14. 23.8.72

15. For the reasons that I give in the introduction I did not attempt to work with the families of patients. I did, however, visit Joseph's parents on one occasion, if only to ascertain that the biographical facts that I had established about him were correct. His parents told me that Joseph had always been a 'talker'. Until the age of 26 he was "a gentleman...every word perfect and sensible". Sensible talk, so his parents said, included topics such as "education, shooting and motorbikes". Now, in contrast, everything that he says is nonsense. Mrs. K. said that she had not been able to talk to Joseph for four years. His father spoke a great deal

about Joseph's building prowess: he showed me the work that Joseph had done on the house, and told me about the extensions he had designed for other people. "All I want", said his father "is to see Joseph married" (13.5.72).

16. 26.4.72

17. 12.7.72

18. 8.12.71. Object Relations Technique, text and test materials, Phillipson (1955).

The material presented is from Joseph's responses to the following pictures: BG(10), B2(7), A3(8), C3(3).

19. See Note 15 above.

20. Winnicott (1971) examines "the place where we most of the time are when we experience life". Language, he suggests, testifies to our "natural interest in the matter":

I may be in a muddle, and then I either crawl out of the muddle or else try to put things in order so that I may, at least for a time, know where I am. Or I may feel I am at sea, and I take bearings so that I may come to port (any port in a storm) and then when I am on dry land I look for a house built on rock rather than sand; and in my own home, which (as I am English) is my castle, I am in a seventh heaven (ibid. p.104, emphasis in the original).

All these images echo, in certain ways, Joseph's pre-occupations. According to Winnicott the special feature of the place where we live most of the time is that it is an "area of living" that is "neither inside the individual nor outside in the world of shared reality". He terms this area of intermediate living a 'potential space' that makes possible a separating out of the me from the not-me, and yet "at the same time, however, it can be said that separation is avoided by the filling in of the potential space with creative playing with the use of symbols, and with all that eventually adds up to a cultural life" (ibid. p.109). We shall return to some of these ideas later.

21. 4.8.72

22. 16.5.72

23. 23.6.72

24. Rubinstein (1975) discusses the schizophrenic's experience of the "lack of human contact" in the hospital environment. "To avoid this lack of human contact, to fill the 'human gap', the patient creates delusions and hallucinatory experiences which supply a substitute 'environment'. This special ecological system is made up of old memory fragments, wished-for daydreams, symbolic pieces of a puzzled existence, and distorted, nightmarish terrors" (ibid. p.245).
25. 4.8.72
26. e.g., Watzlawick (1971).
27. It is, I think, also worth remarking that this whole sequence has something about it of the sorcerer's apprentice, with Joseph in the role of sorcerer and myself as apprentice. Joseph was after all deprived of his status as a teacher in the hospital and he did, I think, receive some pleasure from being able to instruct me in something with which I was totally unfamiliar. Moreover it must have been obvious to him that I was fascinated by what he was recounting; a number of my questions, I suspect, rather than drawing from him information about a pre-formulated system of ideas brought from him hasty improvisations to keep the topic on the move.
28. See Searles (1965), especially Chapters 8, 18, 21. Even after an interval of almost six years I still find it difficult to listen to the recording of the 'dome' sequence without having to struggle with feelings of deadness and futility.
29. A startling instance of Joseph's relatedness to me is Unit IX where I report a dream of my own. Joseph's attention was riveted in a way that I had never experienced before, or indeed after. I am still puzzled as to how to account for his reaction; at the time I was left feeling that he was astonished to discover that some of the 'horrors' that he experienced within himself were to be found in my inner world also.
30. 11.8.71
31. It is interesting to note in this connection that it was recently reported ('Sunday Times', 13.3.77) that psychiatrists in an American hospital have been treating their chronic schizophrenic patients by teaching them German. Anatole Matulis, who first started the experiment, comments: "Chronic schizophrenics want to talk but they are frightened by reality so they talk in metaphors which may be incomprehensible to another person. A foreign language is more neutral and acts like a tranquilliser. It opens a world which was closed and brings them back, making them accessible to psychotherapy". According to the report, "at first the patients were unkempt, incontinent and shrieked abuse or nonsense at each

other. A year later they were more like attentive college students. The transformation was slow but after six months the staff began to notice that the patients were calmer. During the seventh month 'Herr T' who had been mute since 1959 spoke softly but audibly in German, and 'Herr R', mute since 1961, stopped his incessant rocking back and forth and joined the group".

III. APPROACHES TO THE LANGUAGE AND THOUGHT OF SCHIZOPHRENICS

III. Preface.

We have now met Joseph and we have tried to find a way of talking about him in human terms that neither abolishes the strangeness of much of what he says nor presents him, as Searles puts it, as a man "set hopelessly apart from his fellow beings" (1965, p.561). To achieve this we have had to tolerate a flexibility of egress between the place where we most of us live and the strange fields of meaning in which Joseph finds himself. In a subsequent section we shall want to consider what such a licence implies for the structure of our own house. For the most part, however, responses to the behaviour of schizophrenics have fended away from incursions such as these. Part of our purpose, as we declared at the outset, is to look at the citadels of closure that have been erected around schizophrenics, and it is to some of these that we must now turn. The presentation is in two parts. First, I examine some of the prevailing approaches to the study of language and thought in schizophrenia. I have not insisted unduly on a separation between studies of language and studies of thought disorder; to do so would have been to assume as 'given' the disciplinary artifact that is made of schizophrenics. Second, I consider in some depth the personal construct theory approach to the study of thought disorder as represented in the work of Bannister in particular, and present some material of my own.

III.1. Prevailing Approaches, Past and Present.

Bleuler, in his classic monograph, regarded "a specific type of alteration of thinking" as the defining characteristic of schizophrenia (1911 p. 14). The "thinking disorder", he argued, is manifested by a "language disorder". Of the schizophrenic's language he wrote that:

Blocking, poverty of ideas, incoherence, clouding, delusions, and emotional anomalies are expressed in the language of the patients...the abnormality does not lie in the language itself but rather in its content (ibid. p.15).

The alteration of thinking Bleuler characterizes as a disorder of association. This in its turn leads to an increase in autistic thinking. Concepts come to display a lack of clarity, and are falsely constructed by condensation, displacement, and symbolism, by which is meant misuse of symbols. As Fish puts it:

Weakness in association allows the affects to dominate the train of thought and this leads to an increase in autistic (derealistic) thinking by which is meant fantasy thinking which is not goal directed (1976 p.30).

Taking their lead from Bleuler subsequent writers have displayed considerable ingenuity in trying to pin down the salient features of schizophrenic speech. Fish, in a monograph on schizophrenia first published in 1962 that continues to be held in high esteem, pays particular attention to the writings of C. Schneider and Kleist. Schneider (1942) identified three distinct symptom-complexes or syndromes in schizophrenia which could occur either in pure form or in combination, the thought withdrawal syndrome, the desultory syndrome, and the drivelling syndrome. Fish enlarges on the drivelling syndrome as follows:

Vague drivelling thinking is the outstanding feature of the drivelling syndrome. There is no gross grammatical disorder and although speech and thinking are superficially integrated the content is drivell (op. cit. p.72).

Kleist (1914) provides us with a number of rather more specific characterizations, such as verbal paraphrasis in which patients make combinations of words in incorrect ways. Thus for example a patient used the word 'vessel' for nearly all objects, and called a watch a 'time-vessel'; another patient referred to a candle as a 'night illumination object' (Fish, op. cit. p.34).

Two early writers who have had considerable influence on subsequent work are Cameron and Goldstein. Cameron argued that the outstanding feature of schizophrenic thought disorder is the lack of genuine causal links and termed it 'asyndetic thinking'. Asyndetic thinking may be broken down into three disorders: 'metonyms' in which imprecise approximations are used instead of the more exact expressions, interpenetration of themes, and over-inclusion. Cameron's expositions of the disorders of schizophrenic communication have provided the impetus for a whole range of studies of schizophrenic thought disorder within what we may call the over-inclusion paradigm. All of these studies, most notably those by R. W. Payne and his associates,¹ utilize a battery of experimental tests that pay little attention to the detail of the schizophrenic's communications other than that which is generated in response to, for example, the Benjamin Proverbs Test.²

It is therefore useful to turn back to Cameron's original descriptions of schizophrenic speech from which the later work derives.³ What happens in schizophrenic disorganization, Cameron writes, is that "social communication is gradually crowded out by fantasy; and the fantasy itself, because of its non-participation in, and relation to, action,

becomes in turn less and less influenced by social patterns. The result is a progressive loss of organised thinking and ultimately an incapacity for taking the role of others when this is necessary to enable one to share adequately in their attitudes and perspectives" (1944 pp.51-52). With interpenetration of themes we have a situation in which "a patient's asocial fantasy themes are able continuously to subordinate all external events in the field of social behaviour"; the patient is thus left "with only a fragmented and distorted environment which cannot possibly influence his conduct in a socially organised way" (ibid. p. 56).

Of a patient's performance on a sorting test Cameron writes that:

Personal conflicts intruded themselves. A woman patient could not bring herself to divide the blocks because for her this involved her separation from her husband and differences over having children; neither could she group them together because, she said 'They belong together only if they are true.' Another woman tried to solve the test as a means of 'trying to figure some life out of the construction' etc. She got nowhere with it because she kept mixing into her manipulations questions from her already tangled personal life. These disorganised schizophrenics could not manage the essential first step in problem solving, that of narrowing down one's operations to something restricted and unified enough to call out organised attitudes and specific responses (ibid. p.57).

Experimental evidence suggests that patients who in Cameron's terms are 'overinclusive' are also likely to demonstrate an inability to maintain an 'abstract' attitude. The distinction between the abstract and the concrete attitude is set out in Goldstein and Scheerer (1941) and in Goldstein (1944). Once again it is, I think, useful to return to the original definitions. "The concrete attitude", the authors write:

is realistic. It does not imply conscious activity in the sense of reasoning, awareness or a self-account of one's doing. We surrender to experiences of an unreflective character: we are confined to the immediate apprehension of the given thing or situation in its particular uniqueness. This apprehension may be by sense or percept but is never mediated by discursive reasoning. Our thinking and acting are directed by the immediate claims which one particular aspect of the object or of the outerworld situation makes.

And they continue:

Such a claim may constitute a bond between the responding individual and the object etc. Because of the bondage the individual cannot easily detach himself from the demand exerted by that experienced uniqueness of the object. Therefore it is difficult, if not impossible, for him to realize other potential functions of this same object, or even to conceive of it as an example, a representative, or a case of a general class or category. This dependence upon immediate claims can take on the characteristic of rigidity or 'lack of shifting'...But it can also take on the characteristic of fluidity which manifests itself in an extreme susceptibility to the varying stimuli in the surroundings. The stimuli are followed as ever newly arising; the person is delivered to their momentary valences... the individual is being shunted passively from one stimulus to the next (1941 p.2-3).

The abstract attitude in contrast "embraces more than merely the 'real' stimulus in its scope. It implies conscious activity in the sense of reasoning, awareness and self-account of one's doing. We transcend the immediately given situation, the specific aspect or sense impression; we abstract common from particular properties; we are oriented in our action by a rather conceptual viewpoint, be it a category class or a general meaning under which the particular object before us falls. We detach ourselves from the given impression, and the individual thing represents to us an accidental example or representation of a category." Dominant among the modes of behaviour that sustain the abstract attitude is the detachment of the ego from the outerworld or from inner experiences (ibid. pp.3-4).

The formulations were originally developed in the context of the

study of organic disorders. Addressing himself specifically to the problems presented by schizophrenics Goldstein writes:

The world of the schizophrenic is determined to a pathological extent by his own feelings and thinking, and by his capacity to react. The demarcation between the outer world and his ego is more or less suspended or modified in comparison with the normal. Here is one origin of illusions. The objects which impress the patient are not the same as those which would impress the normal person in the given situation. He experiences only objects to which he can react in the only way of which he is capable, that is, in the concrete way. He does not consider the object as part of an ordered outer world separated from himself, as the normal person does (1944 p.23).

Considering the difficulties in understanding the schizophrenic's discourse he writes:

In schizophrenia it is really very difficult to find out the particular concrete situation to which a word spoken by the patient belongs. If we succeed in finding out, much of the awkwardness in the comprehension of the schizophrenic's language will disappear; his language will become understandable particularly when we bear in mind that many of the experiences of the schizophrenic differ so widely from those of a normal individual that the ordinary channels of verbal expression are neither sufficient nor suitable for verbalizing these experiences. This is all the more true because language in general in our civilization is more stereotyped and not rich in words to express the specificity of concrete situations. The patient is thus forced to build up a language which though it may appear strange to the normal person is adequate for his experiences (ibid. pp.28-9).

What do these ideas suggest for us? Of one thing we can be clear: Joseph is culpable on most of the counts that are set out in the foregoing pages. His discussion of aeroplanes, for example, in Unit I is in Schneider's terms "drivel". In Unit XVII his characterization of a bird as a "flying food parcel" is an instance of Kleist's verbal paraphrasia. Nor will we have to look very far to find examples of Cameron's interpenetration of themes: see, for example, Units II, VI and X. Without doubt he is also over-inclusive: thus when

presented with the photographs for the Bannister & Fransella Grid Test of Thought Disorder (1966), although it is clear that he has understood the requirements of the task, he begins to organise the photographs in terms of family groups and likenesses.⁴ Moreover he is also in the sense defined by Goldstein "concrete": he does not consider objects as part of an ordered outer world separate from himself; his perceptions are infused with his own feelings and imaginings as, for example, in his description of cows. Most of the repertoire of terms that the psychiatric pathognomy has so carefully developed are applicable in his case: incoherence, paralogia, fusion, derailment etc.; only neologisms are lacking.

Considered from within their own point of view, then, these are accurate delineations. We may wish to add a detail here and there but taken as a whole there is not much that we can fault. But what is the point of view from within which these characterizations are established? The quotations from Cameron and Goldstein provide us, I think, with some clues. Both Cameron and Goldstein make a great play of putting the study of schizophrenic language and thought on an experimental footing. Taken in itself this is an exemplary aim. But something else is at work here. We may notice to begin with that nowhere in any of the studies cited in the foregoing pages is there any indication of a relationship between the research worker and the patient. Where the patient is unable to "consider the object as part of an ordered outer world separated from himself" the experimenter does exactly that; where the patient is entrapped within the bondage of the concrete the experimenter detaches his ego from the "outerworld or from inner experiences" in order to "transcend the immediately given situation"; where the patient is the slave of his own subjectivity the experimenter views the world as it really is. What we have here, in

short, are a set of mirror opposites: rationality celebrates itself, its order and its accomplishments, by establishing a distance from the muddle and confusion that surrounds it.

A useful review of subsequent work in the tradition of Cameron and Goldstein is given by Payne (1970). If, however, the prevailing approaches within the over-inclusion paradigm, have, among the other strictures that we have laid on it, by and large tended to ignore the language of the schizophrenic patient, language studies of schizophrenics have not fared much better. Reviews of the literature are given by Pavy (1968), Maher (1972) and Borst (1976).

We can distinguish a number of approaches: association studies in the Kent and Rosanoff (1910) tradition; measurements of redundancy using the Cloze analysis technique; measures of statistical regularity that evaluate the nature of the Type-Token ratios in schizophrenic utterances; studies using generative grammar to unravel the problems of grammatical deviations in schizophrenic language; studies of meaning responses to words and phrases; studies of contextual constraint on speech perception; and studies of concrete and abstract modes of thought and language among schizophrenics.

Some of these - the redundancy studies, and the investigations of the statistical properties of schizophrenic language - are formal: that is they are able to specify a deviation from the norm, but they are unable to say anything about the nature of the processes that produce the deviation; others - the studies of contextual constraint and of meaning response in particular - are more ambitious: they attempt to develop a model to account for the observed irregularities.

Even considered in their own terms the picture that emerges from these endeavours is not a happy one. Pavy (1968) reviews association

studies and remarks that "while...studies have been consistent in their findings of difference between schizophrenics and normals with commonness of response as the criterion of 'differences' there has been little attention paid to refining or elaborating Kent and Rosanoff's classification of pathological reactions" (ibid. pp.164-5). One of the largest categories in the classification is labelled 'unclassified'.

Rutter et.al. (1975) review recent studies using the Cloze technique and report an investigation of their own: the results of different studies are by no means consistent and it is not clear that schizophrenic speech is less predictable than normal speech. In a more recent paper Rutter (1977), contrary to what other studies of the formal characteristics of schizophrenic speech have tried to suggest, is led to the view that there are no general characteristics of schizophrenic speech and that it may "well be that schizophrenic patients, like the general population, respond quite differently to different situations" (ibid. p.54).

Sommer et.al. (1960) initiated a line of inquiry that still endures entitled 'Is there a schizophrenic language?' Chaika (1974) attempts to define 'schizophrenic language' by six characteristics, and contends that the psychological or mental aberrations are paralleled by "a disturbance in those areas of the brain concerned with linguistic production". Fromkin (1975) in a sharp riposte demonstrates that the linguistic deviations that Chaika singles out as characteristic of schizophrenic speech occur in, for example, the speech productions of university professors and concludes: "If the characteristic features singled out by Chaika are unique, then they are unique to the class of human speakers" (ibid. p.503).

The studies of contextual constraint and of meaning response

properly speaking belong to the domains both of language and of thought. A critical review is given by Chapman and Chapman (1973). This might appear to recommend them to our interest, however the whole thrust of these studies - whether the emphasis is on the inability to disattend from strong aspects of meaning, as in Chapman et al. (1976), or on the inability to inhibit associative intrusions - is towards an interpretation of schizophrenic patterns of response in terms of an attentional deficit in the filter mechanism. Chapman and Chapman conclude their study of thought disorder with a cascade of questions:

Do some schizophrenics, or all of them have a special defect in ability to filter out and ignore irrelevant stimuli? Do they have a special defect in ability to process information from more than one channel simultaneously? Do they have a deficit at some one particular stage of information processing, but not another? If so, at what stage? Do some schizophrenics narrow the range of stimuli to which they attend? If so, what kinds of stimuli do they ignore? (1973, p.345).

The problem is not that these questions, or the theory of the filter mechanism as developed by Broadbent (1958) that underpins them, are in any obvious sense wrong: indeed from a cursory inspection of Joseph's material we can see that much of it could be translated into these terms. We reach here, I think, the sort of impasse described by Kuhn when he writes that "the competition between paradigms is not the sort of battle that can be resolved by proofs" (1962, p.153-4). We can only weigh the consequences in either direction: on the one hand the translation of the complication of certain human states of affairs into a physicalistic and biological language with the promise of "an objective study of schizophrenic thought disorder" in what is still "almost a virgin field" that will lead us to a solution to the "enigma of schizophrenic thinking" (Chapman and Chapman, op. cit. p.345, p.347); on the other the denigration of a language of description

and response that grounds both the schizophrenic patient and those who work with him in the lived world of active social relations. As Pavy remarks, in all the studies within this paradigm "language is viewed as epiphenomenal to attention" (op. cit. p.171).⁵ Chapman and Chapman (1973) preface their text with an item of schizophrenic discourse and discuss the competing interpretations that may be brought to bear on it; the stance that is taken is consistently that of the "scientific observer", and the material is in any case swiftly left behind on the grounds that it is too fluid and "may be described or explained in many ways depending on the bias of the observer" (ibid. p.6). The nature of the data that is collected must, it is argued, "fit the orientation of the scientist, who, starting with the assumption that all phenomena of nature are orderly, is concerned primarily with finding principles that describe the nature of the order" (ibid. p.4).

As in our discussion of Cameron and Goldstein we can see here the pressure towards a model of rationality and coherence that stands in direct opposition to the reality of the schizophrenic. Consider, for example, the following statement from a well-known paper by McGhie and Chapman (1961) in which they discuss the "selective and inhibitory function of attention":

Perception is thus finally stabilized by our capacity to modify the incoming pattern of stimulation to provide a degree of perceptual constancy...By such processes we reduce, organize, and interpret the otherwise chaotic flow of information reaching consciousness to a limited number of differentiated stable and meaningful percepts from which our reality is constructed (ibid. p.114).

And Maher (1972) tells us how "the utterance of normal, coherent speech may be seen as the result of the successful and instantaneous inhibition of associations to elements in the utterance" (ibid. p.12). Normal speech is characterized by its distance from schizophrenic speech but the detail of actual speech - for different people, under different conditions -

is nowhere discussed.

Forrest et al. (1969) reach the conclusion that "schizophrenic speech disturbance is psychogenic in origin, and not evidence of organic deterioration" and base their "view largely on the observation that it can, to some extent, be switched on or off, depending on the questions and the context" (ibid. p.840). Suggestive though the conclusion is, however, the authors' approach is unable to do much with it. Thus they begin by transcribing the responses of a number of schizophrenic patients to questions such as 'What is winter?' and 'What does one do with a cigarette?'. The responses given are certainly bizarre and the authors comment: "The justification for publishing these transcripts is perhaps to convince the sceptics about the 'reality' of schizophrenic speech disorder" (ibid. p.835). 'Reality' is placed in inverted commas, but it quickly becomes reality and we pass on. Forrest and his colleagues do not discuss the 'reality' of the situation in which the speech samples are assembled, or the kinds of assumptions and understandings that the research worker brings to the situation. In Habermas's terms we are treated here to an already "objectified reality"; absent is "the maintenance of the intersubjectivity of mutual understanding within whose horizon reality can first appear as something" (1972, p.176).⁶

Michel Foucault, in the context of a discussion of madness in the classical period, argues that the central issue concerns "not the relations between madness and illness, but the relations between society and itself, between society and what it recognized and did not recognize, in the behaviour of individuals" (1954, p.68). From our brief incursion into these experimental byways we can, I think, see that the whole thrust is away from any form of 'self-recognition' in the behaviour of schizophrenics towards an assertion of absolute difference. Technical

reason seeks to muster all the resources it has at its disposal to pinion the complication of schizophrenic behaviour and thereby to declare something about the image of man that is implicit in its image of itself.

III.2. The Personal Construct Theory Paradigm

Preface

I now turn to another paradigm that has attracted a large number of devotees in recent years; that developed by Bannister and his co-workers, following in the line of inquiry established by Kelly (1955). Personal construct theory, and its exemplification in repertory grids, is a powerful tendency in contemporary psychology. The case for the theory, and its possibilities as an active approach, are set out in Bannister and Mair (1968), Bannister and Fransella (1971), and Bannister ed. (1970b). The theory is not to be viewed as merely one among several; its reputation - and the fascination it appears to engender - rests heavily on an avowedly polemical cast. Bannister ranges himself very deliberately against what he takes to be the orthodoxies of psychological study. He exhorts us to attend to the person as an active agent in the business of living, away from the "billiard-ball" view of man.

The most substantial body of work to have emerged from the theory are the studies of thought disorder.⁷ It is these that recommend the approach to our interest. Our aim in this section will be to consider the virtues and limitations of the approach as a means to understanding the perplexities that schizophrenics present for us. We shall look at the detail of some of the work within this paradigm, but we shall not concern ourselves with all the items of the internal debate over this or that particular that continues to hold sway in the journals. The paradigm has developed its own internal language, and it is easy to become lost in it in a way that obscures an appreciation of the working of the approach treated as a whole.

First, by way of orientation, I look briefly at some of the ideas and assumptions in Bannister's early work and set out some of the directions that subsequent studies have taken. Second, I report on some material of my own that hopefully both uncovers some of the limitations of the approach and brings more sharply into focus the complexities of schizophrenic behaviour. And finally I consider what our material suggests both for items of dispute that are internal to the paradigm, and for the paradigm taken as a whole.

III.2.i. Orientation

Bannister (1960, 1962) gives short shrift to the other approaches we have been discussing, such as 'concretism' and 'over-inclusion'. His most fundamental criticism of these approaches is that they are "'ad hoc' in that they seek to provide an explanation of disordered thinking without providing any general theory of normal ordered thinking. Thus they describe the schizophrenic condition without investigating the schizophrenic process" (1962, p.825. Emphasis in the original). In his application of the theory of personal constructs to schizophrenic thought disorder Bannister sets out to remedy the omission. To construe a situation or element, he argues, is to predict future events; it follows that the event will either validate, invalidate, or render 'irrelevant' the prediction. Schizophrenics, it is suggested, construe loosely: "loosely to construe a person as loving is not automatically to anticipate from him 'sincere', 'good', 'kind' behaviour since the relationship between these and other constructs normally linked with 'loving' have been weakened" (ibid.p.840). Bannister suggests that:

The condition of schizophrenic thought disorder is the end product of the repeated experience of invalidation of construing...Construct relationships have been progressively loosened until the constructs can no longer generate 'brittle' (i.e. testable) predictions but only vague and multi-directional predictions. These have the vice of being non-reality testing but the virtue of serving as a biological defence system in that they cannot logically speaking be invalidated by events. The loosening of construct relationships has thus brought to an end the era of repeated invalidation which preceded thought disorder (1962 p.841).

"It follows from this" he continues:

that schizophrenic thought disorder is experienced subjectively as living in a fluid, unfocussed and undifferentiated world in which anxiety is not felt to any marked degree since only the vaguest and least destructible anticipations arise in the mind of the subject. To the outside observer it presents as a condition in which the subject's behaviour is relatively random, purposeless and unpredictable. His talk has low communication value since it consists of constructs linked loosely by what appear to be vague associations and assonantal 'echo' effects in which sound has almost as much relevance as meaning" (ibid).

