The Abyss of Madness

SAMPLE CHAPTER

George E. Atwood
The Abyss of Madness

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Exploring the Abyss of Madness

*Things fall apart; the centre cannot hold.*

*William Butler Yeats*

**THE GIRL WITH FOUR IMAGINARY CHILDREN IN HER BEDROOM**

I saw a 19-year-old woman a great many years ago, hospitalized, who refused to speak except to say that there were four children living in her bedroom. According to her parents, she had been entirely normal, reportedly perfectly delightful in fact, until just a few weeks before, but now she was in prolonged silence. The psychiatrist assigned to her gave her a diagnosis of schizophrenia, and she was begun on a course of antipsychotic medications. Her behavior remained the same: long stretches of silence, very occasionally interrupted by short statements that four children were in her room. She would not describe the children, explain their origin, or otherwise engage in any further communication on the matter. When asked if she believed the children were real, actual human beings, a look passed across her face of confusion and dismay. The doctor, after a period of weeks, recommended shock therapy, and a course of 12 electroconvulsive treatments (ECT) then took place. Following these, she spoke just once to say
there were now no children in her bedroom; otherwise the reign of silence continued. Finally, she was discharged and her family took her home. We never saw her again. But I was haunted by what had occurred and always wondered about what happened to the young woman and what her behavior could have meant. In the following, I offer some hypotheses about this patient, and her story becomes a point of departure for a journey into the nature of madness.

Looking back on this experience from the vantage point of all that I have seen since, there are five items that stand out: first, that she was, according to her parents, a “perfectly delightful” child prior to the transformation in her behavior; second, that the primary change was one of lapsing into silence; third, the sporadic statements regarding there being four children sharing her bedroom; fourth, her apparent confusion in response to being asked about whether she believed the children were real; and fifth, following ECT, her report that the children were no longer present in her bedroom.

Let us suppose that the perfectly delightful girl her parents knew her to be was the product of a surrender, rooted in very early experiences of great power, a deep-ranging accommodation in which she brought herself into compliance with agendas as to who she was and should be, transmitted to her by her mother and father. The identity that developed would then be one taken over from preexisting images they supplied, rather than from her emergent agency and spontaneous intentionality. The sudden disappearance of that delightful girl would thus be comprehensible as an act of rejecting the false self, of fighting back against the enslaving tie to the maternal and/or paternal agenda, and therefore an effort to rescue possibilities of her own being from annihilation. I would interpret the silence as a negation of her compliance, wherein the whole field of speech has been co-opted by the conforming trends of her personality, and the only way to oppose them is to stop talking. She stops speaking, but not quite completely. The one little
statement that remains is about the four children living in her bedroom. Let us assume that this bedroom is a room of her own, a space within which whatever exists or remains of her authentic possibilities can live and survive. Why are there four? Air, earth, fire, and water come to mind—the fundamental elements of the universe. I have read in the Jungian literature that quaternity is a symbol of wholeness. Here, though, one sees not wholeness but fragmentation, a collection of children rather than one coherent personality. Authenticity in the context of extreme pathological accommodation (Brandchaft et al., 2010) is at best a fragmentary, evanescent sort of thing, scarcely organized at all, lacking in the capacity to endure or coalesce. And yet this is what remains of the young woman’s soul: four children, living in a room of her (their) own.

From a perspective valuing such authenticity, this young woman’