I quote these passages at length because they exhibit so starkly the assumptions on which subsequent work undertaken by Bannister and his associates rests. Bannister, like Bleuler, posits a disorder of thinking to account for the language disorder in which the alteration of thinking is manifested. The disorder of thinking is thus invisible, and depends for its recognition on the patient's verbal behaviour. It is indeed only of interest as a means to account for the deviations that appear in the patient's speech. Bannister himself allows that the grid test of thought disorder which he has developed with Fransella (1966) must, in order to be credible, correlate with judgements that are made of the patient's verbal behaviour in clinical practice (Bannister, Fransella, and Agnew, 1971).⁸ The delineation in this early paper, however, is the closest we shall ever get to hearing a schizophrenic speak; in Bannister and Fransella (1971) we are treated to an instance

of schizophrenic prose but as an object of ridicule (p.161). Moreover for all the talk about lack of attention to process in the work of other researchers, thought disorder, as we see from these quotations, is quickly converted into a condition. Right from the outset then, we are lifted away from the detail of how an individual engages with his world, with different people, in different settings, over time, and the responses of which he is capable, into a universe of abstracted meanings. Already this may strike us as odd coming from one who appears to espouse an approach to psychology that is grounded in an exploration of 'relationship' and 'conversation' (1970a).

Perhaps the most interesting line of studies to have emerged from within this paradigm are those that have set out to investigate the hypothesis that thought disorder is not a generalized deficit, but is more severe in some areas of thinking than in others.⁹ McPherson et al. (1975), in a replication and extension of earlier studies, found that schizophrenics have more difficulty in 'construing' people on a psychological, than on a physical, dimension. Thus when asked to construe a set of people on the dimensions 'sociable', 'carefree', 'kind' and 'honest' they show much more disorder - relative to controls - than they do when asked to construe the same people on the dimensions 'physically strong', 'well-built', 'physically healthy' and 'tall'. The authors are led to the view that "thought disorder does not entail a generalized breakdown across all areas of thinking but rather is maximal in the areas of psychological construing". And by psychological construing is meant "to describe, discriminate among, and make predictions about the personality and emotional state of other people or of the patient himself" (ibid. p.313, p.303).

Heather (1976) provides additional support for the findings of McPherson et al. and shows furthermore that the specificity of schizophrenic thought disorder as attaching to 'psychological' construing can

be "extended from grids employing photographs of strangers to grids employing known people". "The use of known people as elements appears" he writes, "to make very little difference to mean intensity scores.¹⁰ Although there may be high individual variations in scores between photograph and people element grids, the present results confirm those of Bannister (1962) and McFadyen and Foulds (1972) that both techniques are capable of demonstrating loosened construing in thought disordered schizophrenics. Finally, the specificity of schizophrenic thought disorder presents great difficulties for any hypothesis...which sees thought disorder as a generalized cognitive deficit" (1976, pp.136-7).

Williams (1971), in contrast, suggests that there are important differences in intensity and consistency scores according to whether photographs or people known to the subjects are taken as elements. He argues that it is "not immediately clear whether personal construct theory would predict this effect" and that in any case within the terms of the theory itself "the exact nature of the elements used in the grid test would be relatively unimportant as long as they were people, since the deficit is looseness in linkage between constructs" (ibid. p.207). A better explanation, he suggests, is in terms of 'cue-insensitivity' theory. "The more relevant cues that a domain presents to a subject", he writes, "the more adept he will be at construing in that domain. One would thus expect that a richer source of relevant cues, such as known persons, would lead to more reliable construing than would a poorer source of cues, such as a photo of an unknown person (i.e. consistency would be higher; intensity might or might not be, since cognitive complexity is the reverse of intensity)" (ibid. p.208). And the explanation for the deficit of thought disordered schizophrenics, he argues, is that they are insensitive to cues of personality. Williams

used three variants of the Bannister and Fransella test; all three variants had the same constructs as for the grid test, but had either fictitious names and addresses, the usual test photos, or elicited people, as elements. He found that the difference in scores between the normal and schizophrenic groups was greatest for the grid photographs. This finding can, he argues, "be tentatively explained by the insensitivity theory. Presumably if the elements were very poor in relevant cues, or had none at all, no amount of sensitivity to the cues would give one enough to make judgements upon" (ibid. p.210). And this, he suggests, is what happens in the case of the addresses. For people known to the subject he found that 3 of the 12 'thought-disordered' schizophrenics obtained scores on the people grids above Bannister and Fransella's cut-offs for intensity and consistency, and 3 more scored above the cut-off on consistency alone. Bannister (1962) had suggested that the differences found between people known to the subject as elements, and photographs, was due to the fact that schizophrenics were "often giving remembered judgements of people made before the disease process was in being, thereby achieving spuriously high matching scores" (ibid. p.837). Williams demonstrates that Bannister's explanation is inadequate. His 'people' grids included people known to the subject both before and after the onset of the illness, and, contrary to Bannister's prediction, he found no positive correlation between the number of people known before the illness who were used in the grid and the scores for intensity and consistency. He concludes that on the basis of these results it is quite misleading to generalize from the scores obtained from the standard grids to statements about the subject's capacities for construing in relation to real people. The findings of Bannister and Salmon (1966), he suggests, are better accommodated in a 'cue-insensitivity' theory than in a 'people-object' framework.

I have given this rather laboured account of Williams's study because for all the obvious infelicities of its argument it does, I think, bring to the fore some of the perplexities inherent in this whole approach to the study of thought disorder. There are, to start with, empirical conundrums: for example, whether the use of known people as elements as against photographs of strangers, with the same constructs, give appreciably different scores. And behind the local perplexities there are the larger questions of how we interpret the patterns that emerge. Personal construct theory argues its case in terms of the linkage between constructs; it is the relationships between constructs that are important, irrespective of the elements to which they are applied. A competing theory is put forward by Williams that emphasises the structure of the elements and lifts the grid material away from the framework of 'psychological construing' to which Bannister and his associates would tie it. From another point of view there is the question of the relationship between performance on measures such as these, and the way in which the patient presents himself, and engages with the world, through language.

III.2.ii. Repertory Grid Material

Our opening remarks have already given us grounds for suspicion as to the virtues of this approach. Before venturing a more detailed critical commentary I shall now look at what the approach throws up when applied to some of our own patients. Hopefully the treatment that follows will add flesh and bone to our discussion and provide for clarification of difficulties that are internal to the paradigm; as we shall see, we can also use it as a springboard to introduce wider ramifications that the theory itself cannot accommodate; and something more besides: the exercise provides us with a means to compare Joseph to others.

The material consists of two sets of grids: Bannister and Fransella grid test profiles,¹⁰ and a series of grids using as elements people known to the individual patient and the grid test constructs. Our aim is not so much to develop a general line of argument about schizophrenia, or about schizophrenic thought disorder, as to point up some of the differences within a group of patients all of whom are deemed, on the basis of both clinical judgement and their scores on the Bannister and Fransella grid test, to be thought-disordered, and to examine what these differences may mean. We shall look in particular at the performance of individual patients on the 'people' grids, as I have termed them; we shall inspect the internal structure of the grid material and relate it to other evidence that the patient provides; to his comments on the exercise, to the way in which he speaks and thinks, and to the way in which he engages with the world more generally.

In all we shall be concerned here with 6 patients, Joseph, Victor, Eric, Terence, Tom and Arthur, all of them patients with whom I worked

closely. The raw scores for these patients on the two sets of grids are as follows:¹¹

A. Joseph

i. Bannister & Fransella:

Intensity I	164		
II	283	=	447
Consistency		=	+.24

ii. People Grids:

Intensity I	153		
II	190	=	343
Consistency		=	-.26

B. Victor

i. Bannister & Fransella:

Intensity I	406		
II	257	=	663
Consistency		=	+.28

ii. People Grids:

Intensity I	564		
II	372	=	936
Consistency		=	-.2

C. Eric

i. Bannister & Fransella:

Intensity I	146		
II	248	=	394
Consistency		=	+ .34

ii. People Grids:

Intensity I	273		
II	332	=	605
Consistency		=	+ .05

D. Terence

i. Bannister & Fransella:

Intensity I	235		
II	171	=	406
Consistency		=	+ .1

ii. People Grids:

Intensity I	608		
II	519	=	1127
Consistency		=	+ .05

E. Tom

i. Bannister & Fransella:

Intensity I	459		
II	201	=	660
Consistency		=	+ .01

ii. People Grids:

Intensity I	160		
II	178	=	338
Consistency		=	- .12

F. Arthur

i. Bannister & Fransella:

Intensity I	162		
II	494	=	656
Consistency		=	-.26

ii. People Grids:

Intensity I	330		
II	678	=	1008
Consistency		=	+.89

Before we look at the detail some preliminary remarks. In each case the Bannister & Fransella grids were administered before the 'people' Grids. With the Bannister & Fransella Grids I adhered to the test protocol that has been used by others: between test and retest an interval of up to half an hour. In the case of the 'people' Grids, however, I used a different procedure. The elements here are people known to the subject, and thus more easily distinguished from each other: recall of a previous ranking is less difficult than with the anonymous-seeming grid test photographs. This, coupled with the stress that the exercise clearly engendered in some of the patients, inclined me to leave a sizeable interval between test and retest. In all cases the interval was between a week and ten days. The decision was, I think, the right one, but it does mean that on the basis of the raw scores alone we should not make too much of the disparity between the increase in intensity scores for 4 of the 6 patients on the 'people' grids as against the Bannister & Fransella grids, and the decrease in consistency scores for 3 of these 4. Arthur, we will note, does much better on both intensity and consistency in the 'people' grids. Joseph and Tom, in contrast, do a good deal worse.

Without further ado let us now turn to the material itself. Joseph we have already encountered in some depth, and we have caught an occasional glimpse of some of the others. I shall preface each of these 5 patients with a short statement setting out something of how, typically, they spoke and thought in our work together.

A. Joseph

I.		Kind 1	Stupid 2	Selfish 3	Sincere 4	Mean 5	Honest 6
Self	A	8	3	6	8	1	2
Mother	B	7	7	7	2	8	4
Father	C	3	4	5	5	7	3
Sister	D	1	8	4	3	3	8
Pat	E	2	1	8	1	2	1
Colin	F	6	2	3	6	4	7
R.	G	5	6	1	7	6	6
Dr. F.	H	4	5	2	4	5	5

II.		Kind 1	Stupid 2	Selfish 3	Sincere 4	Mean 5	Honest 6
Self	A	5	2	1	3	8	8
Mother	B	3	6	5	5	5	1
Father	C	1	5	8	2	6	7
Sister	D	2	4	4	4	3	5
Pat	E	6	8	3	1	2	4
Colin	F	6	1	2	8	7	3
R.	G	4	7	7	6	4	2
Dr. F.	H	8	3	6	7	1	6

The first four persons in the list are self-explanatory; Pat is a long-standing friend whom Joseph has not seen for a number of years; Colin and R. are both patients: R. we will have heard referred to on a number of occasions in Joseph's discourse; and Dr. F. is a psychiatrist.

We arrived at this list only with difficulty. At my suggestion Joseph listed himself first, followed by his mother and father. His father, however, he said was not his real father: "He might be my dad, but I don't look like him...I take after my mother's side: my grandfather was 6'6". He tried to persuade me to list both his father and his step-father - (from our previous discussion we will recall that he does not in fact have a step-father) - but since on this occasion, at least, I was wearing an experimenter's hat I refused. We then proceed to his sister; from previous discussion and from other sources I know that she is called Sally. Joseph however is less certain: "Is she called Sally?" In any case, so he says, he has not seen her for three years, and she now lives in Blackpool. "My real sister like, but a lot of lasses I was at school with come to the house...My family's all split up now...sister married...all with families of their own. There's two ways of working it like, either you get married or you work." The uncertainty over his sister's name still unresolved, we then move on to talk about other friends. He mentions two; one is called Pat and the other Sally. Both, he says, are nurses. Sally, moreover, was taught woodwork at school by Joseph. He then returns to the discussion of his father. His father, he says, is a gardener. "First there was only two of us in the house, my sister and me, and my mother and father, then..."(with a laugh) "...no central heating in the house...very cold during the winter." He and his father, he tells me, fight like cat and dog. "First of all he wanted us out to get a job - I couldn't get one so I had to come in here. Next thing is he's wanting us home again." I then ask him about patients in the hospital. He mentions Colin and R. Colin, he says, is a "lad who borrows money off us and pays it back." Both Colin and R. are, he thinks, Arabian. And finally we include, without comment,

Dr. F. Joseph says sadly: "That's why I never go home. All my friends have gone away and got married".

Let us begin with the first grid.¹² For the first construct, kind, he puts his sister first, followed by Pat. He then comments: "Difficult to say with the rest...there are different kinds of kindness: money from my father, affection from my mother...my mother drives us like a slave...Certainly not myself, I'm evil". He clearly has no difficulty in assigning meaning to the constructs: stupid, he says, means "low IQ", and then comments, "I don't know, crime comes into this...stupid people aren't criminals". Selfish he defines as "for themselves all the time"; sincere as "thinking of someone else besides yourself"; mean he defines by his choice of himself as the most mean: "I have to be mean because I never have nought". Of honesty he says: "Staying away from the police; keeping to the law, the written law like...they change the law occasionally. I sell cigarettes, 3p each - I don't know whether that's honest, but I believe it is - I believe in free trade like the liberals."

He puts himself at the bottom of the list for kind and for sincere: "I tell lies like a trooper"; for honest, however, the other positive construct, he is in second place. For mean he puts himself in first place; for stupid in third place and for selfish in sixth place. His mother holds to a seventh position for kind, stupid and selfish, moves up to second place for sincere, down again to the bottom of the list for mean and up to fourth position for honest. His father holds the middle ground - between 3 and 5 - all the way through except for mean where he is in seventh place. He seems to think well of his sister for the most part, but she does badly on honest. The same holds for Pat, except that he rates her as the most stupid and the second most mean. His friend R. he appears to hold in poor esteem; Colin does slightly better. Dr. F. is

for the most part placed in the middle ground, not far distant from Joseph's father. All in all a complicated picture, where no one is either one thing or the other.

Turning to the second grid we find some remarkable shifts. I administered the second grid exactly one week after the first. Joseph made no comments about his selection for kind. He puts himself second on stupid because "I can't sort A from B at the moment". His sister he puts fourth because "she won't leave home". Of his friend R. he says: "It's funny how R. can settle better than anyone else. Wonder what it is. If R. goes home then I go home...I'll go to court if R. goes home because I rely on him." His friend Pat he puts last and says: "I haven't seen her for years like...don't know what she's like...you can disclude her like...The Pat I did know is very wise...but she has to be living at home before she could sort things out...She used to pinch my tablets when she went to a new area...Put herself to sleep all day till she got used to it...Didn't get much sleep night or day till she got used to it."

For sincere he places Pat first and comments: "The Pat I went to school with, but like I say she's getting old"; he puts himself third: "When I'm in the right mood, but I never am...I'm getting too old for the job". For mean, discussing Colin, he says: "I think Colin should go home...Well he once wrote a letter from the hospital asking his sister if he could stop with her, she said he must stop where he is, and his father won't have him...he (Colin) is an old man, he's forty now". He puts himself as the least mean and comments: "I spend every penny I can get my hands on...I'm always in debt."

The bare facts are these: for kind Joseph moves from eighth place to fifth on the second grid; for stupid from second to third;

for selfish from sixth to first; for sincere from eighth to first; for mean from first to last; for honest from second to last. In all he moves 26 places between one grid and the next. The contrast with the others is striking: his mother moves 16 places, his father 14, his sister only 9, Pat 15, Colin 12, R. 15, and Dr. F. 18.

The fluctuation in his own case is interesting and we shall have reason to return to it later. For the moment we may only remark that the most extreme shift - from first to eighth place - is for mean and it is clear that in the two instances Joseph is responding to different definitions of mean: in the first case he is the most mean because he has nothing to give, and in the second the least mean because what little he has he gets rid of quickly. For the rest, we should, I think, be wary of making too much of the surface data; dislocating the picture seems to be, but all the indications are that there is a turbulence underneath the surface that an examination of the surface picture cannot disclose. In Bannister's terms Joseph's grids demonstrate disorganization; presently we shall want to consider what this may mean.

B. Victor

When I first met Victor he was 44. He was first admitted to hospital at the age of 26 and had been in hospital permanently for the past fifteen years. His father died ten years ago, and he has not had a visitor since. He had two brothers and two sisters but according to Victor they are also deceased. In any case they have never visited. The diagnosis is chronic schizophrenia.

Of all the patients I worked with Victor was one of the most difficult to understand. In appearance and manner he fulfilled all the requirements for the role of career schizophrenic: with stooped posture and his clothes often in disarray, he shuffled his way around the hospital, mumbling to himself, a cigarette never far from his lips. The nurses on his ward told me that I was wasting my time trying to get some sense out of him. And it was not hard to see why they felt this way: he talked in short clipped sentences, his statements never seemed to hold together, conversations with him easily seemed to come full circle so that one was left utterly at a loss. Unlike Joseph, Victor was not a locked ward patient; he was "too far gone" to need special surveillance. Behind all the obvious mannerisms and vagueries, however, one could sense in him something of the robust: the broad shoulders and the piercing brown eyes spoke clearly of his mining background.

I worked with him regularly over a period of almost a year. For a short time he was a member of one of my groups. He attended the group because he asked to, having heard about it from other patients. For the most part he sat in a corner of the room gazing at me and talking to himself. I persevered with him largely because he so clearly wanted to continue meeting with me. I shall now try to give some indication of our discussions together. In reading this it is, I think, important

to remember that it is extremely unlikely that Victor had ever himself engaged, or been engaged by another person, in a conversation of any length for a period of at least ten years, and possibly a great deal longer.

Almost all my discussions with Victor turned round different aspects of his 'case'. The predominant sense that I had was that everything about him was condensed into his 'case', and yet at the same time the 'case' was dispersed and fragmented over a wide area of space and time such that any experience of unity of meaning that I had was quickly splintered. It would, I think, be misleading to say that this is at every point the record of a conversation. A more accurate rendering of my experience is to say that items of language were thrust into the space between us for me to collect and give shape to as best I might.

"My own case", he tells me early on in our relationship is "well worth going into". "You'll find it worthwhile to go into, Mr. Barham, if you have the time, and if you can't do anything for me...Help me to get a new case, everything cleaned up." He is himself a 'case', "an instance of a disease" (O.E.D.), a nutcase. He is his own case; but equally his case is outside him: as a definition imposed from without, for example, and literally as a 'thing' in the form of his 'case-notes'. He has, he tells me on one occasion, got many cases and names: all of these are with the receptionist: "she has everything, everything I have". On another occasion he says that all that he possesses that is not in the case are his spectacles, his teeth, his money and his clothes. He has also another name, the case-name, which I will find in the case. He has in addition yet another case-name, which is in the possession of the Medical Superintendent. Victor is 'encased' in the hospital (OED., case: 'shell or carcass of a building') and in his body; but the body in which he is presently

encased is a 'bad' body. His case, moreover, is in a muddle; he tells me one day that he would like his discharge: "the conclusion of my case...back to my own people, in my own case". When I have attended to his case, he says, he will be able to travel "to my own people, to my own country": "To be changed from those cases I had when I came here...that they had so much trouble about when I came here...The times I've been in and back and forward...They've had so much trouble with cases, Doctor".

He wants me to attend to his case "with a view to correcting my case with my own from my own". The dates in the case are wrong:

"They'll have to be attended to when I'm here this time Doctor... staying with you...then I'll be free to go...the people I was staying with hadn't brought the book up to date...The case-name I'm in hasn't been attended to...Not my own case-name of course has been, wants, attending to".

Victor, then, both is, and is not, his own case; he is his own case in that that is all - apart from teeth, money, spectacles and the like - that he has. Equally he does not possess his own case- it is distributed elsewhere: in the muddle of a past that he cannot fathom, in the case-file, and in the whole symbolic domain of the hospital. The confusion between inside and outside, and between the grammar of relation - 'in my case' - and objects in the world is evident in the following:

"They have my case...my identity...its identities you want in my case". 'In the case of Victor you want identities'; or 'there are at the moment no identities in my case'; or 'I want you, in my case, to rid me of my case so I can have an identity'. The case is both inside and outside; thus of himself and the case-notes:

"They're separate of course Doctor, because I have other cases... inside me is the case...yes, inside the case".

And his own case is not just a hospital case; it is also a money case, a law case, and an insulin case. To go into it I will have to get permission from the police and the army. And the case, as we have seen, multiplies:

"I've a few good cases, they were left to the solicitors".
At the same time one of the nurses has "the gold in my case".

His real name, he says, is Smith and Saunders: Smith is "this estate, the family I'm staying with"; Saunders is the police. He says that he is not Victor Saunders: "but of course he wants his attending to too, Victor Saunders". Victor Frederick Saunders is his case-name. Smith and Saunders has been taken away by the police, and Victor hasn't seen him since. He then says of Victor Saunders "he's not my case, he's got his own...V.F. Saunders, he's not my case either... It's just the place I was staying in during the war." He is not sure where his own case is. He thinks the police have his identity. He tells me that he will have to come back again and collect his identity from me, and go back to his own. Yet all these other people "will be in the case as well to get my own, to get my own identity...all the people I have known":¹³

"They said they'd send me back to my own, and get everything there back out and see to it from there."

During the war he used to live with Margaret Saunders and George Saunders, "sleep with them, nothing more, nothing less, eat with them, and get my pocket allowance". He allows that his present case-name is Victor Frederick Saunders but insists that this is not his real case:

"Wasn't me...I just took his place when he departed...There's some of that family whose name and place I took...I steered clear of everyone, just awaiting my own case, to take it back to my own people."

Most people thought that he was V. F. Saunders but he knew that he wasn't. The police told him to adopt the identity of this case. As to what became of his own identity he has no idea. "If you attend to my identity," he tells me, "then I'll be able to talk to you better, have better understanding...It's another young man's case, Doctor, a police case."

For the most part Victor treated me with great deference, calling me 'Doctor' although he knew that I was not. On occasions, however, something more personal took place between us. One day after a long silence I asked him what he was thinking about. "About the cases," he said, "your friends...my friends...very nice folk". He then alluded to his friendship with me. Shortly afterwards it was time to finish, and he said: "it's feelings yes...love yes...case."

On another occasion my ball-point pen, with which I had, I suppose, been fiddling, sprang from its holder to the other side of the room. I muttered something about "that fucking pen". The significance of this was not lost on Victor who at once asked me:

"Fuck in your pants did you Doctor?"

I told him that this was not what had happened, and he then said:

"I could do with a good fuck and a woman Doctor. Can you get me one?"

Then after a pause:

"Which are you, Doctor, a man or a woman?"

"Which do you think?"

"A man, but are you a woman as well?"

I.		Kind 1	Stupid 2	Selfish 3	Sincere 4	Mean 5	Honest 6
Self	A	8	8	2	8	6	4
Dr. S.	B	7	7	1	7	5	3
Mr. Y.	C	2	5	7	2	7	2
John	D	5	4	4	5	4	5
George	E	6	1	3	6	2	7
Gordon	F	4	3	6	3	3	6
Morris	G	3	2	5	4	1	8
Chris	H	1	6	8	1	8	1

II.		Kind 1	Stupid 2	Selfish 3	Sincere 4	Mean 5	Honest 6
Self		8	8	1	1	1	1
Dr. S.		4	7	2	5	2	2
Mr. Y.		1	4	5	4	6	8
John		6	6	6	6	5	4
George		5	2	8	8	4	3
Gordon		3	3	4	2	8	7
Morris		7	1	3	3	3	6
Chris		2	5	7	7	7	5

Dr. S. is a psychiatrist, Mr. Y. is a charge nurse, John, George, Gordon, Morris and Chris are all patients. Victor provided me with the list of people known to him very willingly. I ask him if he has left out anybody important. He says he doesn't think so but if he has

"Chris W. will know them all". He completes the task on both sittings much more hurriedly than Joseph, and unlike Joseph makes no comments about what he is doing. His intensity scores are much higher than Joseph's: indeed even his poorer showing on the second grid is above what Joseph scores overall. On consistency, however, he does badly.

The most striking feature of Victor's performance is the contrast between the first grid and the first three ranks of the second grid, and the remaining ranks of the second grid. The shifts in position between the first and second grids are quite considerable: Victor himself moves 16 places, Dr. S. 10, Mr. Y. 13, John 8, George 15, Gordon 10, Morris 12, and Chris 14. Yet even from these figures we can note the contrast with Joseph's grids: all the people here, Victor included, are very much bunched together. Joseph, we will recall, was set apart from the others on a solitary and turbulent trajectory. If however we examine the shifts in position between the first three ranks of the first grid and the comparable ranks in the second grid, and repeat the procedure for the remaining three ranks, we find that most of the variance is accounted for by the patterning in the last three ranks of the second grid. Victor, for example, shifts only one place as between the first half of the two grids; yet overall he moves 16 places. For Dr. S. the comparable figures are 4 as against 10, for Mr. Y. 4 as against 13, for John 5 as against 8, for George 7 as against 15, for Gordon 3 as against 10, for Morris 7 as against 12, and for Chris 3 as against 14. The explanation is I fear rather simple. I noted at the time that Victor completed the last three ranks with more than usual haste: quite simply, he had had enough of my games.

The conclusion we are led to from these grids, then, is that

contrary to all appearances Victor is able to organise his judgements of those around him quite effectively. The overall picture is of order and consistency, albeit a rather simple one. We may, for example, note that at least two sets of people are quite clearly paired up: thus Victor and Dr. S., and Mr. Y. and Chris.

We shall return later to the question of what this evidence suggests.

C. Eric

Eric when I knew him was 29 and had been in hospital permanently for the past 10 years. The diagnosis was chronic schizophrenia. His father died when he was an infant and he was brought up by his "mother and the National Assistance". He has one sister, twenty years older than himself, whom he sometimes visits. His mother died three years ago. Of all the patients reported here Eric was the most obviously 'normal', indeed self-consciously so. A boyish, rather effeminate looking man he endeavoured to present himself as a model of the 'sensible' and the 'proper' that would not have been out of place at grandma's tea-party. (The same could hardly be said for Victor and Joseph). Thus he told me once that the group in order to be a 'good' group must avoid 'dirty' discussions; we may all be men and have 'dirty' thoughts but it would be wrong to give expression to these. Until his mother's death, he said, he hardly spoke at all: "I was very dependent on her...I couldn't put things together then...I wasn't dumb, but I wasn't articulate".

He was not incapable of being articulate but for the most part he carried himself in the role of the well-adapted, 'career' mental-patient; someone who had retired from life early, fearful of 'dirt' and turbulence. Even after several months of group sessions I was given no more than a hint of the disruptive underneath the pleasant and co-operative surface. Most of what he said was platitudinous; occasionally he was incisive, as in his remarks about the hospital. The nurses, he told me, make up jokes about people: "It's part of the treatment...It isn't very nice for the person they're laughing at if he has any intelligence left at all". And: "I'm nearer now to being a paranoid than I was two years ago. If you treat a man like an animal he'll behave like one".

I		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Cousin	A	4	7	2	2	6	3
Self	B	3	6	1	5	2	6
Sister	C	6	3	6	3	5	5
Bob	D	7	1	4	8	1	7
Douglas	E	1	4	3	7	3	8
Francis	F	2	5	5	1	4	2
Tom	G	5	2	7	6	8	1
Dr. D.	H	8	8	8	4	7	4

II		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Cousin	A	3	7	7	3	4	2
Self	B	4	6	2	2	5	4
Sister	C	6	4	4	5	2	5
Bob	D	8	1	1	4	1	8
Douglas	E	2	2	6	7	8	7
Francis	F	1	5	5	8	6	1
Tom	G	7	3	3	6	7	6
Dr. D.	H	5	8	8	1	3	3

Bob, Douglas, Francis, and Tom are patients and Dr. D. is a psychiatrist. Eric pays regular visits to his cousin and to his sister, both of whom live not far away.

He completes the first grid quietly and proficiently and comments only that "people have different values today". "My sister", he says, "has got modern values, different to what I was taught". About the second grid he says that he is giving me different answers this time:

"sometimes people appear kind, and sometimes not." "They can be angry with you one moment, and kind the next". In his quietly humorous way he also remarks that it is a "common delusion that doctors are the most unselfish."

Clearly there is a lot of turbulence here. The overall intensity score (605) is very low; much lower than Victor's, for example. The consistency score is rather better: +.05. The pattern of movement from one grid to the next is fairly even: Eric moves ten places, his cousin 10, his sister 8, Bob 9, Douglas 12, Francis 10, Tom 13, and Dr. D. 11. Of interest here is not so much the contrast between the grids as the hiatus within each of them. If we take the first grid, for example, Eric seems to preserve a fairly consistent pattern across the range of constructs and so too do Bob and his sister. But something rather odd happens around his cousin and Douglas. Douglas, for example, is ranked as the most kind; but he is also one of the least sincere and the least honest. What seems to be happening is that at certain points a turbulence of feeling interferes with the pattern of relationships between constructs that common-sense semantics would lead us to expect. The feelings are, of course, expressed through the ranking of particular people but they are clearly not attached only to these people: in the second grid it is Francis who from being the most sincere and the second most honest becomes the least sincere and the most honest. Despite the low scores then, it would be misleading to say about these grids that they lack organization; better to say that what we find are moments of structure followed by moments of hiatus.

D. Terence

When I first met Terence he was 28. He had spent most of the past 10 years in hospital. The diagnosis was chronic schizophrenia. His parents visited him once a week bringing him clothes, cigarettes etc. and sometimes he went home for the weekend. Terence was a puzzling person to make out. What struck one most forcibly was his air of innocence and naivety; it was as though he had never grown up, or been allowed to grow up. Indeed he often complained that his parents treated him like a two year old when he went home: "behave yourself Terence, lie down on the settee, have a rest, have a sleep". A good deal of the time he presented himself as confused and mystified; an innocent in a world of corruption and exploitation.

He is not however without humour, and his insights are often astute. One of his favoured devices was to rehearse for me remarks that his parents had made about him: "'Am I balmy?' I say to my dad. 'Yes', he says 'you're balmy, you've been balmy for years and you'll never be any different. Only your dad and mum know you're balmy, no one else knows' he says". According to Terence his parents say about him that he's cunning, crafty, and all he thinks about is cigarettes: "yet my father piles cigarettes on us; contradiction isn't it Mr. Barham?" Terence tells me that he fancies one of the female patients in the hospital but that his father discourages him: "My dad says if I got married I'd die. He says 'don't give money to women; they'll just take it off you. I've got to work for that money' he says, 'all I'm concerned about is your health'".

For a period Terence was a patient on an open ward but was transferred back to a locked ward after he had walked home eight miles without permission. "The charge nurse said I might have been killed...I said to me dad 'Aren't you going to give me a cup of tea

before you take me back to the hospital?' 'Come on Terence, Dr. Y has been on the phone...You mustn't upset Dr. Y, keep in with Dr. Y and everything will be all right'...My dad says the doctor says my nervous system's not functioning properly...it's stopped working". Terence tells me that he walked home because "I thought...well I've had enough of the regular routine...going out every morning after breakfast...I'll go home." He found himself asking questions such as: "Am I wasting my life here? Is my dad wasting my life here? Is Dr. Y helping me? Why does my dad put all the burden on Dr. Y? Does my dad want me home or not?" He gives me an analogy: "If you were sitting there writing and got sick of it you'd say 'OK Terence, you can go now'...Same with me...Sudden impulse to down tools and go home". But then he feels guilty: "I feel I'm not co-operating sufficiently with different people...As long as you suit other people, play the game, you're all right...". Thus for example, in relation to going home: "If everyone took it into their heads to do that! If Dr. Y left he might leave me here!"

I		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Self	A	3	6	6	5	7	4
Father	B	4	7	5	2	6	1
Mother	C	1	1	7	3	5	5
Peter	D	6	2	2	7	1	6
Joyce	E	5	5	1	4	4	7
Dr. S.	F	2	8	8	1	8	2
Uncle	G	7	3	4	6	2	3
Brother	H	8	4	3	8	3	8

II		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Self	A	4	7	5	8	3	2
Father	B	5	4	6	7	1	3
Mother	C	2	6	7	5	2	1
Peter	D	7	2	3	3	8	8
Joyce	E	3	5	1	1	6	4
Dr. S.	F	1	8	8	4	4	5
Uncle	G	6	1	2	6	5	6
Brother	H	8	3	4	2	7	7

Peter and Joyce are both patients; Dr. S. is a psychiatrist and his uncle is his Uncle A., his father's brother. Terence tells me that Joyce has asked him to marry her. The trouble is that his parents have told him that she's just after his money and cigarettes. "Girls that read books", he tells me, "are wicked and foolish...a vice...I don't know why really, but I was reading it in a good book... You've got to have sobriety haven't you, Mr. Barham?" He then tells

me that his father says that he is harmless:

"...innocent, a kind nice lad, but he gets on to us, you know, as soon as he gets out of bed, says, 'Why should you do that to us Terence? I'm only trying to keep you right.' He says 'You'll never be a better man than me Terence...What would you do without me and your mum?' I say 'How do you do it dad?' He says 'I don't know, it's in the head.' He says 'You're always thieving Terence when you're in the house'. I pinch cigarettes, mother's cigarettes, not really thieving. 'Lie down and go to sleep Terence,' he says, 'do something, lie down on the couch and have a rest, go to sleep'."

On the first grid he says very quickly "Knock my brother out, he's not kind...My uncle's not kind either". He insists on giving a long definition of a stupid person: "a person that's silly and ignorant, a lackadaisical person, always fighting and being ignorant of the ways of life, he doesn't know how to work properly, he doesn't know how to dress properly, to shave properly, doesn't know how to keep himself clean, not co-operative..." This is only a summary of what he said! He then points to the card with 'mother' written on it without mentioning it by name. A selfish person, he says, is someone who is "mean, always wants for himself, never thinks of anybody else but himself, never takes anybody else into consideration - in money matters, in family relationships,... always wanting for himself in big things and little things, always wanting to shout his own desirabilities, always on the want for his own needs". Sincere: "A person who's faithful, honest, well-liked by your compatriots, very true to his word". Mean: "A corrupt dishonest person you can't trust, thinks only of his own needs,...a wanton person. Soon gets annoyed and up the pole and shouts. Quiet but untrustworthy. Takes what he wants from you and gives nothing back." He says of his mother that

"she's a bit mean in a way...She's kind but mean...Mother never comes through to see us." An honest person, finally, "works for a living, is upright in word, act and deed, trustworthy, never tells lies".

Terence's overall intensity score is 1127, and his consistency score +.05: rather better than Victor on intensity and much better on consistency. What is surprising, however, is that the same pattern as we found in Victor's grids is repeated here. Terence's performance in the first grid is unexceptional: all the constructs seem to carry a fair amount of implication for each other. And the same trend carries over into the first three ranks of the second grid: Terence shifts only 3 places, his mother 6, his father 5, Peter 2, Joyce 5, Dr. S. 1, Uncle A. 5, and Terence's brother 2. If we include the last three ranks, however, all the shifts are more extreme: Terence 12, his mother 15, his father 17, Peter 15, Joyce 10, Dr. S. 11, his Uncle 11 and his brother 13. And we can readily see why: columns 2 and 5 in the second grid bear hardly any relation to each other, whereas in the first grid they are closely related. Terence, like Victor, has had enough before the final whistle has blown.

Terence, it seems, when called upon to do so, is able to muster a passably ordered presentation of his perceptions of himself and his immediate others.

E. Tom

Tom, when I came to know him, was 21 and had been a patient in a mental hospital for 5 years. He was diagnosed as a chronic schizophrenic, and was a patient on the same ward as Joseph. His parents visited him regularly and occasionally took him out for the day. He had one brother, three years older than himself.

Most of what Tom had to say was on first hearing incomprehensible. For one thing he said very little. A question from me would often be followed by a silence of up to fifteen minutes before he answered. Moreover when he did speak his voice was often inaudible, and a request from me to repeat what he had said was generally treated as an admonishment. It was difficult to know what his statements referred to. For example he would tell me that he had been dreaming about 'green paint' and then in the next breath that he had lost the screw from a cylinder.

Tom had basically four pre-occupations: the hospital, his parents, women, and electrical devices. Early on in our relationship he told me that he was "hypnotised in the infant school":

"How do you mean?"

"It must have been something like that or I wouldn't have gone to school. I wouldn't have got through it otherwise"

"Hypnotised? Who by?"

"Lots of kids were; by their parents. I wouldn't have got through the rough and tumble otherwise"

"And what would have happened?"

"I would have got wrong"

"Got wrong?"

"Well when we were bad we were sent to the headmaster. I used

to see pink elephants and that sort of thing. In one case I did get wrong and they sent me to hospital. I got wrong in the playground. I must have been doing something dangerous."

"What happened to you?"

"They gave me a good hiding"

"I thought you said they sent you to hospital?"

"No, I said they were going to send me to hospital but they didn't...Most of the trouble in this world is caused by adults. Kids don't get any say in what happens. They might try suicide but that's all. Adults cause most of the trouble like fires and that sort of thing."

"And you? Are you a child or an adult?"

"I'm a bit childish at times...I think I'm an adult, yes."

Just before this we had been looking at a picture which he said reminded him of Adam and Eve in the year 200. I now ask him:

"Why Adam and Eve?"

"Well because it was like something I saw in the beginning when I was young...There must have been industry then or they wouldn't have had anywhere to turn when they left the garden. There must have been home and industry then or else how could you now have a line-up with a receiver set?"

Occasionally he gives direct expression to his feelings: "My father keeps condemning me to these kinds of places...They're tired of coming for me now" A long silence, and then almost inaudibly: "You'd better take me home." Most often he seems to be the victim of a terrible confusion. The following is typical:

"I was sitting down for a meal earlier on and old Smith was talking about women. I felt like asking who hit me...and going and hitting the nurse...I don't get any peace"

And he continues:

"And Smith was talking about women. About what this was like in a woman," pointing to his penis.

"It disturbed you what Smith said about women?"

"Yes, I was too small"

"What worries you about what Smith said?"

"Well that means I'll have to get married or something doesn't it...I felt guilty"

"About?"

"About what Smith said to Johnson...I'm entitled to a house aren't I?"

"What made you feel guilty?"

"I saw Johnson lying on the floor all bleeding and everything,... Last night I was in bed and I put my finger up my nose and it was all bleeding and everything."

He then says about Smith and Johnson:

"I thought I was big enough to try it at first" (long silence)

"They've got a woman in - Smith and Johnson - in the ward somewhere..."

A recurring feature of our work together is Tom's pre-occupation with electrical devices. For example he tells me that Male 15's is where the power is that controls the whole of the hospital. "Two boxes, and the big one's got nine fuses in it." He wants to go to a ward on another block to get away from it. He tells me that he couldn't control himself and had a go at the boxes. "I'm too greedy" he tells me "my mum wanted to know why I was so greedy...the only way I manage to keep fit is over a decent meal." He then tells me that he had a go at the boxes in order to get something that he couldn't have: "Ever since I've been in here there have been things like sex which I

couldn't have."

On another occasion he tells me that he would like me to make him a 'set'. The set would have "cotton insulated wires" with a "speaker and a power pack at the back of some sort". His parents, he says, have a "bad old set...just tied together with hardboard and old screws". Perhaps I could make them another one: "the type you told me about; it could heat my depression". He would be particularly pleased to have such a set, he says, because he would be able to get stations on it from different places.

I.		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Father	A	1	5	2	4	7	5
Mother	B	4	3	7	1	1	2
Self	C	7	8	8	7	8	6
Brother	D	6	4	6	3	4	8
Bill	E	8	2	5	6	5	7
Percy	F	3	6	4	2	6	1
Mr. S.	G	5	1	1	5	3	4
Dr. D.	H	2	7	3	8	2	3

II.		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Father	A	6	4	5	3	1	7
Mother	B	2	6	7	4	7	5
Self	C	7	3	8	1	8	1
Brother	D	8	8	1	2	6	4
Bill	E	5	7	2	8	3	3
Percy	F	1	1	4	5	5	8
Mr. S.	G	4	5	6	7	2	2
Dr. D.	H	3	2	3	6	4	6

Bill and Percy are patients; Mr. S. is a nurse; and Dr. D. is a psychiatrist. Tom claims that he has not had a visit for six months. He then says: "I used to have ideas that someone was trying to turn me into a psychiatrist, and I said that I didn't want to, that I wanted to see my parents again". "Yesterday they asked me if I'd like to be a psychiatrist..." I ask him about his brother; Tom says he hasn't seen him for a while and comments: "He's got a whole room full of

rubbish". He also recounts that another patient told him where the fuse-box was. He says he feels he should fuse the whole place "so we'd get some more money, and we're getting low on food".

On the first grid, for kind, there is a long silence before he begins, and he then says, "well, my dad". A stupid person he defines as someone who doesn't think before he opens his mouth; selfish means "keeping yourself back from people"; sincere means "to do a job properly and confidently"; a mean person is somebody who "won't let anybody get on with what they're doing or who won't help them"; and an honest man is someone "who does what he's told and pays for what he gets".

After completing the ranking for selfish he tells me that he wanted to sow some seeds to open up the ground, but then along came an electronic gardener and Tom felt outdone. When we come to mean, he pushes the 'dad' and 'self' cards to the far side of the table. I ask him to choose between them which is the most mean and he says: "I used to get an ice-cream when I was at home earlier".

On the second grid he seems somewhat confused by his previous definition of selfish when I read it out to him: "Oh you mean not mixing with people". He picks up the card for Dr. D. and says almost inaudibly: "He keeps away from me...he used to, yes". "Does he still?" There is a long silence and Tom says "yes".

The overall intensity score (338) is very low; lower even than Joseph's, though the consistency score is marginally better: $-.12$ as against $-.26$. The shifts in position are large but even: Tom moves 16 places in all from one grid to the next; his father 18 places; his mother 17; his brother 18; Bill 19; Percy 18; the nurse 15; and Dr. D. 13. It is, though, difficult to find any

sense of pattern either in the fluctuations, or in the relationships within the individual grids. Occasionally there are glimmers: where in the first grid he ranks his father and himself as the two least mean, and his mother as the most mean, in the second grid his mother and father are inter-changed. Where with Eric we could say that there were moments of hiatus and moments of structure with Tom hiatus dominates; we have to look very hard to find items of structure.

F. Arthur

Arthur, when I first met him, was 26. He was first admitted to the hospital at the age of 18. Since then he had been in and out of hospital seven times, most of the admissions following rapidly on each other. At the time I knew him, he was a day patient, sleeping at home with his parents and spending the best part of his days at the hospital. A tall, bespectacled, lanky man, with a shambling gait, he spoke in a soft and gentle voice that seemed to express an inconsolable sadness. He was a member of the group for almost a year; he always attended regularly and seemed to value the occasions. I never saw anything extreme in him: he was never outwardly angry, or exuberant, or badly depressed; always attentive, but slightly bemused and quietly despairing, his voice conveying the sense of the arrested life that he now lived. He once told me the pattern of his normal day: get up at 7; at 8 breakfast, with perhaps a few words shared with the family about "food, and what we're doing like". At 8.50 he goes to work in the hospital. He works in the gardens till 11, then he returns to the ward. At 12 he has dinner and at 1 he returns to the gardens. He has no special friends among the patients and we have already heard him (Unit XIII) express his feelings about life on the ward. He works until 4p.m.; then he returns to the ward, changes out of his overalls, and has tea on the ward. After tea he may perhaps walk over to the hospital tea-rooms; most days he just goes home. At 7.30 he has supper at home. After supper he perhaps goes for a walk on his own; otherwise he watches television. At 10 he goes to bed. On an ordinary day he will exchange no more than a few words with anyone.

His thoughts during the day, he tells me, are mostly about religion: "things that I've read in the Bible, things out of the New Testament". "I think about whether I'm doing any good and that, doing God's will..." He tells me that it is difficult to understand what is meant by religion: "knowing what the words stand for, what they mean, knowing the difference between good and bad... If a person's clean, then he'll go to heaven. 'Clean inside', that's what's meant by the Holy Ghost in the Bible: not drabness at all. I often worry about me in case I'm going drab, in case I aren't healthy enough."

He tells me that he is frightened of temptation; there are a lot of bad influences about, like television: "I can't get interested in that because there are things I don't like, for example crime, making fun out of that like cartoons". On a number of occasions he has felt a spirit coming up in his body and has been frightened of losing control; for example at one time the word 'kill' would come into his mind - "it used to happen every day I could think of nothing to stop it" - and a feeling run up his spine, followed by the phrase "I shall not kill". The only way to deal with it was to say to himself "I am strong".

He is not very happy at home, and feels unable to talk to anyone in the family about what concerns him. His father, he says, is a bit of a bully and shouts at Arthur for no reason. "I drink a lot of tea and he plays up about that". He says that he sometimes thinks that he would have "more self-reliance" if he found board and lodging for himself: "only it's my mother, I don't want to upset her". About once a fortnight he goes to bed at 7 o'clock and then gets up again because he can't sleep: "and then my dad plays hell with me and I go to bed again at the usual time". He has never had a girl-friend in

his life: "I've fancied a few but I've found nothing to say to them". "Before I have a girl-friend I must be able to chat them up and attract them, and then I think, what have I got to attract them?...Sometimes I feel frightened to stand very close to a girl anyway."

I.		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Mother	A	2	8	8	1	8	6
Brother	B	3	2	2	7	3	7
Sister	C	5	7	1	6	1	3
Self	D	1	3	6	4	6	1
Eric	E	7	4	5	5	2	2
Alf	F	8	1	3	8	5	8
Sister C.	G	4	5	7	2	7	5
Dr. T.	H	6	6	4	3	4	4

II.		Kind	Stupid	Selfish	Sincere	Mean	Honest
		1	2	3	4	5	6
Mother	A	2	7	8	3	7	7
Brother	B	5	6	1	6	3	5
Sister	C	6	2	2	7	1	4
Self	D	1	4	6	1	8	1
Eric	E	4	3	5	4	5	3
Alf	F	8	1	3	8	2	8
Sister C.	G	3	8	7	2	6	2
Dr. T.	H	7	5	4	5	4	6

Eric and Alf are patients; Sister C. is a nurse; and Dr. T. is a psychiatrist.

Taken as a whole Arthur's scores, both on intensity and consistency, are higher than any we have seen so far. The shifts between one grid and the next are relatively small: his mother moves 5 places, his brother 10, his sister 9, Arthur himself 6, Eric 9, Alf 3, Sister C. 8, and Dr. T. 6. One feature of these grids is particularly worthy of

note: despite the very high consistency score (+.87) the intensity score for the first grid is surprisingly low. We can readily see why: compare, for example, the first two ranks of grid I. Mother is the second most kind and the least stupid; brother is just behind mother in kindness, but the second most stupid; Arthur himself is the most kind, but only just behind his brother in stupidity, and so on. On the face of it, the pattern of inter-correlation between the constructs is low. If we look at the fate of individuals, however, we become quickly wary of making too much of this: on common-sense grounds alone it is perfectly tenable for a son to perceive his mother as being as kind as him but much more intelligent. We can detect something similar if we look at the inter-correlations between ranks 3 and 6, selfish and honest, in the two grids. In both cases they are very low: mother in each instance is the least selfish and one of the most dishonest; Alf, in contrast, is one of the most selfish and the most dishonest.

In general terms we can say that Arthur's estimations of himself and others appear to be reasonably settled; there is none of the turbulence or sudden hiatus that we have met before.

III.2.iii. Critique.

What then does our reading of the material suggest for the personal construct theory approach to the perplexities of schizophrenia? If we follow the hierarchy that is established by the raw scores, then Joseph and Tom are at the bottom, with Terence and Arthur at the top. The mean scores for our 6 patients on the two sets of grids are:

	Intensity		Consistency	
	range	mean	range	mean
Photos	394 to 663	538	-.26 to +.34	+.12
People	338 to 1127	726	-.26 to +.89	+.07

For 4 of the 6 patients the overall intensity score was higher on the 'people' grids than on the photograph grids; for consistency the trend was in the opposite direction: only Arthur scores higher on consistency on the 'people' grids. Heather (1976), we will recall, found that the use of known people as elements made very little difference to mean intensity scores. (There were no re-tests in his study, and hence no calculations for consistency.) Williams (1971), by contrast, found that 7 of his 12 subjects did better on both consistency and intensity in the 'people' grids as compared to the photo grids. However he gives us no indication in his paper of the lapse of time between the first administration and the second, and it may therefore be that the consistency scores in his 'people' grids were boosted by a 'memory factor'.

Even if we allow this kind of theoretical construction some credibility then, it is clear that Williams's 'cue insensitivity' explanation receives no empirical support from our data. As I shall show shortly, it is only able to make an appearance at all at the

expense of expunging a good deal of complication. From another direction, however, the argument is on Williams's side: we will do well to question the tendency to subsume grid test profiles and 'people' grids into the catch-all of the patient's capacities for construing in relation to real people. From Bannister's point of view a change in the elements should make little difference; it is the linkage between constructs that is important. That this view is patently false can be seen from the following example. It involves the case of a middle-aged spinster who had spent many years in hospital as a chronic schizophrenic, and we can, I think, use it to throw light on our earlier material.

Discussion with this lady, whom I shall call Alice, revealed that she was particularly preoccupied with people who were either dead or had only an imaginary relationship to her. These people included her parents, the Duke of Windsor, Teddy her son, two husbands, and James Munro "daddy's godson, up in England, up in heaven". Joseph, we will recall, wanted to include both his step-father and his real father in the list of elements for the 'people' grid, and I refused. With Alice I hit upon the idea of devising two grids, one to include persons largely dead or imaginary, and the other to consist of persons known to her in the hospital. There were not enough dead and imaginary figures to complete the list however, and Alice and Dr. T. therefore feature in both sets of grids. When we came to the second sitting of the grid involving people in the hospital she resisted; the whole exercise was clearly distressing for her, and I did not press it any further. Nevertheless the data as it stands is, I think, revealing:

i. Bannister & Fransella Grids:

intensity I	306		
II	763	=	1069
consistency		=	+ .33

ii. Mostly dead and imaginary people:

intensity I	918		
II	928	=	1846
consistency		=	+ .59

iii. People known to her in the hospital:

intensity I		=	259
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As can be seen from the scores, she presents a remarkably ordered picture of her perceptions of the dead and imaginary figures; the more surprising, perhaps, when we note that Teddy, her son, was "only born last year - overnight, I didn't know I was having him". Even Alice herself and Dr. T. do well in this company: Dr. T. shifts only 4 places between one grid and the next, and Alice 6. With the grid for the people known presently, in contrast, things are very different; everything is turbulent and confusing: of Sister H.: "I'm sorry, Sister H. is muddling me today, I can't take her at all, I can't work it out for her"; of Betty B., a patient: "There's a few Betty B's, they keep jumping and so you don't know where you are with them"; and of Doris, another patient: "Sometimes she goes away, and sometimes she comes back, so I don't know where we are with her".

Quite clearly, then, the choice of elements does make a good deal of difference, even within the range of people elements. Nor is Bannister's argument that the schizophrenic does better when he is able to trade upon remembered judgements of any use here: Alice herself and Dr. T. are active figures in the present, and one of her husbands she

had only married a short while ago. From talking to her it was clear that all these figures were very much alive and moving in her imagination. The difference between her capacities in this respect, and the turmoil of the more obviously contemporary grid, resides I suspect in this: that here she is able to muster her perceptions at her repose, whereas in dealing with the figures on the ward she is faced with a turbulence from which she can retreat only by refusing to complete the exercise. And hence, too, perhaps, why she does considerably better on the grid test, even though her overall performance falls within the thought-disordered range. Her 'disorder' then, lies not in the linkage between constructs, but in the difficulty for her in putting these constructs to work to describe a very specific state of affairs. (One might note, though, in passing, that having met Betty B., Alice's comment about her is exactly right: there were indeed several Betty B.'s and I for one would have found it well nigh impossible to tie her down to a set of constructs in this way, let alone do so in a context where I was forced to live with her!)

And we can learn something else from this example that is germane to our earlier material, and to our discussion of the construct theory approach as a whole: the danger of building a theoretical case about schizophrenia, or about schizophrenic thought disorder, on the basis of a group score. And that indeed is what all the studies to date have done. This is a serious complaint about work undertaken in this tradition: that much of this theoretical edifice can only sustain itself by a disregard for the complication that is actually present in its own data. An instance of that complication we have seen in our discussion of Alice; it is present in our earlier material in another way: from the grids of Terence and Victor it is clear that some patients when subjected to this kind of exercise quickly become bored.¹⁴ One

can only speculate as to the unacknowledged effect of responses of this kind on the studies reported in the literature. And complication presents in another way too; from our discussions of Joseph and Alice in particular, it is apparent that the comments that the patient makes about what he is doing, his feelings about the exercise, and his responses to it, are an important source of data. From a traditional point of view, discussion of this kind is 'waste'; the real data shows itself in the internal logic of the test material itself, abstracted from the patient's thoughts and feelings about the whole business, and from the relationship between patient and research worker. And what is then undercut, in effect, is our capacity to grasp how the individual patient is engaging with the world. We can see this clearly when we examine the meaning of the disorganization that the grids that we have discussed depict.

Bannister, in a reply to Williams, argues that Williams's assertions to the contrary notwithstanding, it is apparent from Williams's own material that "either photographs or people broadly identify thought disorder" (1971, p.470). And no doubt he might make the same retort to us. However we will do well to catch ourselves on that word 'identify'. For what does it mean, for Bannister, to 'identify' thought disorder? Really rather little; only that we have found evidence, within the scope provided by the grid framework, of a pattern of response that is normatively uncharacteristic. Bannister talks in terms of disorganization, and he would account for the disorganization in terms of a loosening of the relationships between constructs. "The thought disordered schizophrenic," Bannister and Fransella write, "has been driven to loosen beyond the point at which there are enough workable lines of implication between his constructs for him to re-tighten his system" (1971, p.165). Bannister does not ask any further questions about the meaning of the

disorganization that he identifies; he does not need to because within his own scheme of inter-personal functioning it speaks for itself: it is at the opposite extreme from healthy, normal, organised functioning.¹⁵

However we can, I think, begin to see the pertinence of the question. It is already implicit in the remarks that we have made about Alice. Compare for example, Joseph and Arthur. Arthur presents a pattern of response that is considerably more organized than that of Joseph. From one point to view then, Arthur is closer along the road to recovery. Yet it seems to me that we can only adopt such a view if we extrude everything that is not given us by the internal structure of the grids themselves. Joseph and Arthur, as we have seen, are markedly different people: where Joseph is vocal and energetic, at times, for all his despair, exuberant, Arthur is quiet and withdrawn. The distinction can be put thus: Joseph is at times quite mad but there is about him a vitality and sense of life; Arthur, by contrast, is well adapted to the world but the sense one has of him is of utter loss and resignation.

The contrast between these two is crucial; it takes us to the core of what is demeaning about this whole approach to the perplexities of schizophrenia. Freud, we will recall, described Schreber's delusional system as an attempt at recovery, as a process of reconstruction by which external reality, from which cathexis had been withdrawn, became reinvested with significance so that it again became a place in which he could live (1911). And something like this is happening in Joseph's case. Far from withdrawing from the world, Joseph is too much in the world; the carapace of his self is quickly penetrated; the boundaries between inside and outside, between himself and others, between language and the world, are never resolved for him: they have always to be discovered anew. The complication of the world, and of his relation to it, will not settle into the pattern of judgement required by the

repertory grid exercise. In the second of the two grids, as we have seen, Joseph makes four references in relation to four different people, about either 'going home' or 'living at home'. In the terms of our earlier discussion, something is active within him about his 'abode' in the world that the dimensions of the exercise cannot contain.

For Arthur there is complication too, as we have seen from our discussion of his intensity scores. But compared to what we have found with Joseph it is minimal: where Joseph shifts 26 places between one grid and the next, Arthur moves only 6. Arthur is able to maintain a semblance of a bounded self but only by detaching himself from anything that is likely to disrupt: from his own feelings and impulses, for example, and from the resonances of meaning that are inherent in language. Arthur sustains himself, but only at the expense of repudiating both part of himself and part of the world. We can detect something of this if we look at the way in which he engages with the grid test of thought disorder. As we can see from the scores he does rather badly: only 656 on intensity, and $-.26$ on consistency. On the face of it, a disorganized pattern of response. From my observation of the way in which he set about the exercise, however, it was apparent to me that Arthur was not so much confused about what was required of him as disinterested; these blank faces did not mean anything to him, he could not attach enough significance to them to make meaningful attributions about them. For Joseph, by contrast, they meant too much. Whereas Arthur has difficulty converting the photographs into people, for Joseph they cease to be photographs. Let us look at how he proceeds with the exercise.

We begin with the construct kind. Joseph comments: "ay...I don't know...they all look kind to me...you mean giving things away and that like?...depends really...articles I would say her...money her...things like motor cars and articles for him...I would say such things as houses

and things for him...". "How do you mean?" "Well, I should say he's typical...he looks like a typical builder to me." Of the next card he says: "He looks like an accountant, something to do with money...he looks kind but I think he would want a profit out of whatever he gave... he'd give you the money, but he'd want money back". And the last place in the list he gives to a woman: " 'With my body I thee endow'. She looks like a typical member of women's lib, I would say sex her". And so it continues. Thus when he comes to rank the photos on stupid he says of one woman: "She's stupid in a way...in a way she is, in a way she isn't. She's a sister. She's got a brother...and she's not stupid due to the fact that she's got a brother". For selfish he tries to organize the photos into family patterns: C is the mother of B and H; E is the mother of F and G; A and D are sisters; then he changes it to say that D is the mother of A, and the sister of E. He juggles the cards to piece out the relationships for a long time: "I'm trying to get the family tree right...they're all related...the biggest family of the lot is bound to be the most selfish".

It is, I think, easy enough to see what is happening here. Rather than rank all the photographs on a single criterion of kindness, which is what the test requires of him, Joseph begins by splitting the criterion: it can mean different things and shape up in different ways. And the construct then very easily gets lost in favour of an enumeration of attributes of the person. I had the impression, watching him, that he was not for the most part concerned to compare the photographs with each other; he paid close attention but it was not a comparative attention: what the construct seems to trigger in him is a means to illuminate something about the biography of each individual person. Another way of making the point is to say that the photographs evoke for him a complexity of meaning that cannot properly be resolved into simple attributions.

We have opened out complexities where Bannister thought there were none. It would be misleading of us, however, to suggest that we can now deftly tidy them away in an opposing set of formulae. Arthur, as we have seen, is able to order his perceptions of his immediate others relatively cogently; on the grid test, in contrast, he does much less well. For Alice the opposite holds: she is able to muster her judgements of the photographs effectively; in relation to those with whom she lives everything is turbulent. Consider Tom, for example. Between his scores on the 'people' grids and those of Joseph there is little difference; it seems that they are both as chaotic as each other. Yet we have only to look at the way in which Tom generally speaks and responds to see that a discrimination needs to be made. For Joseph the meanings and resonances seem to be too many; yet he continues to struggle with them with energy. Good carpenter that he is, he never loses the ability to use his tools. Tom, in contrast, is adrift; a passive, helpless victim in a sea of confusing and turbulent meanings. From Victor, judging by his verbal performance, we might have expected something rather similar. In the event he pulls together something that is reasonably ordered. One might pose the difference between Joseph and Victor in this way; where in Joseph the psychotic and the non-psychotic parts of his personality operate together, each pressing on the other, in Victor they are entirely sundered: he is either utterly, and incomprehensibly, for the most part, psychotic, or a rather pale imitation of a normally-functioning individual.¹⁶ With Eric the same argument holds but in reverse; behind the benign and self-consciously 'normal' exterior there is a hiatus that upsets his capacity to order his judgements in the way that is required of him.

The burden of our argument should now be apparent: the ways in which these people go about their lives, the ways in which they think and feel, the responses of which they are capable, and the crucial

differences between them in this regard, cannot be accommodated within the terms and procedures of construct theory.¹⁷ It must also be obvious that Williams (1971), together with his cue-insensitivity explanation, can serve no useful purpose here. Our discussion has enabled us to specify the points at which, considered even in its own terms, Bannister's paradigm is lacking. To mount our case we have had to edge over the boundary of the approach as it is usually given to us to include other sorts of data. All along we have had to struggle against the current to restore to the approach what is excluded by it; most important of all it is the language of the schizophrenic that is excluded.

Michel Foucault describes how during the nineteenth century madness entered a "phase of silence from which it was not to emerge for a long time; it was deprived of its language and although one continued to speak of it, it became impossible for it to speak of itself". Impossible until Freud "who was the first to open up once again the possibility for reason and unreason to communicate in the danger of a common language, ever ready to break down and disintegrate into the inaccessible" (1976, p.69). In personal construct theory there can be no meeting - and hence no danger - between the schizophrenic and ourselves because the rich and difficult middle ground where selves are made and lost, and the world and consciousness interpenetrate, and from within which men establish their links to the world, is emptied of significance.¹⁸ Simple idealism cannot understand that man "neither merely makes nor merely encounters the world he lives in".¹⁹ As Foulds put it, with personal construct theory "the normal person and the schizophrenic are equally withdrawn from reality, locked in an egocentric solipsistic construct system" (1973, p.225).²⁰

We are pulled out of the world in which we live into an imaginary space of delicate mental framing.²¹ The space into which we are delivered is a space of complacent rationality; here there are no bodily presences, no struggles to find expression for the perplexities of experience, no separations and comings together, no unconscious; in short no engagement. Bannister exhorts us to attend to the person, but the person in construct theory is a complex mental machine; discrete bounded selves, sets of more or less accomplished construct systems. Selves come ready made; there is no more work of 'boundary maintenance' to be done. The whole idiom falsifies ourselves as much as the schizophrenic. Norman O. Brown, to conclude on a contrast, provides us with an opposing idiom to which we shall shortly return. He asserts the relative and conventional character of the self-other boundary and continues:

The existence of the 'let's pretend boundary' does not prevent the continuance of the real traffic across it. Projection and introjection, the process whereby the self as distinct from the other is constituted, is not past history, an event in childhood, but a present process of continuous creation. The dualism of self and external world is built up by a constant process of reciprocal exchange between the two. The self as a stable substance enduring through time, an identity, is maintained by constantly absorbing good parts (or people) from the outside world and expelling bad parts from the inner world. 'There is a continual unconscious wandering of other personalities into ourselves' (1966, pp.146-7).

III. Notes

1. See, for review of recent studies, Payne (1970).
2. See Benjamin (1944).
3. In addition to reference cited see also Cameron (1938).
4. For more detailed illustration see the discussion of repertory grid material that follows.
5. The tendency is carried further in, for example, the studies of cognitive abnormalities in schizophrenia by Hemsley (1976, 1977).
6. The study by Forrest, et.al., it is worth saying, is a more benign version of a tendency that is taken to an extreme by Salzinger, et.al. (1964) in one of a series of studies dealing with the effect of reinforcement on the verbal behaviour of schizophrenics. The patient was seated in the "experimental room...in such a way that the experimenter was able to observe the outline of the patient, whilst the patient was unable to see the experimenter". The patient was then given the following instructions:

When I tell you to start talking I would like you to begin talking and continue talking until I ask you to stop. You've probably noticed the light in front of you. Whenever you are saying something of importance the light will flash on and off. By importance I mean information which will help us get a picture of what's wrong and put us in a better position to help you. You will find that speaking of these important things will make you feel better.

Now I'd like you to talk frankly about your family, about your schooling, your work, how you spend your free time, about any problems you have, and anything else about yourself that is related to your being here in this hospital.

So why don't you start by telling me why you came here to the hospital and then go on talking until I tell you to stop (ibid. pp.509-10).

This is about as 'monologic' as we can get.

7. Extraordinary though it may appear, Chapman and Chapman (1973) in their copious and solid review of studies of thought disorder make only one reference to the work of Bannister and his associates, and that in passing.
8. And the most recent research, for example Hill (1976) and Poole (1976), suggests that the correlation between the test diagnosis of thought disorder, and clinical diagnosis, is poor. As long ago as 1970 Poole argued that "since a diagnostic test of this type can only be shown to be as good as the criterion, and since psychiatric assessment of thought process disorder is probably of low reliability, fundamental research into the behavioural manifestation of thought disorder is of prime importance". Seven years later, and we are still waiting for it. Hill (1976) concludes his piece: "It may be that the information it generates is capable of being used in a different way and to better advantage. Further research may well reveal that when appropriately combined with other sorts of information, perhaps even simple biographical factors, grid data can be diagnostically useful". As we shall see our own material suggests that 'other sorts of information' are indeed needed, though we would part company with Hill in upholding the 'usefulness' of the grid exercise.
9. See Bannister & Salmon (1966), and McPherson & Buckley (1970).
10. The grid test consists of 8 passport-type photographs, 4 men and 4 women, which are laid before the subject. The subject is then asked by the researcher to say which of these appears to him to be the most kind, and then, when he has chosen, to select the next most kind, and so on, down through the list. The procedure is then repeated for the remaining five constructs, stupid, selfish, sincere, mean and honest. From the two grids - the test and the re-test - two measures are obtained, intensity and consistency. Intensity is a measure of the strength of relationship between constructs, and the final score is proportional to the sum of the correlations between pairs of constructs, regardless of whether the correlation is positive or negative. Spearman rank order correlations between all the construct pairs on the two grids are worked out, giving 30 rhos in all, which are then squared and multiplied by 100 to give 'percentage variance in common scores'. The sum of these scores (disregarding sign) is the intensity score for the subject. Consistency is a measure of the extent to which the subject has maintained the pattern of relationship between constructs from grid one to grid two. The 15 relationship scores - i.e., the scores obtained from the procedure carried out on the rhos, as described above - for the first grid are ranked from the highest positive down to the highest negative and the operation is repeated for the second grid. The Spearman rank order correlation coefficient for these two sets of rankings gives the consistency score. Full details of the scoring procedure are set out in Bannister & Fransella (1966, 1967).

The cut-off points given by Bannister & Fransella are 1,000 on intensity, and +.49 on consistency. Below these scores lie 80% of the thought-disordered schizophrenics in the standardization data reported.

11. For the 'people' grids I have used the same scoring procedure as for the Bannister & Fransella grids, as set out in the test manual (1967).
12. The final list, it will be seen, is a much tidier version of what we started out with. And the order, we need to be clear, was imposed by me; it was I who marshalled these fragmenting and duplicating figures into line. I mention this because nowhere in the literature on the use of grid techniques with schizophrenic patients do we find any discussion of the interchange between patient and research worker in trying to arrive at an arrangement that meets the demands of the design. The failure of the schizophrenic patient to accommodate is no doubt, from a certain point of view, itself an indication but I am not convinced that by forcing the patient to swim in our pool we shall learn to understand him better than by risking ourselves on the more uncertain waters that are his own.
13. I am reminded of the voice in Samuel Beckett's 'The Unnamable' who thinks of himself as "made of words" that are "others' words" as well as his own: "inside me, outside me" (1966, p.390).
14. It might be argued that since the second grid was completed in isolation a week, or ten days, after the first, the 'boredom' argument cannot hold. I can only record my impression that some patients, after having had to submit to the Bannister & Fransella grid test exercise, and the first round of the 'people' grid, were irked that I should spring the whole business on them yet again.
15. Bannister, Fransella and Agnew suggest that "all the patients who have very low scores on a grid test might have a dubious prognosis in that thought disorder is deemed to represent a major breakdown in the integration of the person" (1971, p.147).
16. The coexistence of, and the interaction between, the psychotic and the non-psychotic, parts of the personality is discussed in Bion (1957), and Kernberg (1972).
17. Thus for example the people-object distinction that has been made so much of (e.g., McPherson, et.al. 1975; Heather 1976) has an obvious ring of truth to it. But the epistemology that underpins the formulation truncates; people are converted into a form of objects in a given external world, with the difference that they are a more complex variety than the inanimate sort. It is assumed within the paradigm that the same mode of understanding is brought to the understanding or comprehension of people as is brought to the contemplation of objects: they are both to be assimilated within the scope of what Haberman terms instrumental (as opposed to communicative) action. An opposing formulation is that it is the social world-people themselves in their specific social relations - that is constitutive: analytic distinctions between animate and inanimate etc. only have meaning, only come about, from within such an intersubjective orientation. The attention is then directed not

to specific items in the world without - a person or an object - but to the codifications through which different forms of social reality - sets of relations including people and objects - are rendered. The problem for the schizophrenic is not that he has trouble with people as against objects, but that certain kinds of conventional codifications - for example those that trade in people/object distinctions - do not work for him: his experience overwhelms them. As Kuhn puts it, questions about "the consequences of particular laboratory manipulations presuppose a world already perceptually and conceptually subdivided in a certain way" (1962, p.129). What is then overlooked, to borrow from Wittgenstein, are the procedures by which men establish links between language and the world (viz. Toulmin, 1969, p.67).

18. As with the other approaches that we discussed, of several of which Bannister has himself been a stern critic, we are not allowed to recognise anything of ourselves in the schizophrenic.
19. Maurice Merleau-Ponty, quoted by Passmore (1968, p.502).
20. J.S. Bruner understands something of this: "One subject of categorizing the world in terms of a construct system is to minimize the disruptive surprises it can wreak on us" (1956, p.356).
21. In his writing Bannister conveys an enthusiasm and naivety that is suggestive of the inventive school-boy. Taken outside the laboratory, however, and put to work in the world, the school-boy's contraptions may seem somewhat less benign. Recently Bannister, Adams-Webber, Penn and Radley (1975) report an attempt to reverse the process of thought disorder in chronic schizophrenics. Their aim was to strengthen and elaborate the patient's 'construct system' which was presently deemed to be in a state of poor repair. To effect such improvements they set about 'validating' different aspects of the patient's construct system. Thus the authors tell us that in the case of a patient called Daphne over a period of two years and two months "psychologists and nurses would present themselves to Daphne as either loud-voiced, cigarette refusing, pro-mother and so forth, or soft-voiced, cigarette giving, anti-mother and so forth" (ibid. p.173). The whole thrust is to convert affect into intellect; what the patient says about his experience, or what he does with his experience verbally - what he makes of it - is treated as if it were part of an intellectual system. Bannister attends to the 'world' inside the patient's head: the 'construct system'. Validation, from this point of view, is a technique whereby the immediate environment is made to accommodate to the 'logic' of such a 'system'. But this is epistemology curtailed and something worse. The patient's difficulty is not with a 'something' inside his head but with the whole business of finding a tolerable mode of response from within himself to meanings, resonances, constructions that are at work in the world without. As Rubinstein puts it more prosaically we need to be able to "help the patient to interpret the stimuli from the environment" (1976, p.246). Bannister takes the patient's muddled expressions of his active relatedness to the

world and reifies these into a system that can only isolate the patient still further. We need not be surprised to find that Bannister and his associates were unable to keep the world out of it: "Several patients gained ground to the point where they left the hospital on their own initiative for a few days or weeks. Their interaction with people in the world outside seems to have been anything but validating for they returned in a sorry state" (op.cit., p.178).

All in all the exercise bore markedly little fruit. The authors provide their own conclusion: "...the ideological implications of being 'scientists' conducting an 'experiment' may have caused us to present (and sometimes to practice) serial validation as a manipulative undertaking - we the active agents controlling the passive patients" (op.cit., p.179).

IV. A HOUSE IN A FIELD

IV. Preface

...Do not let me hear
 Of the wisdom of old men, but rather of their folly,
 Their fear of fear and frenzy, their fear of possession,
 Of belonging to another, or to others, or to God.

(T.S. Eliot, 'East Coker', 93-6)

We have heard Joseph speak and we have looked at some of the terms in which Joseph and others like him are generally spoken about. As Thomas Kuhn phrases it, we have been introduced to the "vocabulary and syntax of a contemporary scientific language" (1962, p.137). From a formal point of view such aspects of the language as we have considered provide only a poor characterisation of the schizophrenic's predicament. The intricacy of his experience is repudiated in favour of a formalism that can only establish the difference between the schizophrenic and ourselves;¹ his behaviour is hedged around with procedures by which he is converted into a piece of disciplinary hardware.^{2,3} For our immediate purposes we need to enquire more deeply into the human interests that are at work in these procedures. From our discussion in the last section it is apparent that the realistic, or 'thingish' as Gregory Bateson terms it, epistemology which underpins these procedures services certain kinds of cultural and ideological requirements. I shall now turn to a range of material that will help us look more directly at what is disruptive about the behaviour of the schizophrenic, and thus at the functions of the kinds of responses that typically we have brought to bear on it.

IV.1. Insecure Tenancy

A useful beginning in this respect is with the research and discussion that has followed the original exposition of the theory of the double-bind by Gregory Bateson and his co-workers in 1956.⁴ The example should be of interest to us on two counts. First, it draws our attention to a number of perplexities both in relation to schizophrenics themselves, and in relation to our ways of thinking about them, that conventional renderings obscure. Second, the successive modifications of the theory itself, and the misapprehensions of others as to its status, are testimony to the obstacles - obstacles that are cultural as much as they are scientific - that must be overcome in order to frame an alternative form of response and relation to the tribulations of schizophrenics.

The theory as it was first presented appeared to license the assumption that there was such a 'thing' as the double-bind, and that these things could be counted. And that, indeed, is what drove of research workers have set about doing.⁵ Not, however, with very much success. As Hirsch and Leff comment in a review of experimental studies within the double-bind tradition: "It is possible that all these experimenters are chasing shadows, because even the experts on the double-bind hypothesis were unable to reach even a modicum of agreement on what constituted double-bind statements" (1975, p.92).

From the positivist standpoint of Hirsch and Leff such a criticism seriously undermines the credibility of the theory. From subsequent exposition, however, it seems clear that the original theory fatally misrepresented itself. Bateson confesses that he was "bored and disgusted by the Augean muddle of conventional psychiatric thinking"; nevertheless "it was from psychiatry that we got our money, and we let ourselves be strongly and disastrously influenced by the need to apply

our science in that field" (1976, p.xii). Writing in the mid-seventies he puts the matter thus:

I can say today that what we were doing in 1955-60 was the beginning of a formal science which would study the forms of interaction among explicit, implicit, and embodied ideas. But at that time our work was called - seemed to us to be - the study of 'family organization' and of 'double-binds'... We were influenced also by the older, realistic or 'thingish' epistemology from which we were diverging (ibid. p.xi).

Elsewhere he inveighs more heavily against the tendency towards reification:

We talk in the original paper as though a double-bind were a something and as though such somethings could be counted. Of course that's all nonsense. You cannot count the bats in an inkblot because there are none. And yet a man - if he be bat-minded - may see several (1969, p.238).

In the same paper he sets out to refine the description of a double-bind. "The mind", he writes, "contains only transforms, percepts, images etc., and rules for making these transforms, percepts, images etc." In the case of the double-bind we are "talking about some sort of tangle in the rules for making the transforms and about the acquisition and cultivation of such tangles". The double-bind is one of a genus for syndromes to which Bateson attaches the label 'transcontextual':

It seems that both those whose life is enriched by transcontextual gifts and those who are impoverished by transcontextual confusions are alike in one respect; for them there is always or often a 'double take'. A falling leaf, the greeting of a friend, or a 'primrose by the river's brim' is not 'just that and nothing more'. Exogenous experience may be framed in the context of dreams, and internal thought may be projected into the contexts of the external world. And so on. For all this we seek a partial explanation in learning and experience (ibid. p.238).

In the case of schizophrenia:

The particular propositions which I believe to be important...are those formal abstractions which describe and determine inter-personal relationships... I say 'describe and determine' but even this is inadequate. Better would be to say that the relationship is the exchange of these messages; or that the relationship is immanent in these messages. Psychologists commonly speak as if the abstractions of relationship ('dependency', 'hostility', 'love' etc.) were real things which are to be described or 'expressed' by messages. This is epistemology backwards; in truth, the messages constitute the relationships and words like 'dependency' are verbally coded descriptions of patterns immanent in the combination of exchanged messages (ibid. p.240).

In the later paper he summarises his position thus:

Conventional epistemology, which we call 'sanity', boggles at the realization that 'properties' are only differences and exist only in context, only in relationship. We abstract from relationship and from the experiences of interaction to create 'objects' and to endow them with characteristics. We likewise boggle at the proposition that our own character is only real in relationship. We abstract from the experiences of interaction and difference to create a 'self' which shall continue (shall be 'real' or thingish) even without relationship. An epistemological crisis is provoked by enforcing the idea that even things have character only by their differences and interactions. If these feelings (which for me are like fear of loss of balance or support) are indeed related to the schizophrenias, then it appears that schizophrenia should be thought of as a response to epistemological transition, or to threat of transition. Whether the transition itself would be for better or for worse is another question (1976, p.xv-xvi).

From these quotations we can see what Bateson is pointing towards when he stresses that his discussions of schizophrenia are not "theories in the ordinary sense, but are more like new languages or perhaps epistemologies" ⁶ (1966, p.415). The whole discussion around the double-bind is of interest to us from a number of points of view. The idea of schizophrenia as a "response to epistemological transition or threat of

transition" is an apt formulation by which to capture something of what is happening to Joseph. Early on in the 'dome' sequence in Unit XVII, for example, Joseph tells us that people keep changing their names, himself included, and he then says: "You get to a point where you say, 'Have I hurt his feelings or has he hurt mine?' " Joseph clearly finds it very difficult to abstract from the experience of interaction and difference to create a self; he threatens to become so entangled with other people as to lose the distinctiveness of his self altogether. And what follows on from this, the description of the dome environment in all its detail, can I think be read as the response to a threat of transition. That the threat is real is told to us in his remarks about flying particles, and about the dangers of going outside. And what in effect he does is to manufacture for himself a symbolic refuge, with several layers of covering (house/dome/sea), that will protect him from the violations and fluctuations of intimate relations with other people. Like Watt, in Samuel Beckett's novel of that name,⁷ Joseph finds that the world is a turbulent place; the solution that Watt (whose "imagination had never been a lively one") adopted was to try to trap the world in words and then put it away. His whole activity was a "wrapping up safe in words" to make "a pillow of old words, for his head". Joseph's imagination is certainly livelier. Nevertheless in the following quotations he gives expression both to the wild dance of meaning and to a form of solution that is not so different from Watt's. Joseph told me on one occasion that most novelists were in psychiatric hospital "on these therapeutic drugs...they're wanting new ideas from people all the time". It seems that he has himself been involved in a writing project which has now come to an end: "A very interesting project...almost everybody taken ill like...that's my report...All to do with language really...All sorts of new words, phrases, and so on..Poetry, and bits of poetry, written in

the ground like...Our farm produced poetry, novels, portraits, things like that...A very interesting project...Unfortunately it hospitalized us all...I'm compiling a book on what happened".

A few weeks earlier he told me that he was keen on reading when he was younger. One of his favourite books was the Concise Oxford Dictionary. The Concise Oxford Dictionary contained the answer to everything: six different ways of spelling every word that has ever been written, together with the name of every person and of every town. Then, however, the dance started up again: "People kept changing their names so I bought another book called Who's Who. When I bought those two books I just left college. In those days only the teacher had them, till we found them in the teacher's desk. We all left school after a very short time and went to work in the pit...All you have to do is go into a library and you can read the books at any time...Through Who's Who and the Concise Oxford Dictionary we learned how to make timber and produce steel".

However, the real thrust of Bateson's discussion is not merely to redirect our thinking about schizophrenics; it is also to demand that we re-cast some of our conventional assumptions about the construction and activity of the 'self'. It is to these matters that we shall now turn.

IV.2. Close to the Door

Bateson gives the lie to our conventional assumptions about 'selfhood': "We abstract from the experience of interaction and difference to create a 'self' which shall continue (shall be 'real' or 'thingish') even without relationship" (1976, p.xvi). We have met the idiom of the 'thingish', and the order of the person that it enforces, before. An opposing conception is set out most forcibly in the work of Norman O. Brown. Building in particular on the insights of Kleinian psychoanalysts for whom, in opposition to the classical Freudians, the dialectic of the introjection and projection of good and bad objects provides the basis for the discrimination between inside and outside,⁸ Brown speaks to the ferment and agitation in the order of the person. "The self", he writes, "being made by projection and introjection, to have a self is to have enemies, and to be a self is to be at war (the war of every man against every man). To abolish war, therefore, is to abolish the self; and the war to end war is total war; to have no more enemies or self" (1966, p.149). Joseph knew about war. I once asked him, in the context of a discussion about life on the ward, whether he talked to other people as much as he did to me:

"Like I say they declared war five years ago".

"They?"

"The world".

As we saw earlier, Joseph, in a way that he could not alleviate, was inextricably tangled up with others. Brown writes: "A person is never himself but always a mask; a person never owns his own person, but always represents another by whom he is possessed" (ibid. p.98). And he quotes from Joan Rivière: "...other persons are in fact therefore parts of ourselves. And we ourselves similarly have, and have had, effects

and influences, intended or not, on all others who have had an emotional relation to us, have loved us or hated us. We are members of each other" (ibid. p.147). Joseph, in his own way, perhaps tries to say the same thing when in the 'dome' sequence he tells us that animals are part of us.

"The soul (self)", writes Brown, "we call our own is an illusion. The real psychoanalytical contribution to ego-psychology is the revelation that the ego is a bit of the outside world swallowed or introjected; or rather a bit of the outside world that we insist on pretending we have swallowed. The nucleus of one's own self is the incorporated other" (ibid. p.144). Moreover:

Psychoanalysis discloses the pathology of the process whereby the normal sense of being a self separate from the external world was constructed. Contrary to what is taken for granted in the lunatic state called normalcy or common sense, the distinction between self and external world is not an immutable fact but an artificial construction. It is a boundary line; like all boundaries not natural but conventional; like all boundaries based on love and hate (ibid. p.142).

Furthermore:

The existence of the 'let's pretend' boundary does not prevent the continuance of the real traffic across it...The dualism of the self and external world is built up by a constant process of reciprocal exchange between the two. The self as a stable substance enduring through time, an identity, is maintained by constantly absorbing good parts (or people) from the outside world and expelling bad parts from the inner world. 'There is a continual unconscious wandering of other personalities into outselves' (ibid. pp.146-7).

Brown's trenchant and sparkling presentation helps us in two directions at once. It helps us to understand the fluctuations in the order of the person that are active within Joseph: Brown's illustrations, and those of Joseph, are able to illuminate each other. It helps us also

to grasp an ambiguity and relativity in our ordering of ourselves to which conventional renderings of mental and social order are compellingly opposed. Brown's writing, however, often tends towards the enigmatic, and has the effect sometimes of unleashing on us a set of nightmarish encapsulations of an alien world that we cannot easily put to work in examining the practices and responses within our own culture. To demonstrate the forces that Brown is talking about, and the cultural resistance to their recognition, we have to turn to a source that is more firmly grounded in everyday life in the social world.

Help in this direction is forthcoming from the work of the English psychiatrist R.D. Scott.⁹ In a number of papers Scott has described the cultural forces that intrude both into the families of schizophrenics themselves, and into our discussion of such families. In a recent review of his research he confesses that he was for a long time suspicious of approaches that appeared to insert a cultural or political dimension into the discussion of the whole problem. However slowly:

It became clear that the relation between a schizophrenic and his significant others did indeed contain a cultural dimension greater than I had realised. Further research has shown that critical issues in these relationships embody very pure expressions of the cultural values prevailing in our society concerning mental illness and the use of mental hospitals by society (1975, p.161).

The crucial term in his analysis is what he calls "identity warfare":

...that cut-throat type of 'him or me' warfare which the mental patient conducts with his nearest and most significant others, and they with him. I have termed it 'identity warfare' since the very meaning of the other person as a person is at stake. It is quite central to the interaction of schizophrenics with their families and is often missed by observers, because they see the patient as 'mental' (ibid. p.160).

Scott instances the battle for psychic survival or "identity warfare" as follows. The interaction is between a mother and her son:

'John and I have always been very close together. Suddenly when he came from abroad, it was a stranger.'

John: 'Do you really think so?'

Mother: 'I can only speak the truth as I see it and it does have a distressing effect on me when you insist that you are the same, because it just means I am not the same. Because I do know that that is the way it has taken me.' (ibid. p.163).

We can, I think, see here once again the critical entanglement of people with each other. "It is a rule", Scott goes on to say, "that the schizophrenic patient carries the conflict between the parents; a conflict which they may have difficulty in surviving if the child leaves home...Now this description of the ultimate type of interdependence found between members of these families sounds most extreme. Yet it may easily go unperceived because it produces great resistance to change" (ibid. p.164). However relations between patient and parents may become untenable such that they "can no longer live together for more than short periods without a crisis leading to extrusion of the patient from the family". Yet "the patient is extruded but not cut off from the family. There is, in fact, an increased entanglement between patient and parents...Extrusion through untenability does not represent separation. The patient's life is not only arrested but he is tied by an often agonising life-line to his family" (ibid. pp.166-7).

The distinction between 'tenability' and 'untenability' is central to Scott's discussion and derives from profiles which express how family members perceive each other on the dimensions of 'wellness' and 'illness'. The profiles incorporate a set of terms that families normally use to make attributions of either 'wellness' or 'illness'. Scott found that there

was an abrupt gap separating the viewpoints expressing how the parents see themselves, and expect to be seen by the patients, and those expressing how the parents see the patients. This line of demarcation Scott terms the 'Well-Ill' Line.

In the case of the tenable relation the patient tends to see his parents at about the same level as they see themselves, and expect the patient to see them. In the untenable relation, in contrast, the patient adopts a view which places his parents well below the 'Well-Ill' Line. Scott describes how in such families one may often see the "identities of mother and son...oscillate around the 'Well-Ill' Line". Thus, for example:

When we, as professionals, are called in at the time of the first psychotic crisis we are invited, often at gun point, to say 'It's him, not me' by giving our official seal by placing a diagnosis on 'him'. Should we take a relative position standing firmly on the 'Well-Ill' Line...we should find ourselves on the firing line of an identity war between patient and parent, and would be likely to suffer attacks on our professional identity. That is to say, we are likely to be charged by the relatives with being very irresponsible doctors who should be reported to a higher authority; or, more threatening, depart from the house having been made to feel that the mother might provoke the son to do something disastrous, such as setting fire to the house, and then make us feel responsible for it (ibid. p.163).

Joseph has clearly suffered the oscillations of identity around the 'Well-Ill' Line. I told him one day that I was going to visit his parents. Some minutes later he remarked that: "A man can't work unless his mother is psychiatrically fit. Psychiatry is dependency on tablets... We didn't quite understand this...We thought 'surely to God we weren't put on this earth to live on tablets all the time'. Eventually we threw them away, and they locked us up".

And then after a pause: "An undertaker once said to me: 'Take no notice of psychiatrists and psychologists; there's many a man has been killed by his mother'. So as soon as he said that I bought a gun. He said there's not a woman on earth didn't want her son born the opposite sex. He said the right thing to do was to look after your mother and make sure she's physically and mentally happy. But the danger is that when she gets too well she'll want to look after you, and kill you. You mustn't put her in a prison because when she gets out and you haven't visited her she'll kill you".

One can surmise that the relations between Joseph and his parents are, in Scott's terms, untenable. Untenable patients, Scott tells us, may be extruded from the family, but they cannot in the proper sense of the word, leave home. And they cannot leave home because they are so intolerably 'bound' to their parents that they are unable to form enduring relationships elsewhere. Scott tells us that most of these 'untenable' patients spend their time away from home either in hospital or drifting; only "very occasionally in conducting a positive and on-going life" (ibid. p.166). And Joseph, we will recall, tells us exactly that: between home, hospital, and a life on the roads he can envisage no other possibility. Even those who do separate physically are on a "long leash of loyalty to their parents" (ibid. p.167), an image that is echoed in Joseph's remark that immediately followed those quoted above, that his mother "lived in a house, but she had a large ring which wouldn't come off, tied to a mile of guitar string, so she could only walk a short way".

In Joseph the battle for his own identity rages, and we would hardly expect him to accommodate the expression of his experience to meet his parents' requirements. Scott remarks of tenable patient-parent relations

that very often these are a form of symbiotic survival; the patient perceives his parents in the way that they want to be perceived by him, and does not usually have the agency, or will, to free himself from the family. From one point of view one may regard him as 'settled', but he lives an arrested life. Arthur, as we noted earlier, said that he sometimes thought that he would have more 'self-reliance' if he left home and found board and lodgings for himself: "Only it's my mother, I don't want to upset her". Here once again then we have the contrast between Joseph and Arthur that we described earlier.

Scott writes in conclusion:

...if we as professionals are not to be the 'experts' who are the guardians of so many painful issues which families, without prior thought as a rule, expect to sweep under the carpet in the name of 'illness' some relativity in how we see and treat mental illness is required...

And of the 'Well-Ill' Line:

We may now see it as being connected with powerful cultural forces. We, as professionals, have had a hand in creating this line. When as 'experts' we gave official recognition to who was 'ill' we may have missed the crucial other half: that we also gave official recognition to who was 'well'. We may not have realised that around this line rages the war of identities (ibid. p.183).

Scott is of course writing about a hiatus in a number of very specific domestic spaces. It would, however, be wrong to isolate the understanding that he gives us within these enclaves. As his own emphasis on 'cultural forces' brings out, the lives of schizophrenics and their families are enfolded within habits of response and relation that are equally our own.

IV.3. Havoc Within Doors

Erving Goffman has coined his own term to describe the hiatus in the domestic space; he calls it the 'insanity of place'. Nowhere else in the field of social psychology can we find anything to equal Goffman's achievement in trying to map the detail of how the constructions and practices of 'mental illness' develop in response to violations and disruptions of personal and social order. Earlier on we prefaced our presentation of Joseph with Goffman's question regarding the type of 'social delict' represented by psychotic behaviour. It is to the answers that he provides that we must now turn. I shall try to show that whilst on the one hand Goffman's account serves to strengthen our own, yet on the other, in certain crucial respects, it isolates the whole problem of schizophrenia still further from our understanding.

In two papers, 'Mental Symptoms and Public Order', and 'The Insanity of Place', that have both acquired a well-deserved reputation, Goffman sets out to unravel some of the perplexities around the forms of deviation that we come to see as symptoms of mental illness. The first paper treats specifically of psychotic behaviour; the second, whilst not exclusively about psychosis, enlarges on the discussion of symptoms that was begun in the earlier paper and examines in some detail the havoc that certain kinds of disturbed behaviour can bring about in family settings. In effect the task that Goffman sets himself in both these papers is to try to establish the character of the violations of personal and social order that the psychotic inflicts in a way that the conventional language of 'symptomatology' is unable to do.

"What psychiatrists see as mental illness", Goffman tells us, "the lay public usually first sees as offensive behaviour - behaviour worthy of scorn, hostility and other negative sanctions" (1964, p.137).

Psychiatry, in contrast, interposes a technical perspective. Goffman is not appreciative: "I refrain from enlarging here on how unfortunate it has been for many offenders to have been granted this medical good fortune" (ibid). Moreover the rapid shift in perspective from impropriety to mental symptom has meant that "psychiatrists have tended to fail to be much better than laymen in their assessment of the impropriety of a given act" (ibid. p.138). Against a background of social settings such as the work-place, the household, and the neighbourhood he frames his own critical requirement in the following way:

Psychosis must be seen, initially at least, as an infraction of the social order that obtains in these places. The other side of the study of symptoms is the study of public order, the study of behaviour in public and semi-public places...Common criminals, we say, offend the property order; traitors the political order; incestuous couples the kinship order...We must ask then: what type of social order is specifically related to psychotic behaviour? (ibid., p.139, p.141)

That this is the right course to pursue follows from the distinction that he makes between medical and mental symptoms:

Mental symptoms are not, by and large, incidentally a social infraction. As far as the patient's others are concerned the troublesome acts do not merely happen to coincide partly with what is socially offensive as is true of medical symptoms; rather these troublesome acts are perceived, at least initially, to be intrinsically a matter of wilful social deviation.

And he goes on:

Mental symptoms are neither something in themselves or what is so labelled; mental symptoms are acts by an individual which openly proclaim to others that he must have assumptions about himself which the relevant bit of social organization can neither allow him nor do much about.

It follows that if the patient persists in his symptomatic behaviour then he must create organizational havoc and havoc in the minds of members. Although the imputation of mental illness is surely a last ditch attempt to cope with a disrupter who must be, but cannot be, contained, this imputation in itself is not likely to

resolve the situation. Havoc will occur even when all the members are convinced that the troublemaker is quite mad for this definition does not in itself free them from living in a social system in which he plays a disruptive part...It is this havoc that psychiatrists have dismally failed to examine and that sociologists ignore when they treat mental illness merely as a labelling process (1971, pp.356-7).

This is well said; it brings out clearly the way in which medical and mental symptoms differ. Medical symptoms strike only at the individual organism; mental symptoms, in contrast, reach out into the structures of meaning and association within which they occur and live out their life. And the type of social order that is specifically related to the symptomatology of psychotic behaviour is that form of order which governs situational propriety:

When persons come into one another's immediate physical presence they become accessible to each other in unique ways. There arise the possibilities of physical and sexual assault, of accosting and being dragged into unwanted states of talk, of offending and importuning through the use of words, of transgressing certain territories of the self of the other, of showing disregard and disrespect for the gathering present and the social occasion under whose auspices the gathering is held. The rules of face-to-face conduct obtaining in a given community establish the form that face-to-face co-mingling is to take, and there results a kind of King's Peace, guaranteeing that persons will respect one another through the available idiom of respect, keep their social place and their interpersonal commitments, allow and not exploit a traffic flow of words and bodies and show regard for the social occasion. Offenses against these rulings constitute situational improprieties...When a patient acts in a classically psychotic way, it is relative to these various rules, and the units of association they support, that he is active (1964, pp.146-7).

The rulings of situational propriety are established through boundaries, whether of mutual presence or of social organization. It is these that the psychotic flaunts. In the first paper the focus is largely on social, extra-familial settings; in the second the disruption is brought home. Once again Goffman stresses that the disruption is

always of forms of order. The patient may, for example, harbour bizarre ideas, but bizarreness itself is not the issue:

Even when the patient hallucinates or develops exotic beliefs the beliefs of the family is not simply that a member has crazy notions but that he is not keeping his place in relationships... The issue here is not that the family finds that home life is made unpleasant by the sick person. Perhaps most home life is unpleasant. The issue is that meaningful existence is threatened (1971, pp.365-6).

In an earlier section of the same paper Goffman defines 'person' and 'self' in the following way:

Virtual definitions of an individual may be 'accorded' - that is, readable in the conduct of agencies seen as external to the individual himself. These definitions constitute the individual's 'person'. Corresponding to these accorded definitions about him there will be virtually 'acted' ones, projected through what is seen as his own conduct. These assumptions constitute the individual's 'self'. Person and self are portraits of the same individual, the first encoded in the action of others, the second in the actions of the subject himself (ibid. pp.340-1).

He now puts the notions of the self and of the person to work to enlarge on the threat to the 'meaningful'.

...the self is the code that makes sense out of almost all the individual's activities and provides a basis for organizing them. The self is what can be read about the individual by interpreting the place he takes in an organization of social activity, as confirmed by his expressive behaviour. The individual's failure to encode through deeds and expressive cues a workable definition of himself, one which closely enmeshed others can accord him through the regard they show his person, is to block and trip up and threaten them in almost every movement that they make. The selves that had been the reciprocal of his are undermined...In ceasing to know the sick person they cease to be sure of themselves. In ceasing to be sure of him and themselves they can even cease to be sure of their way of knowing. A deep bewilderment results. Confirmations that everything is predictable and as it should be cease to flow from his presentations. The question as to what it is that is going on is not redundantly answered

at every turn but must be constantly ferreted out anew. And life is said to become like a bad dream (ibid. pp.366-67, second emphasis added).

In a brilliant piece of writing Goffman brings out what disturbs and disrupts about the behaviour of the psychotic. He situates in a familial frame what Bateson was pointing towards in his remarks about schizophrenia as a "response to epistemological transition, or threat of transition". It is our own epistemology - our way of knowing - that is put in jeopardy as much as the schizophrenic's. Nevertheless we need to be cautious in turning our reading of Goffman to our own account. He tells us that "meaningful existence is threatened" by the behaviour of the patient, yet only two pages earlier he writes that: "The deepest nature of an individual is only skin-deep, the deepness of his others' skin" (ibid. p.363). Moreover the patient by inflicting the havoc of place "reminds us what our everything is, and then reminds us that this everything is not very much" (ibid. p.390). In the earlier paper he summarises his position on the 'improprieties' of the psychotic thus:

These improprieties are not in the first instance a linguistic type of interpersonal communication but examples of public misconduct - a defect not in information transmission or interpersonal relating, but in the decorum and demeanor that regulate face-to-face association. It is in this world of sanctioned forms of association that psychotic symptoms have their natural home...Rules for behaviour while in the presence of others, and by virtue of the presence of others, are the rules that make orderly face-to-face communication of the linguistic kind possible; but these rules and the many infractions of them which psychotics and other cut-ups systematically exhibit, are not themselves to be considered first of all as communications; they are first of all guidelines (and their disruption) of social organization, the organized association of persons present to one another (1964, p.148).

Goffman leads us to the brink and then pulls us swiftly back from it; or better, denies that it is a brink at all: the 'meaningful'

is after all really quite meaningless. In his own highly original way Goffman is as conservative as the gentlemen of the psychiatric establishment whom he castigates so severely. The thrust of our earlier discussion has been to point our way to a view of things that asserts the provisional, relative, and thereby precarious character of our mental and social orderings; in Bateson's terms a reaction away from the "older, realistic or 'thingish' epistemology". It seemed to us that to do this was in any case to provide a more accurate account of our personal and social lives, and more directly relevant to our particular purposes, we could not hope to understand the schizophrenic, or the whole problem of schizophrenia as a social and cultural affair, without it. Goffman's world, by contrast, is as 'thingified' as we could expect to find. The psychotic disrupts a social order to be sure, but there is no suggestion that the terms of the order are anything other than immutable. Life at home may be unpleasant and meaningless but we could not expect it to be any different. And as far as "psychotics and other cut-ups" are concerned an alternative mode of response and relation is not only not possible, it is not even desirable. Goffman pours scorn on those psychiatrists who have laboured to make sense of psychotic communications "under the telephone-booth bias that what the patient was engaged in was somehow a type of talking, of information imparting, the problem being that the line was busy, the connection defective, the party at the other end shy, cagey, afraid to talk or insistent that a code be used" (ibid. p.139). Where Goffman starts by removing the psychotic from the closed citadels of medical thought and practice, and restoring him to a personal and social dynamic, at the end of the day we have, I think, to say that he enforces a renunciation that is every bit as severe; there is no place in Goffman's house - whether it is the family

space or the larger social space - for a 'cut-up' such as Joseph:
we may have a good deal to say about him from afar, but from close-to
there is nothing to be said, or heard.

IV.4. Closing the Door

Much as we may berate Goffman we cannot do without him. For what the writings of Goffman and R. D. Scott draw our attention to are the requirements that are made of science from within the tightly knit domestic spaces within which we live out our intimacies. The best evidence of such pressure comes from what was until recently an unlikely source: the relatives of schizophrenics themselves. Previously kept from the door, or allowed only - usually in one's and two's - into the doctor's surgery, the relatives of schizophrenics have forced their way into the institution of schizophrenia and now stand firmly in its midst, making their case with increasing coherence, and demanding to be heard. Unlike other maladies schizophrenia had never had a specialist society of its own. From nineteenth century records we learn of instances of pressure put by families on the medical profession: pressure to incarcerate an unwanted relative or to seek redress for the abysmal conditions in an asylum.¹⁰ But none of these add up to a collective effort. That we do not meet until 1970 with the foundation of the National Schizophrenia Fellowship.¹¹ In May of that year the father of a young chronic schizophrenic wrote an article for 'The Times' in which he described the collapse of his son in his second year at university, and the difficulties of the family in making sense of the situation and getting practical help. In a subsequent feature article 'The Times' commented: "On almost any specific point on which the family desperately needed advice they met with weary platitudes. 'Failure in coordination and communication', our correspondent wrote, 'seem to hang about the management of schizophrenia almost like a grim parody of the condition itself'".¹²

The writer's concern in the original article was "simply to ventilate

some of the ways in which public understanding of the condition and provision for it were lagging behind". But such was the extent of the response to the article from families across the country¹³ - but largely, we may note, from the South East¹⁴ - that it was decided to establish a society. From small beginnings the society has burgeoned. It has published a number of reports, sponsored research, and had considerable impact in government circles.¹⁵

Why, we may want to ask, did all these stirrings surface at the time that they did? Public inattention to the fate of the schizophrenic is, after all, hardly a novel phenomenon. To this there are at least two answers. One is that ever since the Mental Health Act of 1959 the trend has been towards community care; no more could families assume that they would be relieved of the burden of their sick relatives for the rest of their days. As Goffman puts it: "The notion is abroad that the goal is not to cure the patient but to contain him in a niche in free society where he can be tolerated" (1971, p.336). In short, the family was having a harder time of it than heretofore. The second answer is that during the late fifties and throughout the sixties a set of ideas were promulgated that asserted the need for a language of description that focused on the vicissitudes of the schizophrenic's relations with the immediate others in the setting in which he lived;¹⁶ in the popular imagination, and occasionally in scientific exposition, several of these ideas appeared to implicate the family in the responsibility for causing the patient's condition in the first place. Through the organ of the National Schizophrenia Fellowship the family fights back. In 1974 the Fellowship published a report entitled: "Living with Schizophrenia: by the Relatives". In the following extract a mother describes the dilemmas of her husband and herself in relation to their schizophrenic daughter:

My husband is a scientist of - I suppose one can say - national eminence. He feels that the central question is: does one sacrifice oneself and one's wife for the sake of the schizophrenic son or daughter? Looking after the patient...at home will stop any work of a creative sort. We both feel that the end result for parents of our type and temperament would be our own breakdown.

Whenever Ruth is at home, he feels continually irritated by her lack of purpose and idleness, and has to hold himself in check. He says she is not the sort of person he would choose to spend time with or make a friend of. He thinks a fundamental instinct is involved, which causes both animals and human beings to peck the oddity, to rid themselves of the one who does not conform.

He has a sense of stigma, and always a fear of Ruth arriving unexpectedly during a business or social meeting with persons who don't understand. Until recently he had an intense fear of Ruth's illness being known, and the press "making a story" of it, because he happens to have acquired a name as a scientist.

On a practical level - he says therefore much easier to accept - is the fear of fire in the home, and the sense of being unjust when making a will which unavoidably differentiates between our ill daughter and our healthy children.

...social life has been much reduced, e.g., cessation of club memberships, loss of confidence, difficulty in making new friends, because whenever one meets people one is asked: how is your daughter? And replying to this either means telling a lie and saying, "Oh, she's pretty well, she was home last weekend, she was trained as a physiotherapist but has no job at the moment," etc. Or one says, "She's still in hospital, no cure is in sight, visiting her is intensely depressing" and so bringing into the front of one's mind the anxieties and miseries which I feel to be like those experienced by parents whose child dies, except I have sometimes thought that to be cleaner.

It would certainly help if there was a stream of information coming in about research into mental illness, but one feels a kind of hopelessness, and a doubt whether anything is being done at all. If it is, why cannot we hear about it? We need to be given hope for the future.

...A difficulty I have since she has been in hospital is that I have a horror of the other patients and the idea of mental uncontrol, so that visiting her is an ordeal and I must put on a false face.

[Of Ruth's sister] She has felt much embarrassment when Ruth has made scenes, e.g., with a schoolfriend when Ruth and I

went to visit her at school. She did not understand the reason for Ruth's behaviour at the time, and had no idea that she was ill. She says she just thought Ruth was the end...She...is nervous of Ruth coming unexpectedly to her home when others are present who might not understand, because of possible effects upon her husband and his career.

My earliest reactions to Ruth's oddness before she was diagnosed as being mentally ill were a sense of failure, then guilt at having failed. There was acute embarrassment on shopping expeditions, and later a reluctance to invite friends - even old friends - to the house for fear of subjecting them to embarrassment.

...I think we have had a certain amount of good luck in getting Ruth in for treatment when it was needed. I had the feeling that strings were being pulled, and a doctor at -- Hospital assured my husband and me that Ruth would be looked after because of my husband's contribution - in other words that he was doing work of some importance to the country.

...Many times when I have gone to see the hospital doctor and longing for a truthful report about Ruth, I have been greeted with the words "How do you think Ruth is?", and once even "What do you think is the matter with Ruth?"

There is a dreadful conflict in our minds between the longing to see her become well enough to live a normal life, and the near-wish for her to remain ill enough to stay in hospital so that we do not have to cope with her.

...At home, we are in the dark all the time as to what to expect from the patient, how to talk to her, what attitudes to take up, and how far to go along with her when she talks strangely (NSF, 1974, pp.8-11).

These accounts were assembled to illuminate the practical difficulties of relatives in contending with a schizophrenic in the home and this, in a mass of detail, they achieve in a way that can leave us in no doubt: life with a schizophrenic is life turned upside down. From another point of view we can read them to look for abnormalities in the pattern of relatives' responses: how far, we might ask, are the difficulties of their own making, born of a failure to allow their offspring adequate autonomy or of an undue rigidity in their expectations? And we would not need to look very far to find evidence of this kind: the scientist in our example is clearly limited in his capacity for emotional response, his

wife's fears of "mental uncontrol" in the face of her daughter and other patients suggests a form of personality organization that must work hard to fend off chaos, and so on. But such a reading would I think be misleading; to read the accounts in this way would be to isolate the protagonists from their cultural context. The limitations of response that we can identify are limitations of cultural norm and requirement. What speaks through these accounts are not the quirks and deviations of individual actors but forms of response and organization that express both the order of the person and the order of society. And it is here that our chosen example is of particular interest. Now clearly this account is not in every respect representative; not every schizophrenic has an eminent scientist for a father. But it does, I think, highlight what is disruptive about schizophrenic behaviour. What is disrupted here - in the references to 'creative work', to 'purpose', to business and social meetings, and to career prospects - is an achievement of meaning that is at one and the same time intimately personal and precisely social. It would be hard to imagine a starker set of contrasts: the eminent scientist "doing work of some importance to the country" as against the idle and purposeless Ruth; the voice of order and reason as against the strange musings of the schizophrenic. Ruth threatens the terms of the social and personal order that science accomplishes; science, in reply, has nothing to say: it can only peck at the oddity, rid itself of the one who does not conform. To ask of science that it establish a different mode of response and relation to Ruth would be to ask that it make something different of itself.¹⁷

The mother in our example makes a plea for further research; "we need" she writes "to be given hope for the future". The National Schizophrenia Fellowship has, to date, sponsored two pieces of research: one a study of the problems experienced by those who have a schizophrenic

living at home, undertaken on the Fellowship's behalf by the Institute of Psychiatry,¹⁸ and the other a study of schizophrenic brain tissues that has received wide coverage in the quarterly newsletters.¹⁹ We can, I think, begin to understand a little more clearly the force of David Morgan's remarks that we quoted in the introduction to the effect that in our time "the rationality of science has become accepted a priori as a symbol of order, coherence and truth. Its ideological function constitutes an integrating system of shared orientations and social beliefs which render otherwise inexplicable situations amenable to rational appraisal and technical control". Furthermore "the symbols of order are most likely to be stressed in relation to human problems we least understand" (1975, pp.279-80). Thus do we restore our sense of the habitual and the taken-for-granted from the 'deep bewilderment' that the schizophrenic inflicts upon us; science is summoned to do its duty and to show us that when the next day dawns the bad dreams will fade and once again we will know.

IV.5. The Inter-Categorical

In our discussion of Joseph we introduced the image of the house. The house of comedy, we will recall, kept its doors open and was receptive to the life of the fields; the house of tragedy, by contrast, kept its doors firmly shut. Michael Long borrows from Nietzsche's characterization of Socratic man in the 'Birth of Tragedy' to describe the kind of cultural attachment we might expect to find in the house with its doors closed:

The civilization of Socratic man is a 'pretentious lie' set up by 'benighted souls' who are 'strong in the sense of their own sanity'. It is a 'bourgeois mediocrity' committed to what is 'sensible' and to 'trivial ignoble cheer', and its 'dubious enlightenment' has a 'corrosive influence upon instinctual life'. Its 'optimistic dialectics' assume that the universe is knowable, even that nature can be conquered and corrected. Thus 'the whip of its syllogisms'; thus its attempt to 'staunch the eternal wound of being'. It is a matter of 'drastic secularization' with no sense of the limitations of its logic, bent upon capturing the world in its 'Alexandrian net', reducing it to an 'Alexandrian Utopia' (1976, p.18).

Nietzsche, Michael Long suggests, presents us with:

...a powerful and suggestive picture of man civilized, cultured or educated in the most delimiting of senses, of civilized man who conceives of his culture as a powerful and comprehensive artifice built to protect him from a nature which is now defined as inferior and felt to require no acknowledgement from him. The knowledge of culture's relative partiality which tragedy contains, and the sense of relativity with which it looks upon the idea of mental and social order, is something which can be looked upon by this spirit only with incomprehension or fear (ibid. p.18-19).

Brutus, in Shakespeare's 'Julius Caesar', "works with Nietzsche's Socratic assumption that the universe is knowable, and being known, corrigible; and with that kind of language which Schopenhauer would call

'conceptual' as opposed to 'perceptive', too high up in the 'edifice of reflection' to do anything except grossly distort" (ibid. p.25).

Brutus, and others like him, misrepresent the world by codifying their representations in "concepts and abstractions which are ineptly stubborn and rigid" (ibid. p.14). To adopt a less obdurate stance is to have to suffer difficult tensions. Moreover:

...to do so requires a flexibility, an openness, a consciousness of ambiguity and relativity to which...the very necessity of social and mental ordering is compellingly opposed. The exigencies of social and personal life...drive civilized men to fear flux as an undermining, unstable, and unsafe incursion into their named and institutionalized worlds. It is a necessary function of the dynamics of social life to encourage this tendency towards over-rigidity, over-attachment, or normativeness, so that any man's own particular structure tends to take on the significance for him of an absolute. And what is not contained within it is then called (socially) disorder and (psychologically) madness (ibid. p.35).

To abandon the house altogether, or to pay no heed to the irregularity of the traffic across its boundaries, is to do without structure; equally to hold the doors so firm that nothing may cross its threshold except on our own terms is to give ourselves over to a delimiting and uncomprehending obduracy. Joseph, as we saw, carried within him a conflict between a version of art and a version of science. He fashions the opposition to his own devising but as a mode of discrimination it is, in its origin and function, deeply and identifiably cultural.²⁰ Pierre Guiraud, in the context of a discussion of some of the principle modes of signification which correspond to the science/arts polarity, writes:

Comprehension is exercised on an object; emotion on a subject. But above all to comprehend 'to put together', intel-ligere, 'to bind together', is an act of organization, an ordering of sensations perceived, whereas emotion is a disordering and an overwhelming of the senses. Two entirely different modes of perception - and consequently of meaning - are involved...Consequently, there is a mutual repulsion both between logical signs and emotion,

and between expressive signs and comprehension. The semiological modes of intellectual knowledge have no bearing on affective experience, and vice versa. This is what makes the scientific study of affective phenomena so difficult and so precarious, given the impossibility of defining and structuring (ie. of comprehending) terms such as passion, desire, or emotion (1975, pp.9-10, emphasis in the original).

For Joseph emotion and desire did indeed threaten to "overwhelm the senses". The solution he tries to bring to bear is to rid himself of feeling, of the flux of experience, altogether. For Joseph the 'difficult tension' is too difficult; it threatens to be impossible. There can be no comfortable movement back and forth between the house and the fields. Yet for us, too, to develop an alternative mode of response and relation to Joseph and others like him, a mode of response and relation that is neither a matter of a closed nor of an open door, neither a repudiation nor a celebration, does not come easily; as we noted in the introduction we find in the institution of schizophrenia a mixture of tongues and it is easy to fall a thrall to binaries that falsify.

R. D. Scott, in his discussion of the families of schizophrenics, describes the battle for identity that rages round what he terms the 'Well-Ill' Line. A similar emphasis is given us by Norman O. Brown. But for Brown: "The conclusion of the whole matter is, break down the boundaries, the walls. Down with defence mechanisms, character-armor; disarmament. Ephesians II, 14: For he is our peace, who hath made both one, and hath broken down the middle wall of partition between us" (1966, p.149). And: "The solution to the problem of identity is, get lost. Or as it says in the New Testament: 'He that findeth his own psyche shall lose it, and he that loseth his psyche for my sake shall find it'" (ibid. p.161).²¹ For Brown the "proper response to poetry is not criticism but poetry" (ibid. p.205); to madness, by implication, the proper response is madness. But that has not been, nor should it

be, our response. Brown draws our attention to the falsifications of response that are characteristic, and for that we must be grateful. But what he then does is to enforce on us a falsification that, it seems to me, is every bit as misguided. The critical emphasis in the writings of R. D. Scott is on the activity round the boundary line. The line itself may shift, but the significance and meaningfulness of the boundary - as a personal and cultural affair - is not dissipated. And it is here that the difficult tensions to which Michael Long draws our attention are to be found. For Brown there can be no activity round the boundary because there is no boundary left. Somewhere we must draw the line; just as much as the representatives of the normal order who fall amock under the thrust of his polemic Brown is a thrall to a binary that falsifies.

To live close to the boundary line is to allow the relativity of our own orderings. Just how difficult this is for us is evident from the remarks that Mary Douglas makes about Émile Durkheim. Durkheim, Mary Douglas argues, demonstrated the social factors controlling thought. His discovery was about:

...the process of categorization. He claimed to reveal the social factors which bound the categories and related them to one another. When the process has worked through the individual is shown using a set of conceptual tools generated from outside himself and exerting over him the authority of an external, objective power (1975, p.xiii).

Durkheim's theory of the sacred is a theory about how knowledge of the universe is socially constructed. The known universe is the product of human convention and so too is the idea of God as its ultimate point of appeal:

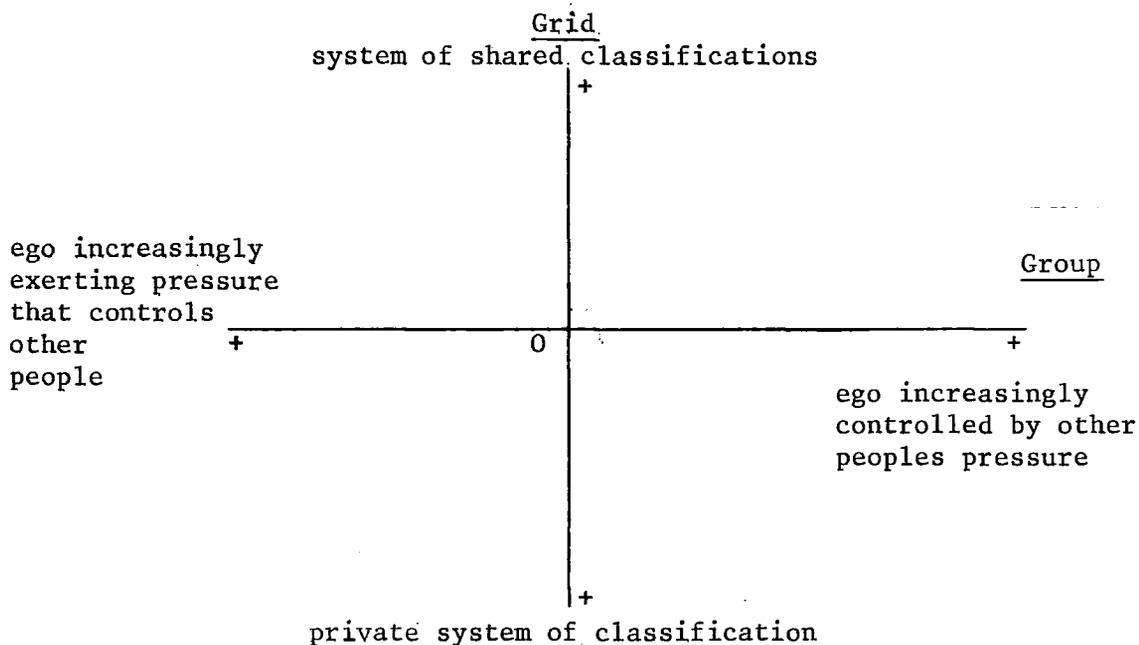
Durkheim saw that religious beliefs are pulled this way and that in men's haggling and justifying of ways to live together. He could see that in all small isolated

tribal societies men create their entire knowledge of their universe in this manner. They covenant implicitly to breed a host of imaginary powers, all dangerous, to watch over their agreed morality and to punish defectors. But having tacitly colluded to set up their awesome cosmos, the initial convention is buried. Delusion is necessary. For unless the sacred beings are credited with autonomous existence their coercive power is weakened, and with it the fragile social agreement which gave them being. A good part of the human predicament is always to be unaware of the mind's own generative powers and to be limited by concepts of the mind's own fashioning (ibid. p.xiv, emphasis added).

The argument is directly capable of extension to our own society. The sacred which for us must be protected is, as Mary Douglas points out, scientific truth; a "commitment to a non-context-dependent sense of truth (as correspondence to reality)" (ibid. p.xvi). But for Durkheim the extrapolation was not to be made. For his own society he continued to believe in 'objective scientific truth': his "concern to protect his own cognitive commitments from scrutiny prevented him from developing his sociology of knowledge" (ibid. p.xii). Nor was Durkheim alone in his hesitation: "the barrier that inhibited him may well have been the same that has stopped others since from carrying his programme through" (ibid. p.xi). The boundaries, Mary Douglas suggests, which we "rally instinctively to protect from the threat of relativism would seem to hedge something very sacred. The volumes which are written to defend that thing testify to its obscurity and difficulty of access. Relativity would seem to sum up all the threats to our cognitive security" (ibid. p.xvii). As a consequence boundaries may often be "inexplicable since the reasons for any particular ways of defining the sacred are embedded in the social consensus which it protects" (ibid. p.xv).

Mary Douglas's discussion of the relative enriches our understanding. Taken beyond a discussion of scholarly productions, however, and into the

more intimate devisings that are the stuff of our social and personal lives, Mary Douglas loses her courage: boundaries are enforced as strongly as ever they were in Durkheim. In 'Natural Symbols' she sets out to describe how ideas and social relations are tied together in the life of society. "We can concentrate", she writes, "upon the interaction of individuals within two dimensions. One is order, classification, the symbolic system. The other is pressure, the experience of having no option but to consent to the overwhelming demands of other people" (1973, p.81). The first of these dimensions she terms 'grid' and the second 'group'. Put them together in the form of a diagram and we have this:



(FIGURE III)

(ibid. p.84).

Classification may be more or less organized, more or less coherent, for different areas of human experience. Hence on the vertical line in the diagram we have a movement from maximum coherence and organization at the top and lower ends towards increasing incoherence at zero. Moreover a given form of classification may be shared by some and not by others, and hence the distinction between classifications that are private and those that are public. The scope and coherent articulation of the system

of classification is a measure of the strength of the control system in that society. Mary Douglas writes:

It is axiomatic that a steady pattern of control is needed for a coherent system of classification. The more distinguishable places in the control system and the more these are co-ordinated into a lasting hierarchy of responsibilities, the more the public classification system differentiates its categories (ibid. p.86).

In such a society the guiding cosmology will be progressive and rational; the meanings that are generated will be relatively fixed and unchanging. The wider the scope of the classification the more pressure will be exerted on other people through classification. As Mary Douglas puts it: "the most effective way to bind other people is by appeal to classification" (1975, p.219). In a society in which the forms of classification are less developed and standardised, in contrast, pressure is exerted not through classification but by personal appeal.

For Mary Douglas classification, like ritual, is a necessary requirement: it provides us with a set of unchallenged categories that enables us to take our place in the order of things. Building on Basil Bernstein's distinctions between personal and position oriented families, and between elaborated personal codes and elaborated object codes,²² Mary Douglas warns of the dangers of rearing children by personal elaborated speech code methods:

. . .the child is freed from a system of rigid positions, but made a prisoner of a system of feelings and abstract principles...This produces a child acutely sensitive to the feelings of others and interested in his own internal states. It follows that such an education will predispose a person to ethical pre-occupations for while it opens up his vocabulary of feeling it also denies him any sense of pattern in his social life. He must therefore look for some justification of his existence outside the performance of set rules.,, unquestioned boundaries have never been part of his upbringing (1973, p.48, pp.57-8, p.54.).

Now we all know what this means taken to extremes: endless digressions on the vicissitudes of the 'self'. In a later chapter Mary Douglas comments aptly; "Experimenting with consciousness becomes the most personal form of experience, contributing least to the widest social system, and therefore most approved" (ibid. p.194). She aligns the mode with anti-ritualist tendencies. The rejection of ritual, she tells us, involves an "exaltation of the inner experience and denigration of its standardized expression" (ibid. p.40). The anti-ritualist values "incoherent speech" and "suspects speech that comes in standard units, polished with constant use; this is the hard coin of social intercourse, not to be trusted as expressing the speaker's true mind" (ibid. p.74). Ritual, like the restricted code in Bernstein's formulation, is grounded in a sensitivity to condensed symbols; utterances generated by the restricted code, Mary Douglas tells us, "convey information, yes, but they also express the social structure, embellish and reinforce it" (ibid. p.44). And the anti-ritualist will have no truck with either of them. Very skilfully Mary Douglas gives the lie to the celebration of the absence of all mediations:

These very people who prefer unstructured intimacy in their social relations defeat their wish for communication without words. For only a ritual structure makes possible a wordless channel of communication that is not entirely incoherent (ibid. p.74).

Surprising though it may seem, Norman O. Brown sits in this company. This is indeed the social tendency that has been responsible for the celebration of the schizophrenic and of the schizophrenic experience in recent years.²³

However we cannot leave it there for Mary Douglas's purpose is not merely to characterize the vicissitudes and contradictions of a definable social type but to develop a general set of categories for investigating

how we order ourselves - our experience and our actions - in relation to each other. And the discussion, as we have seen, turns round a recurring set of binaries: personal and position oriented families; ritual and anti-ritual; classification and absence of classification; coherence and incoherence; maximum control by others and maximum freedom of control by others. Now the difficulty resides, I think, not so much in the terms themselves but in the use that Mary Douglas makes of them. Simply stated, it can be put thus: where the anti-ritualist 'enshrines' incoherence, Mary Douglas 'enshrines' coherence. Her critique of the anti-ritualist is apt. Yet something is lacking: a particular stance towards incoherence is met by a response that exactly matches it. An adulation of a mode of behaviour becomes confused with the behaviour itself.

Missing in her presentation is any sense of the interplay, of the movement back and forth, between classification and its absence, between coherence and incoherence, between varying degrees of articulacy and inarticulacy. Once again, then, we are brought back to the image of the house in relation to the fields; Mary Douglas will not allow us, as R. D. Scott encourages us to do, to stand too close to the door. For - to turn Arnold Van Gennep's (1960) image of society as a house to our own purpose - close to the door lie dangers; dangers lie in the transitional and provisional, in the recognition of the relative. By an application of the 'purity rule' that she herself describes so well in another context,²⁴ Mary Douglas banishes from her morality the capacity of the social structure to recognise the provisional character of its own orderings; the orderings not only of the externals of social structure but also of consciousness; of the self, for example, as a provisional and therefore vulnerable construction. For Mary Douglas, to bind other people by classification is a sensible morality; it provides us with a

sense of pattern. Pressure by appeal, in contrast, exposes us to a world of individuated, unanchored meanings. But we must beware; for what classification also does is to establish for the members of any given society the responses of which they are capable. If we bind by classification we may no longer notice - be capable of responding to - the other person: we are bound by the terms of our own classification. This is one aspect of the dilemma that the schizophrenic presents for us; and hence, in part, the shape of the ideas and responses that have developed around him, responses that have had as their aim to ensure that a convention remain buried.

If we are not to isolate the schizophrenic from our understanding altogether²⁵ we have, I think, to encourage a form of response and relation that moves back and forth between the house and the fields round about, between classification and its absence, between coherence and incoherence, between comprehension and emotion, and between the formal and the personal; to take up abode, that is, in an intermediary area that is neither that of 'this is meaningless' nor that of 'this means that'.^{26,27} Without categories we cannot manage, but we have also - to borrow a term from Theodore Lidz - to explore the inter-categorical domain that lies between categories.²⁸ To characterise the schizophrenic process as a voyage is a travesty every bit as severe as the distortions inflicted on it by those aspects of the language of science we have considered. In both cases the schizophrenic is banished from the social space that includes ourselves: in the one case into the infinite expanse of a transcendental landscape, in the other into the purity of a clinical space within which to view him 'as he really is'.²⁹ R. D. Scott encourages us to take up a position in the social world that is close to the 'Well-Ill' Line, and this, let us be clear, must draw us well away from a safe anchorage in the upper two quadrants of Mary Douglas's diagram (Figure III).

We have enlarged the purview on schizophrenia beyond a focus on a specific disease entity to include a system of ideas and practices that has been generated around certain kinds of behaviour that are difficult for us to understand and to tolerate. The formal characterisations of the language and thought of the schizophrenic that we have studied we have found to be wanting; success, even where it was apparent, could not justly be regarded as a sign of truth and correspondence with nature.

As Paul Feyerabend puts it:

...the suspicion arises that the absence of major difficulties is a result of the decrease of content brought about by the elimination of alternatives and of facts that can be discovered with their help. In other words the suspicion arises that this alleged success is due to the fact that the theory, when extended beyond its starting point, was turned into rigid ideology...Its 'success' is entirely man-made (1975, pp.43-4, emphasis in the original).

The system of ideas and practices that men have made we have termed the institution of schizophrenia. Much of the activity in the institution, we have suggested, is a special case of 'pollution behaviour'; it has the function of rituals of separation and demarcation by which boundaries are repaired and order restored. The schizophrenic intrudes into, and pulls at the margins of, those forms of order, relevance, and relation to which in our culture we most strongly adhere; the turbulence is both to our intimacy and to those larger patterns of belief and assumption that, framed as practices and institutions, order our social world. In schizophrenia the problem of personal order in the culture shows itself; equally the culture asserts the terms of its own order in the response that it gives to the schizophrenic. Required of science is that it fend off these intrusions and mould the schizophrenic to the image that it has of itself. The turbulence is hedged around in an enclave of its own and the self-image of the normal man is thereby restored.

To 'listen' to a schizophrenic is to require something of ourselves that our culture does not easily allow; to take a schizophrenic seriously - to allow him to 'mean' - is in a sense already to transgress the lines of the culture.³¹ From another point of view any attempt to provide an alternative formal characterisation of the schizophrenic's way of engaging with the world must start from a model of language use that is grounded in an analysis of the 'conventional' character of language functions within the scope of a wide range of meaning potential.³² Here again then, we have another version of our 'inter-categorical' requirement.

At the end of the day we can only conclude with a formulation that is uncomfortable: one has, I think, to insist on the pain and despair that is involved in becoming psychotic; psychosis is not a mode of being that one would wish on anyone, and to involve oneself at all closely with someone who is psychotic is at the best of times difficult; and yet one wants also to say that we would be much poorer for being altogether without it.³³

IV. Notes

1. Roger Brown recounts how he cannot "forget the plaintive remark made by the young patient in the novel 'I Never Promised You a Rose Garden', a remark made to her...psychiatrist: 'Doctor, my difference is not my disease' " (1973, pp.402-3).

2. An idiom for enforcing our strictures in a more technical vein is given to us by the philosophy of science. Our difficulties, we can suggest, have not so much been with the competing interpretations that can be made of a given object, as with the very construction of that object. As Dominique Lecourt puts it in a critical study of the writings of Gaston Bachelard, the scientist, when he discusses an object, is discussing a 'result'; and he quotes Bachelard: "The object is only instituted at the end of a long process of rational objectivity" (1975, p.53). Furthermore, "the datum or given is relative to the culture, it is necessarily implied in a construction...A given has to be received. It will never be possible to dissociate completely the order of the given and the method of its description" (ibid. p.44). All of the studies that we have considered abandon the situation of dialogue between two parties and replace it by a form of scientific instrumentation. In Bachelard's idiom scientific instruments are "materialized theories". Lecourt comments: "Bachelard ceaselessly stressed that it is one of the most characteristic features of the contemporary sciences that they are 'artificialist', that they contain as one of their essential components a technique for the production of phenomena; what in parody fashion he has called a 'phenomeno-technics' and which is the object of that new discipline...'technical materialism'." The notion of 'phenomeno-technics', Lecourt continues, "enables us to understand in what sense the word 'production' is to be understood: not only the theoretical production of concepts, but indissociably the material production of the object of theoretical labour; of what can no longer be called its 'data' or 'givens' (données) but rather its 'material' " (ibid. p.137). In our discussion of personal construct theory, we will recall, we found ourselves having to introduce a range of data that the procedures of the approach had excluded. A more developed expression of our activity would be to view it as not so much an additive cumulation to a given range of 'data' as the interruption of a given theoretical 'materialization' by another form of object. For further discussion see Bachelard (1953).

The whole tendency is the expression of a hope; a hope, as Thomas Kuhn puts it, of being able to "retrieve a realm in which experience is again stable once and for all", where our concern is not with "different perceptions but rather with different interpretations of the unequivocal data" (1962, pp.125-6). In our own presentation of Joseph we have tried to resist the temptation to fortify the object of our discussion. We began by setting out a series of items of interaction that included Joseph and then carried the discussion forward into a commentary that endeavoured to show the fluctuations of a self in attempting to devise a mode of living

for itself. From one point of view we began with 'raw data' that we then assimilated into a series of constructions. However the original items were themselves selected from a larger whole, and abstracted from the inter-personal encounters in which they were generated. Moreover the commentary far from building on fixed and stable items of observation sought to bring out different features that were implicit within the data but that the data itself - as a set of abstracted items - could not itself disclose. As Kuhn puts it: "Rather than being an interpreter the scientist who embraces a new paradigm is like the man wearing inverted lenses. Confronting the same set of objects as before, and knowing that he does so, he nevertheless finds them transformed through and through in many of their details" (ibid. pp.121-2).

3.i.

In our earlier discussion the specific repudiation that we identified was of the schizophrenic's language. It was here that obduration and the renunciation of relativity made itself felt most strongly. The whole tendency is best described under the heading 'the domination of the text'. Norman O. Brown puts the matter most trenchantly: "Protestant literalism: the crux is the reduction of meaning to a single meaning-univocation. Luther's word is 'Eindeutigkeit': the 'single, simple solid, and stable meaning' of scripture...To establish the text, 'die feste Schrift', a mighty fortress: the authoritative text" (1966, pp.192-3). The contrast is with "broken speech; speech broken by silence. To let the silence in is symbolism. 'In symbol there is concealment and yet revelation: here therefore, by Silence and by Speech acting together, comes a double significance' " (ibid. p.190).

3.ii.

A more developed critique of the same tendency is to be found in the work of the Russian linguist V.N. Vološinov. Vološinov identifies as a major trend of thought in the approach to our participation in language what he terms 'abstract objectivism', where language "stands before the speaker as an inviolable, incontestable norm which the individual for his part can only accept" (1973, p.53). The orientation of abstract objectivism derives from philology: "European linguistic thought formed and matured over concern with the cadavers of written languages; almost all its basic categories, its basic approaches and techniques, were worked out in the process of reviving those cadavers" (ibid. p.71).

And he continues:

Guided by philological need linguistics has always taken as its point of departure the finished monologic utterance, the ancient written monument, considering it the ultimate realium. All its methods and categories were elaborated in its work on this kind of defunct monologic utterance, or rather on a series of such utterances...The philological-linguist tears the monument out of that real domain and views it as if it were a self-sufficient isolated entity. He brings to bear on it not an active ideological understanding but a completely passive kind of

understanding, in which there is not a flicker of response, as there would be in any authentic kind of understanding (ibid. pp.72-3).

And finally: "Formalism and systematicity are the typical distinguishing marks of any kind of thinking focused on a ready-made and, so to speak, arrested object" (ibid. p.78).

Furthermore a 'textual' approach of the kind he describes misleads in another way in that it confuses the process of understanding with the process of recognition:

These are thoroughly different processes. Only a sign can be understood; what is recognized is a signal. A signal is an internally fixed, singular thing that does not in fact stand for anything else, or reflect or refract anything, but is simply a technical means for indicating this or that object (some definite fixed, object) or this or that action (likewise definite and fixed" (ibid. p.69).

Furthermore:

The constituent factor for understanding the linguistic form is not recognition of 'the same thing' but understanding in the proper sense of the word, i.e., orientation in the particular given context and in the particular given situation: orientation in the dynamic process of becoming and not 'orientation' in some inert state (ibid).

3.iii.

Jürgen Habermas (1970b) extends the critique of abstract objectivism in his remarks about Chomsky. Like Vološinov Habermas is concerned with the distinction between a "completely passive kind of understanding", and an "authentic kind of understanding". The core of his criticism of Chomsky is that Chomsky's model of language is monological. It is monological in that it "consistently attributes the intersubjectivity of meaning - that is, the mutual sharing of identical meanings - to the fact that sender and receiver - each an entity for itself - are previously equipped with the same programme. It is this pre-established code that is supposed to make communication possible" (ibid. p.361). To Chomsky's model of linguistic competence Habermas counterposes an alternative model. He writes:

A situation in which speech, i.e., the application of linguistic competence, becomes in principle possible, depends on a structure of intersubjectivity which is in turn linguistic. This structure is generated neither by the monologically mastered system of linguistic rules, nor by the extra-linguistic conditions of its performance. On the contrary, in order to participate in normal discourse the speaker must have at his

disposal, in addition to his linguistic competence, basic qualifications of speech and symbolic interaction (role-behaviour) which we may call communicative competence. Thus communicative competence means the mastery of an ideal speech situation (ibid. p.367).

3.iv.

See also Williams (1977). Williams develops the historical context for the 'domination of the text'. Early anthropological procedures, he tells us, were "determined by the fact that a language almost invariably presented itself in specific past texts: finished monologic utterances. Actual speech, even when it was available, was seen as derived, either historically into vernaculars, or practically into speech acts which were instances of the fundamental (textual) forms of the language" (ibid. p.27). He continues:

Language-use could then hardly ever be seen as itself active and constitutive. And this was reinforced by the political relations of the observer-observed, where the 'language-habits' studied, over a range from the speech of conquered and dominated peoples to the 'dialects' of outlying or socially inferior groups, theoretically matched against the observer's standard, were regarded as at most 'behaviour' rather than independent, creative, self-directive life (ibid).

And this same tendency then carried over into structural linguistics. Structural linguistics had to do without 'standard' or 'classical' texts, but speech itself was converted into a 'text'. "Language", as Williams puts it, "came to be seen as a fixed, objective, and in these senses 'given', system, which had theoretical and practical priority over what were described as 'utterances'...Thus the living speech of human beings in their specific social relationships in the world was theoretically reduced to instances and examples of a system which lay beyond them" (ibid).

3.v.

Taking into account the strictures that are outlined here, in an appendix to section IV we provide some suggestions as to the requirements for a formal characterisation of the schizophrenic's relationship with the world based on 'institutional' theories of language use.

4. To remind ourselves, the theory of the double-bind as set out by Bateson, et.al. (1956) postulates that the schizophrenic has been subjected over considerable periods of time to contradictory patterns of communication. The necessary ingredients for a double-bind situation are:

- i) two or more persons;
- ii) a primary negative injunction (e.g., 'Do not do so and so or I will punish you');
- iii) a secondary injunction, conflicting with the first, at a more abstract level;

iv) a tertiary negative injunction prohibiting the victim from escaping from the field.

5. The best review of recent research and discussion in the double-bind tradition is Sluzki and Ransom, eds. (1976). Sluzki and Ransom tabulate the numerous research programmes and doctoral theses that have tried to discover adequate operational measures for the double-bind. They point to the "gap between the idea of a double-bind and research done in the name of it", and stress as the "single greatest source of confusion or error" a tendency towards reification or misplaced concreteness (ibid. p.151, p.160). Gina Abeles concludes a critical review:

Somewhere in the process of isolating paradox (as the kind of contradiction exemplified in the double-bind) from its relationship context (which is what is being contradicted) in an attempt to clarify these as essential features, and in rejoining the clarified isolates within the experimental paradigm, something crucial is lost (ibid. p.145).

6. Sluzki and Ransom comment aptly:

'Double-bind language' embodies general principles which are at the most exemplified and illustrated in a given set of data. If it can be shown that the phenomena of schizophrenia are derivable from such basic premises as that the name is different from the thing named, and that communication always occurs on more than one level at a time, and that learning consists of hierarchically organizing events into classes and constructing rules relating to events in those classes, then we should feel we know a little more about how natural history is limited and shaped (1976, p.320).

7. Beckett (1963).

8. See, for discussion, the section on projection in Laplanche and Pontalis, 'The Language of Psychoanalysis' (1973). Anna Freud, for example, takes the view that projection and introjection depend on the differentiation of the ego from the outside world. See, e.g., Rivière (1955) for the Kleinian view.

9. See in addition to the source quoted Scott (1967, 1973a, 1973b). It is interesting to note that although in my view Scott's researches are the most detailed and illuminating that have been undertaken in this country in the 'schizophrenic family' tradition - much better than, for example, Laing and Esterson (1964) - they receive no mention in Hirsch and Leff's (1975) 'comprehensive' review of studies of abnormalities in the parents of schizophrenics. See also Note 19 below.

10. See, for example, the instances cited in Skull (1975, 1976).
11. In Section I, Note 3, we referred to the Schizophrenia Association of Great Britain. Glamorous title notwithstanding this is an 'odd-ball' association - dogmatically committed to megavitamin therapy - with a small membership and of limited significance.
12. 'The Times', October 21st, 1970. The original article appeared in May 1970.
13. " 'How marvellous to hear of the formation of the Schizophrenia Fellowship', wrote Mrs. Jones from Essex. 'I want to jump onto my roof-top and shout out that I have schizophrenia in my family, after 20 years' isolation.' " From leaflet: 'What is the National Schizophrenia Fellowship?' (no date).
14. The National Schizophrenia Fellowship is managed by a retinue of suburban faithful in, of all places, Surbiton, Surrey - to be exact only a few streets away from the present writer's point of origin.
15. See, for example, 'Social Provision for Sufferers from Chronic Schizophrenia', Recommendations submitted to the Secretary of State, Department of Health and Social Security, the Rt. Hon. Barbara Castle, M.P., National Schizophrenia Fellowship, June, 1974.
16. In particular, of course, the writings of the so-called 'anti-psychiatry' school. See Laing (1967) and Cooper (1967). For a general treatment of the whole constellation of ideas to which these belong see Pearson (1975).
17. Other examples in the same collection berate the psychiatric services for contributing to the family's difficulties. One relative provides a number of examples:

Interviews between doctors and relatives seem to be out of favour. The patient must be present also. This gags relatives and is extremely painful, and does not make for a useful exchange of views.

No one should be in hospital, or, if they are, they should remain there for the shortest possible time, regardless of anyone else's views, or of what the consequences will be...

No one should be admitted to hospital against their will, i.e., compulsorily.

Schizophrenia is not an illness.

It is caused by the family who are sicker than the patient.

The relationship between a schizophrenic and his or her relatives is governed by 'double bind' forms of communication...

Patients are responsible for their actions and should therefore decide what they do and where they go, regardless of the effect on anyone else... (NSF, 1974, p.19).

The writer tells us that these are the prevailing "psychiatric theories and policies of some of the medical and nursing staff at A's hospital". No one reading examples such as this can give much credence to the theories of Thomas Szasz in whose view it is the medical establishment that, in pursuit of its own aggrandizement, confines against their will hapless folk who have done no more than 'disagree' (see Szasz 1976 for a discussion specifically bearing on schizophrenia). The point we wish to make is not that there is nothing to say about the psychiatric establishment; rather we want to redress the balance from perspectives which appear to suggest that the whole issue around schizophrenia is to be fought out in a conflict between 'illness' and 'deviance'. Grand ideas about itself psychiatry certainly has, and one of the more ironic effects of Szasz's onslaughts has been to pander to just these.

18. See Creer and Wing (1974).

19.i.

Thus Dr. Edward Bird of Addenbrokes Hospital, Cambridge, is carrying out research on the brain tissues of patients "who die after having had the diagnosis of schizophrenia made at some point during their life". Dr. Bird is anxious to accrue samples and relatives are invited to call him as soon as possible after the demise of the patient. (Report on NSF Special Research Project, NSF Newsletter, March 1976, pp.10-11.)

19.ii.

The Fellowship claims not to espouse any particular point of view, but it is clear that their tastes are selective. Thus, for example, R.D. Scott is not popular with the Fellowship. In a review of Forrest and Affleck, eds. (1975) we read:

It may be useful to have Dr. R.D. Scott's own account of his controversial experiments with family therapy at Napsbury. But before rushing out to join the 'blame the family school'...the reader should have his attention drawn to the... Maudsley Monograph by Hirsch and Leff which finds no evidence for the theory that family deviance (meaning pressures, obsessions, possessiveness, muddled inter-family communications, Bateson's 'double-bind' etc.) causes schizophrenia (NSF Newsletter, October 1975, p.9).

What is interesting about this is that an account which is presented in one framework is rapidly translated into another. A careful reading of Scott's work will reveal that he is not concerned to make any claims about the causes of schizophrenia. What he attempts to do is to view patterns of response and attribution, both within and in relation to, schizophrenic families as asserting a specifically cultural framework of order and relation. That is, he provides us with the basis of a language for talking about (and therefore engaging with) difficult and perplexing states of affairs in terms that are at once personal and social. The reviewer's invocation of 'causes', then, has really nothing to do with science as such, and everything to do with the requirement to expunge from any description of what is taking place in and around schizophrenics anything that is remotely personal.

20. Liam Hudson (1968) has unfolded for us the sets of ideas and images that in the popular imagination cluster round the arts and sciences. Joseph is caught between a number of conflicting evaluations that turn on the arts-science distinction, thus:

Feminine	Masculine
Sexual Promiscuity	Sexual Restraint
Pleasure	Value
Soft	Hard
Life	Death
Animate	Inanimate

Joseph feels himself to be more dead than alive; science stands for the horrific and the artificial; art for peace and the life of feeling; but feeling brings its own terrors of a complete disintegration of self; to be a man and to be valued is to work and to be restrained; not to be restrained is to risk becoming the woman that his mother wanted him to be, or to indulge in a rampant promiscuity that gives birth to terrible hybrids; yet to be restrained is to repudiate life and procreation and thus his own manhood; tablets, like science, are artificial, but better the artificial and the mechanical, better a dead self, than no self at all.

21. Let me give the quote in full so there can be no mistaking Brown's critical intention:

The mad truth: the boundary between sanity and insanity is a false one. The proper outcome of psychoanalysis is the abolition of the boundary, the healing of the split, the integration of the human race...Dionysus, the mad god, breaks down the boundaries; releases the prisoners; abolishes repression; and abolishes the principium individuationis, substituting for it the unity of man and the unity of man with nature. In this age of schizophrenia, with the atom, the individual self, the boundaries disintegrating,

there is, for those who would save our souls, the ego-psychologists, 'the Problem of Identity'. But the breakdown is to be made into a breakthrough; as Conrad said, in the destructive element immerse. The soul that we can call our own is not a real one. The solution to the problem of identity is, get lost. Or as it says in the New Testament: 'He that findeth his own psyche shall lose it, and he that loseth his psyche for my sake shall find it' (1966, p.161).

One wonders what sort of response Brown would have given to Joseph; or better, what Joseph would have made of Brown.

22. See for discussion Bernstein (1971).
23. See, in particular, R.D. Laing's 'The Politics of Experience' (1967). In a programme note to an exhibition of paintings by Mary Barnes, a woman who had been diagnosed as a schizophrenic, and who lived at Kingsley Hall, a community in the Philadelphia Association of which Laing is chairman, Laing wrote:

In her painting, Mary puts outside herself, with the minimum mediation, what is inside her...Mary gives us the 'other side' of the flesh...The flesh pour soi, where spirit and matter, raped and raping, are capable, sometimes, despite their worst intentions, of a scarcely credible chastity. It has to do with incarnation. All our words are misleading (Barnes and Berke, 1971, pp.310-11).

24. See in particular her inaugural lecture at University College, London, 'In the Nature of Things' (in: Douglas, 1975). In this lecture she describes the operation of what she terms the 'purity rule', the means by which we support a division between nature and culture, by which, in effect, we repudiate the recognition of the relative:

The more hierarchised the social system, the stronger the control demanded. Social distance measures itself by distance from organic processes...The purity rule is a control system to which communicating humans all submit. It imposes a scale of values which esteem formal relations more than intimate ones...consciousness of the knowledge we owe to our animal being is veiled by the purity rule. The first step in achieving objectivity is to discount messages about ourselves that are carried in the purity rule. It is the nub of our difficulty in seeing ourselves as things in nature (1975, p.214, 216, 217).

25. Harold Searles writes: "Becoming able to deal skilfully with schizophrenic communication requires one, more than anything else, to become able to endure seeing, and at least momentarily sharing at a feeling level, the world in which the schizophrenic individual lives" (1965, p.428). I would want to stress this further and say that in order to do effective work with a psychotic one has to be able to allow within oneself the possibility - as distinct from the actuality - at both a theoretical level and at a certain level of feeling, of one's own psychosis. Needless to say this carries its risks. See for example Leslie Farber's essay 'Schizophrenia and the Mad Psychotherapist' in Farber (1966).
26. One of the few writers in this country to work in this difficult intermediary area between the 'formal' and the 'personal' is Raymond Williams. See Williams (1970, 1975, 1977). In a review in 'The Listener' (10th February, 1972) of a discussion in a Manchester Cinema (shown on BBC TV) immediately after the showing of Garnett and Loach's 'Family Life', Williams wrote:

One girl asked (twice, because she wasn't understood) where you went in this society after a humane psychological treatment. And it's a real question, though I know one of the answers ('fight the system'). It wasn't answered. Suppose one said contemporary capitalism is breaking down the last social ties that are inconsistent with its kind of mobility: the family, the local community, provincial settlements. Who then is being liberated into what? And the question was there but the form couldn't answer it: it had set it up the other way round...Brecht said that to get people thinking critically we had to alter dramatic form: move away from single imposed meanings and the selective organisation of sympathy; promote complex seeing within the form and not leave it to subsequent discussion. Some real contradiction arises then between the dramatic form and the dramatic intention within which it was held.

Williams puts it well; it is the promotion of "complex seeing" that captures our own emphasis.

27. Basil Bernstein writes:

An individual going into the arts is likely to possess an elaborated code oriented to the person; whilst an individual going into the sciences, particularly the applied sciences, is likely to possess an elaborated code oriented to object relations. C.P. Snow's two cultures may be related to the experiences differentiated through these two modes of an elaborated code. To be able to switch from one mode to the other

may involve a recognition of, and an ability to translate verbally, different orders of experience. It may also involve a recognition of, and an ability to manage, the different types of role relations which these modes of speech promote (1971, p.133, emphasis in the original).

This is a bit crude but it does point the way to a recognition of the complexities that are involved in negotiating transitions between different orders of experience.

28. Theodore Lidz in his discussion of the origins of schizophrenic thought disturbances tells us that there are "many ways in which... intra-familial communications and transactions interfere with the child's gaining a firm and coherent grounding in the culture's system of meanings and reasoning, confuse his grasp of the world and his capacities to relate meaningfully to others" (1971, p.204). Moreover:

With failure to inculcate proper categorization the child is not only deprived of an essential means of filtering out the extraneous and inappropriate, but may spend much of the time preoccupied with the material that lies between categories. This inter-categorical world... concerns material involving the fusion between the self and the mother, the childhood polymorphous perverse wishes and fantasies, the cannibalistic impulses, the dream-like notions of being of the opposite sex or hermaphroditic, the grandiose triumphs over a parent, and other such material that is eliminated from awareness as a child grows up, and can have little conscious representation and for which no clear-cut categorization can exist. The schizophrenic patient when caught in dilemmas that are insoluble to him not only breaks through the confines placed by the meanings and logic of his culture but will, at times, find refuge in this inter-categorical realm where, among other things, the burdens of being an individual self have vanished (ibid. p.205).

And of the inter-categorical world as it erupts into the patient's talk:

It is not just the eruption of his internalized version of reality that is somewhat akin to ours, but more of a nether world, a world that is antipodal, composed of what we have learned even to keep out of most of our fantasies and perhaps even out of our dreams (ibid. pp.205-6).

The notion of an 'inter-categorical world' is illuminating; the trouble with it in Lidz's presentation, however, is that it is ranged against a Piagetian model of the normal adult as inhabiting a firmly bounded category space in which he has a permanent security of tenure. There is no sense of the self having to work to sustain itself. We might pose the relationship between the 'categorical' and the 'inter-categorical' in a different way and say that the category, as it were, floats on the sea of the inter-categorical, and must, on occasions, work hard to keep itself afloat. Equally it is the sea that gives the category nourishment. Such a formulation allows for the possibility of excursions between the 'categorical' and the 'inter-categorical'. Lidz dispatches the schizophrenic to the opposite pole from Piagetian rationality: "...a world into which we, as therapists, have grave difficulty in penetrating, about which we have but fragmentary glimpses, but which erupts into the patient's talk and associations as from another world" (ibid. p.205). This kind of histrionic may make the servants of the 'socio-centric' feel much better but as, for example, a characterisation of Joseph it is an absurd exaggeration.

See, also, Lidz (1975).

29. Thus Paul Feyerabend on science's retreat from the murky perceptions of everyday life:

...our habit of saying 'the table is brown' when we view it under normal circumstances, with our sense in good order, but 'the table seems to be brown' when either the lighting conditions are poor or when we feel unsure in our capacity of observation expresses the belief that there are familiar circumstances when our senses are capable of seeing the world 'as it really is' and other, equally familiar circumstances, when they are deceived... All these are abstract, and highly doubtful, assumptions which shape our view of the world without being accessible to a direct criticism (1975, p.31).

30. Our discussion may be clarified by a quotation from a paper entitled 'The Human Limits of Nature' by the historian of science, R.M. Young. Quotations within the passage cited are from a discussion by Trent Schroyer (1971), a disciple of Jürgen Habermas:

'Contemporary science and technology serve as a new strategy for legitimating power and privilege.'
'Insofar as the practice of the scientific establishment is held to be neutral' and applicable to all aspects of society 'while actually justifying the extension of repressive control systems, we can assert that the contemporary self-image of science functions as an all-embracing technocratic

ideology.' The gap...between the general principles of scientific naturalism and particular problems of man in society, has been filled by the scientistic self-image of science. Where knowledge is absent, extrapolation fills the domain of the moral and political debate about the conflicting goals and interests of men. 'Scientism means science's belief in itself: that is, the conviction that we can no longer understand science as one form of possible knowledge, but rather must identify all knowledge with science.' Indeed Schroyer claims that 'the scientistic image of science has become a dominant legitimating system of advanced industrial society' (1973, pp.261-2).

The quotation introduces other, more overtly political, aspects of the problem that have not concerned us in this essay. However, Young's remark about the gap between the principles of scientific naturalism and particular problems of man in society, and the way in which this gap has been filled, captures very well the emphasis we have been trying to make.

31. Siirala writes:

Language is...an institution, and institutions serve mostly the 'average', not the marginal. As far as schizophrenia is concerned, there are limits in language, at least in their reporting form, to carry the message. These limits may be transcended by means of artistic use of language or by means of somebody, like the schizophrenic, himself embodying the message or its response... Language as an institution is also the result of certain practices, styles and word interpretations adopted by societies and fixed through traditionalized interests. Particular difficulties are even encountered speaking about, not only out of, schizophrenia when the ways of linguistic expression readily available tend to suggest too much purposefulness, consciousness, and centredness in a person, while being at the same time poor on ethical nuances as to the specific gravity of certain existential situations. The nature and place of language in man's living together seems to make it amenable to become a possession of the 'average majority' in such a delusionary absoluteness, that there is no more place for an appeal like schizophrenia to reach into dialogue within the confines of language (1972, p.144, emphasis in the original).

32. This is a functional argument. See for example M.A.K. Halliday (1973). Halliday, in a masterly foreword to the researches of Basil Bernstein and his associates, restores some clarity to the muddle around the problem of language in the discussion of educational failure. He distinguishes between two main versions of the 'language failure' theory, a 'deficit' version, and a 'difference' version. Both of these he shows to be false; the 'deficit' version because there is "no convincing evidence that children who fail in school have a smaller available vocabulary, or a less rich grammatical system than those who succeed" (1973, p.xi); the 'difference' version because it treats as a linguistic disadvantage what is in fact a social disadvantage: the child's "disadvantage is a social one. This does not mean that it is not real; but it means that it is misleading to treat it as if it was linguistic and to seek to apply linguistic remedies" (ibid. p.xiii). From Basil Bernstein's work a different perspective emerges. We are led to see that there "may be differences in the relative orientation of different social groups towards the various functions of language in given contexts and towards the different areas of meaning that may be explored within a given function" (ibid. p.xiv). The role of language is thus recast: "We can interpret the codes, from a linguistic point of view, as differences of orientation within the total semiotic potential...For any particular sub-culture, certain functions of language, or areas of meaning within a given function, may receive relatively greater emphasis" (ibid. p.xv). In order to understand the place that language occupies in Bernstein's theory:

...it is necessary to think of language as meaning rather than of language as structure. The problem can then be seen to be one of linguistic success rather than linguistic failure. Every normal child has a fully functional linguistic system; the difficulty is that of reconciling one functional orientation with another. The remedy will not lie in the administration of concentrated doses of linguistic structure. It may lie in part in the broadening of the functional perspective - that of the school, as much as that of the individual pupil. This, in turn, demands a broadening of our own conceptions, especially our conceptions of meaning and of language (ibid. p.xvi).

Lest there be any doubt about the applicability of this kind of thinking to our own case see a paper by Richard Sanders (1971), 'Implementation of a Programme for the Prevention of Psychosis'. Sanders - with due reference to Bernstein! - writes: "...children in schools, as well as individuals in mental hospitals, who cannot adapt to the social systems, need programs in which they are trained to overcome their social deficits and maladaptations" (ibid. p.262).

See also, IV.Appendix.

33. Nothing of what we have written should be taken as implying anything about the causes of schizophrenia. We have tried to say something about what discomferts us about the schizophrenic's behaviour and about what we do with our discomfort. One thing that we do with our discomfort is to invoke explanations in terms of causes and mechanisms. Thus:

'If we boil Redpath at 200C. all that is left when the water vapour is gone is some ashes etc. This is all Redpath really is.' Saying this might have a certain charm, but would be misleading to say the least. The attraction of certain kinds of explanations is overwhelming. At a given time the attraction of a certain kind of explanation is greater than you can conceive. In particular explanation of the kind 'This is really only this' (Wittgenstein, 1970, 'Lectures on Aesthetics', III. 21-2).

We have, then, tried to show why it is that people come to be asking questions like 'What are the causes of schizophrenia?' These kinds of questions and the answers that are provided may take away the discomfort but as in their application to the puzzlement that some aesthetic impressions induce in us, there is a sense in which they also take away the picture; to desire to get rid of all our perplexity about Joseph in this way - Wittgenstein talks about "the sort of explanation one longs for" (ibid. III.6) - is to make a 'boiled Redpath' of him.

IV. Appendix

'Pièces of Excalibur'

i.

We have dwelt at some length on the falsifications of the schizophrenic's behaviour and of his relations with the world that are current in the literature. In these notes I try to build on 'institutional' theories of language use, as set out in the writings of Wittgenstein, Austin, Searle and Habermas in particular, in order to provide some suggestions as to the requirements for a formal characterisation of the nature of the schizophrenic's relations with the world.

ii.

Jürgen Habermas (1970b) sets out a model of what he terms 'communicative competence' as follows:

A situation in which speech, i.e., the application of linguistic competence, becomes in principle possible, depends on a structure of inter-subjectivity which is in turn linguistic. This structure is generated neither by the monologically mastered system of linguistic rules, nor by the extra-linguistic conditions of its performance. On the contrary, in order to participate in normal discourse the speaker must have at his disposal, in addition to his linguistic competence, basic qualifications of speech and symbolic interaction (role-behaviour) which we may call communicative competence. Thus communicative competence means the mastery of an ideal speech situation (ibid. p.367).

Habermas gives a more precise expression to his notion of communicative competence by tying it to J.L. Austin's (1962) description of 'performative utterances'. Austin distinguishes between the levels of 'saying something' and 'doing something'. A large number of expressions, he argues, achieve their meaning not by referring to something but by doing other sorts of things. And those 'other sorts of things' are

conveyed by the idea of an 'illocutionary force', in contrast to the 'locutionary force'. As we have seen, communicative competence means "the mastery of an ideal speech situation". The capacity to achieve communicative competence in a specific speech situation depends not on extra-linguistic features of that speech situation but on the relationship that the subject establishes as from within the speech act itself to an 'ideal speech situation'. And it is through the illocutionary force of utterances that the basic features of the 'ideal speech situation' are generated and sustained. The specific features of the 'ideal speech situation' to which Habermas pays attention are what he terms "dialogue constitutive universals". It is these that "establish in the first place the form of intersubjectivity between any competent speakers capable of mutual understanding" (ibid. p.369). In our presentation of Joseph we set out some of Habermas's notions regarding the structural conditions that must be met in order for normal communication to obtain. His concern in this second paper in the sequence is to suggest that these conditions - thus, for example, the capacity to differentiate between objects whilst at the same time allowing for a form of identification between speaking subjects that "just cannot be grasped by analytically clear-cut operations" - are activated neither by features external to the speaking subject, nor by features internal to the system of language as Chomsky describes it, but from within the speech act itself. To put the whole matter more simply, what Habermas sets out to do is to pin-point the elements that are specific to human, as opposed to 'textual', modes of communication and understanding.¹

iii.

John Searle (1969) provides us with a detailed treatment of 'illocutionary acts', and the 'illocutionary forces' that these entail. "In the case of illocutionary acts", he writes, "we succeed in doing

what we are trying to do by getting out audience to recognise what we are trying to do. But the 'effect' on the hearer is not a belief or response, it consists simply in the hearer understanding the utterance of the speaker" (ibid. p.47). And this effect he terms the illocutionary effect. The account of meaning or understanding that is required must show the connection "between one's meaning something by what one says, and what that which one says actually means in the language" (ibid. p.43); it must, that is, capture "both the intentional and the conventional aspects, and especially the relationship between them" (ibid. p.45). What he does, in effect, under the rubric of the elucidation of a set of rules or conditions to determine a successful illocutionary act, is to delineate the variety of illocutionary forces that are at work in speech acts. And it is the emphasis on the 'illocutionary' as a non-reducible component of speech acts that marks off what Searle terms "institutional theories of communication" such as his own and Wittgenstein's, from "what might be called naturalistic theories of meaning, such as, e.g., those which rely on a stimulus-response account of meaning" (ibid. p.71).²

iv.

Accounts of meaning and understanding such as these establish, as it were, a general context within which Joseph and others like him may be viewed. However it can I think be shown that they are also able to provide a more precise formulation of the perplexities that Joseph presents us with. To begin with, Joseph as well as saying something is clearly doing something. Searle attempts to set out the conditions for the successful execution of different types of illocutionary acts. Thus in the case of assertions, statements (that), affirmations etc., we need for any proposition *p* to be able to assume: (i) that *S* has evidence for the truth of *p*; (ii) that it is not obvious to both *S* and *H* that *H* knows (does not need to be reminded of, etc.)*p*; (iii) that *S* believes *p*; and

(iv) that the statement counts as an undertaking to the effect that p represents an actual state of affairs (*ibid.*, viz. pp.66-7).

Searle, it should be said, is concerned with 'ideal' speech situations, situations in which utterances are serious and literal, rather than, say, metaphorical or sarcastic. The provision may seem limiting but if we return to the 'dome' sequence in Unit XVII we can see that it meets Searle's requirements very well. Joseph gives us no indication, either verbally or non-verbally, of the modality of his communication, and we are, I think, obliged to assume that when he says "most people live in communities under big domes" that this is a statement or assertion that p is the case. In the utterance that follows he appears to cover himself: "Now you don't know the dome is there". Yet in effect this only increases our difficulty for we are being invited to believe that Joseph has evidence for the truth of something that is invisible to the rest of us.

Later on in the sequence Terence puts forward the view that Joseph is talking scientifically about life on Mars. I disagree, and implicitly assert the metaphorical status of Joseph's communications in the past twenty minutes or so when I say that in my view Joseph is discussing life in the hospital. Joseph does not say as much explicitly, but the fact of the matter is that there is nothing that comes after my intervention to suggest that Joseph disagrees with the construction that I placed upon his communications. Indeed, where before he talked about the impossibility of going outside the dome, he now talks about the impossibility of going outside the environment, and makes it plain that it is the hospital that he is referring to. And where he now says "It's a pity you couldn't have your own private dome", we are, I think, right to treat this, in its immediate context, as a metaphorical statement.

Searle argues that an account of meaning or understanding must show the connection between "one's meaning something by what one says, and what that which one says actually means in the language" (ibid. p.43). What Joseph's utterances actually mean in the language is not difficult to establish; there is nothing, for the most part, about his grammar or his capacity to form sentences that is out of order. The puzzling feature of the communication resides in the relationship between the conventional and the intentional aspects of the meaning. Joseph appears to fulfil the conventional conditions for the execution of an illocutionary act of stating something; the ascription that must follow from this is that Joseph is deluded: he asserts the existence of a state of affairs that is patently false. Yet from the subsequent evidence it seems that he appears to do so without intending to do so. To tidy the whole sequence into an ascription of delusion is then misleading; it is only to ease our own minds that we do this. The puzzlement must needs stay with us; there is nothing about the evidence that can take it away for Joseph does not declare the connection between what he means by what he says and what that which he says actually means in the language.

Our use of Searle's ideas allow us to say this: Joseph is clearly doing something as well as saying something; his 'doing' takes the form of an illocutionary activity that is unconventional, and that evokes in us an illocutionary effect that is at best puzzling and at worst chaotic. Just what the characteristics of Joseph's 'doing' are Searle's framework does not enable us to say. Our identification of the confusion around the metaphorical status of Joseph's communications is reminiscent of the observation of Bateson, et.al. (1956) that the "peculiarity of the schizophrenic is not that he uses metaphors, but that he uses unlabeled metaphors". Our formulation does however, even as it stands, improve

upon Bateson's in one respect in that it draws attention to the activity of 'unlabeling' that in Bateson's presentation has a relatively inert aspect.

v.

Discussion of the relationship that Joseph establishes between language and the world may be helped by a consideration of some aspects of Wittgenstein's thought. In the Tractatus (1922) Wittgenstein delineates a metaphysical doctrine of what has been termed 'logical atomism'. He postulates the existence of simple indestructible atoms and atomic states of affairs. A fact consists of a state of affairs. A state of affairs is a combination of objects or things. Objects are simple, without parts, but they may combine into complexes. The difference between such combinations is the difference between states of affairs. Wittgenstein was later to reject much of the argument of the Tractatus but in the Philosophical Investigations (1958) he sets out the rationale for his earlier formulations:

One is tempted to make an objection against what is ordinarily called a name. It can be put like this: a name ought really to signify a simple. And for this one might perhaps give the following reasons: the word 'Excalibur', say, is a proper name in the ordinary sense. The sword Excalibur consists of parts combined in a particular way. If they are combined differently Excalibur does not exist. But it is clear that the sentence 'Excalibur has a sharp blade' makes sense whether Excalibur is still whole or is broken up. But if 'Excalibur' is the name of an object this object no longer exists when Excalibur is broken in pieces; and as no object would then correspond to the name it would have no meaning. But then the sentence 'Excalibur has a sharp blade' would contain a word that had no meaning, and hence the sentence would be nonsense. But it does make sense; so there must always be something corresponding to the words of which it consists. So the word 'Excalibur' must disappear when the sense is analysed and its place be taken by words which name simples. It will be reasonable to call these words the real names (1958, I, 39, emphasis in the original).

Wittgenstein disposes of this view on the grounds that it is not true that a word has no meaning if nothing corresponds to it; to say that is to "confound the meaning of a name with the bearer of the name": "When Mr. N.N. dies one says that the bearer of the name dies, not that the meaning dies. And it would be nonsensical to say that, for if the name ceased to have meaning it would make no sense to say 'Mr. N.N. is dead' " (ibid. I.40).

It is, he argues, a mistake to treat facts and complexes of objects as if they were alike:

A complex is not like a fact. I say, for instance, of a complex that it moves from one place to another but not of a fact. But that this complex is now there is a fact...To say that a red circle consists of redness and circularity, or is a complex of these component parts, is a misuse of these words, and misleading (1969, p.200).

In the Investigations Wittgenstein considers the statement "My broom is in the corner". The complex 'broom' consists of the component parts of 'broomstick' and 'brush'. However the order 'Bring me the broom' is to be distinguished from the order 'Bring me the broomstick and the brush which is fitted on it':

...does someone who says that the broom is in the corner really mean: the broomstick is there and so is the brush, and the broomstick is fitted in the brush? If we were to ask someone if he meant this he would probably say that he had not thought specially of the broomstick or specially of the brush at all. And that would be the right answer, for he meant to speak neither of the stick nor of the brush in particular...True, the broom is taken to pieces when one separates broomstick and brush; but does it follow that the order to bring the broom also consists of corresponding parts? (1958, I,60).

Anthony Kenny in his monograph on Wittgenstein tells us that "in the Tractatus the use of a word is its relation to the primitive signs, and through them to the simples which they denote. In the Investigations

the use of a word is its part in a language-game, in a form of life" (1973, pp.222-23). Wittgenstein himself described the transition from one work to the next in the following terms. "In the Tractatus", he said, "I was unclear about 'logical analysis' and the clarification it suggests. At that time I thought it provided a 'connection between language and reality' ". In the Investigations the crucial problem became: "By what procedures do men establish links between language and the real world?" (quoted by Toulmin, 1969, p.62, p.67).

For Joseph language is clearly not a 'game' in the sense in which Wittgenstein intends it. There is, for him, too much connection between language and reality for that to be possible. The order of the world and the order of language act on each other. The states of affairs which language depicts, and the combinations of which such states of affairs consist, die, break up and move apart. 'Complexes' have become fragmented. Excalibur is broken in pieces; Excalibur is a state of affairs that includes among its component parts Joseph, his mother and father. One is oneself an individual but one cannot be thought of apart from the whole 'space' - the larger states of affairs - in which one exists. Anthony Kenny likens Wittgenstein's argument in the Tractatus to a game of chess: "Every elementary proposition about the position of one piece on one square pre-supposes the whole chess-board and all the pieces...It does not say anything about the other piece or squares...but as it only makes sense as part of the game of chess, it pre-supposes the whole of 'chess space' " (op.cit. p.93).

From this point of view an alteration in the larger state of affairs impacts upon the self. Joseph is committed to restoring the relations between 'simples' that the fragmentation of 'complexes' has disrupted. The felt complexity of the relation between language and the world is

given in his remarks in the opening of the 'dome' sequence in Unit XVII that he keeps changing his name and that: "You get to a point where you say, 'Have I hurt his feelings or has he hurt mine?' ". The 'simple' solution to the problem is to compile a dictionary that includes the name of every person and six different ways of spelling the same word. There is a sense in which Joseph attempts to model his use of language on the Tractatus. However we can only understand this from a different vantage point, namely one that examines the procedures by which men establish links between language and the world. Wittgenstein directs our attention to the potential entanglement in the relationship speaker-language-hearer, an entanglement that we noted earlier in the course of our discussion of prevailing assumptions about how the 'self' is constructed. At the level of the language game as a form of life a word may still continue to have meaning even if nothing corresponds to it, but at the level of the participation of the individual speaker within such a form of life the fluctuations of the world may be severely disruptive of meaning. Carried to an extreme the individual may then try to change the nature of his participation in language as a form of life, and thus the relationship between language and the world.

vi.

With the help of Habermas we can give a more technical expression to the change that Joseph tries to effect in the nature of his participation in language.

Habermas, we will recall, argues that the capacity to achieve communicative competence in a specific speech situation depends not on extra-linguistic features of that speech situation but on the relationship that the subject establishes as from within the speech act - through illocutionary activity - to an ideal speech situation. To simplify

Habermas's discussion somewhat, as speaking subjects we are, in effect, doing two kinds of things. One is to distinguish between subject and object, and to affirm an analytical recognition of the world as divided into bounded series of classes and categories; the second is at one and the same time to affirm the 'I' as a speaking subject in its absolute non-identity in relation to the other, and also to recognise the other as a subject for himself and reciprocally. It is, in short, as from within the activity of the speech act that the order of the self is encoded. But the self is never a finished or an accomplished construction in the way that could be said of the recognition of classes of objects. The notion of an ideal speech situation entails reference to a model of inter-subjectivity that must always be sought after; yet for the self to become a finished construction would be to make of it an arrested object, and thus to abandon the peculiar field of speech in which speaking subjects are embedded. Through illocutionary activity then, the human speaker generates an activity of selfhood that is wrested from the potential confusion and turbulence of undifferentiated and unbounded being.

The fundamental disruption in Joseph's case, I want to suggest, is not a disruption of language, but of those features of the speech act by which the human speaker encodes himself as a self in a situation of dialogue with another. The problem belongs neither with linguistic competence nor (primarily) with contingent conventional aspects of appropriate behaviour in specific speech situations. It is still, for all of that, a 'conventional' problem but it takes the conventional to a deeper level. A consideration of Joseph's 'doing' must focus on the insertion of language as a system in a field of human inter-subjectivity, and on the pragmatic devices that we conventionally employ from within such a field to create stable items of interaction that we term selves

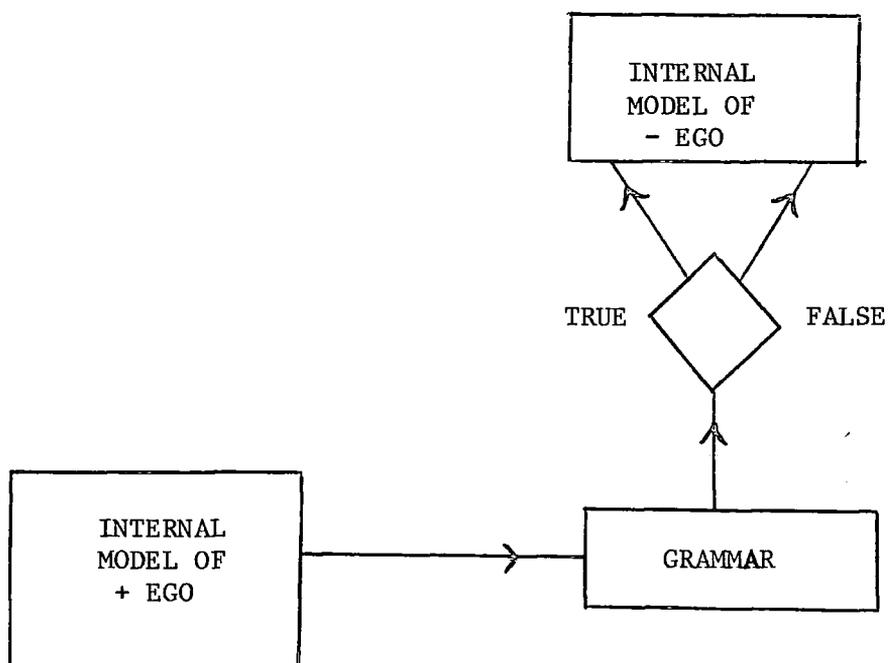
in relation to each other. Derek Bickerton, in the context of a discussion of metaphor (1969), puts the matter clearly when he writes that: "Meaning exists, if anywhere, only in the relationship speaker-language-hearer, not in any one of the three, and least of all in any connection between language and the extra-linguistic universe" (ibid. p.38).

The complications in the relationship speaker-language-hearer are, as we have seen, apparent in Joseph's opening remarks in the 'dome' sequence in Unit XVII. As a more formal characterisation of our discussion of the same sequence in IV.1. we can say that what follows after this is an attempt by Joseph to find a solution to such complications. What he does is to render himself in Habermas's sense communicatively incompetent; that is, he uses his linguistic competence - language as a system - to sever it from the structure of inter-subjectivity in which, for normally communicating speakers, it is embedded. Joseph, on some occasions at least, tries to detach himself from the relationship to the ideal speech situation that, for the normal speaker, is established from within the speech act.

vii.

The approach to language-use that is suggested by the model of communicative competence is amplified in a discussion by John Marshall (1971). Although he does not refer to Habermas, Marshall is led to roughly the same conclusion. Where Habermas speaks of models of communicative competence, Marshall speaks of models of language competence. Marshall argues that in order to provide an adequate characterisation of a language-using organism a "tri-partite internal organization must be imputed to the language user". He claims that " 'symbol-using' animals are characterised by the inter-relationships between three (functionally distinct) components of language ability

within an individual animal. These components are: (i) an internal model of the animal's world; (ii) a grammar; (iii) a model of appropriate internal state-changes (contingent upon the reception of structures generated by the grammar) in another organism" (ibid. p.42). The relationships between these components are shown as follows:



(ibid. p.43)

(FIGURE IV)

The diagram is intended to represent the following facts:

'States of the world' are associated with sets of linguistic descriptions which are evaluated as true or false of those states; the (covert) utterance of particular (truth-conditionally evaluated) linguistic objects is evaluated with respect to appropriate state-changes in (the model of) another organism. I submit that nothing less than this degree of internal organisation is required if we are to credit an animal with language-skills (ibid. p.42).

From this point of view Joseph's speech habits are suggestive of a difficulty in maintaining a functional distinction between components (i) and (iii), between his internal model of his own world and his internal model of the other's world. In order to try to overcome the difficulty, and the feelings it evokes in him, he sets out to develop an alternative model of language use, and therefore an alternative description of the world, that will eliminate the stressful relationship between these components within his internal organization.³

viii.

Our discussion in these notes enables us to add to the strictures that we have laid upon some of the writings of Goffman (1964, 1971). Goffman provides us with a very fine consideration of the psychotic's violations of personal and social order but there is nothing in his analysis that can help us distinguish between the behaviour of, say, Joseph and someone who is merely acting the role of a psychotic. That is to say, all of the features to which Goffman directs our attention are external to the internal organization of the individual. In Goffman's scheme of things it cannot be otherwise for there is no place in it for any form of inner life. For Goffman it is through the behavioural requirements and regularities of social situations that the meaningful is established. We would agree with Goffman that the features which the psychotic disrupts are certainly conventional, but in these notes we have tried to suggest that these features have to be summoned from within individuals; they are not 'given' as externals. The use that we have made of Habermas and others in this regard is no doubt open to improvement; it does however seem likely that it is in an intermediary or inter-categorical area that is neither properly 'inner' in the sense in which traditional psychoanalytic theorising intends it, nor 'outer' in Goffman's sense, nor 'linguistic' in Chomsky's, that the problem of psychotic communication belongs.

IV. Appendix: Notes

1. For a useful discussion of the theory of communicative competence see McCarthy (1973).
2. Useful discussions of Searle are Wootton (1975) and from a rather different standpoint Bennett (1976).
3. Marshall writes: "I firmly believe that the central problem for psychological theories of language-acquisition is precisely what traditional mentalists thought it was - namely, explaining the development of 'symbolisation' " (1971, p.46). An interesting and worthwhile extension of the ideas that we have set out here would be to tie them in with psychoanalytic considerations. Implicit both in our discussion of the fragmentation of the 'complex' in Wittgenstein and in Habermas's own descriptions is a view of the human subject that finds a more developed expression in the writings of psychoanalysis. Paul Ricoeur in his monumental study of Freud (1970) says of psychoanalysis that it is "an exegetical science dealing with relationships of meaning between substitute objects and the primordial (and lost) instinctual objects" (ibid. p.359). He returns to the theme of absence and loss later when he writes that:

We must always keep reflecting on the implication of Freud's formula: 'The ego is a precipitate of abandoned object cathexes'. This reference to the abandoned object, that is to the work of mourning, brings us into the very make-up of the ego. Reality, hard reality, is the correlate of this internalized absence. It is impossible to separate the ego's coherence and structural autonomy from the work of mourning without also abandoning the peculiar field of speech in which psychoanalysis operates (ibid. p.372).

In all of Freud's work perhaps the most illuminating treatment of absence is his description of the little boy's game with the reel and string in 'Beyond the Pleasure Principle' (1920, p.13). The child stages the disappearance and return of his mother under the symbolic guise of objects that are within his reach. A symbolic representation that includes both the material activity of the game itself and the words ('o'o'o'o', representing the word 'fort' according to Freud, and 'da') that the child emits, allows the child to cope with the disappearance of the mother. The activity of the game ensures for the child that his ability to 'mean' does not disappear when his mother disappears. The child attaches himself to a reel on a string so that the capacity for meaning can be detached from his real mother. On string see further Winnicott (1971, Chapter 1). Joseph, we will recall, tells us on one occasion that his mother "lived in a house but she had a large ring which wouldn't come off tied to a mile of guitar string,

so she could only walk a short way". See also Werner and Kaplan (1963):

Out of the common matrix with a shared object... follows not only a progressive polarization or distancing between mother and child, but simultaneously a distancing between symbolic vehicle (word) and the object for which it stands (ibid. p.73).

Terence once asked me in a state of real perplexity how a man and a woman who were separated - suppose, he said, the man went away to sea - managed to make love. (His implicit supposition was that they did make love because they had, after all, as husband and wife, been made one flesh.) "Do they do it through their letters?" he asked me. One answer to his puzzle is Donne:

Dull sublunary lovers love
(Whose soul is sense) cannot admit
Absence, because it doth remove
Those things which elemented it.

But we by a love, so much refin'd,
That our selves know not what it is,
Inter-assured of the mind,
Care lesse, eyes, lips, and hands to misse.

Our two soules therefore, which are one,
Though I must goe, endure not yet
A breach, but an expansion,
Like gold to ayery thinnesse beate.

If they be two, they are two so
As stiffe twin compasses are two,
Thy soule the fixt foot, make no show
To move, but doth, if the' other doe.

And though it in the center sit,
Yet when the other far doth rome,
It leanes, and hearkens after it,
And grows erect, as that comes home.

Such wilt thou be to mee, who must
Like th' other foot, obliquely runne;
Thy firmnes makes my circle just,
And makes me end, where I begunne

(From: 'A Valediction: Forbidding Mourning')

Among the best psychoanalytic discussions of schizophrenia that bear on problems of symbolisation are Freud (1915), Bion (1967, 1970), Deleuze (1968) and Leclaire (1971).

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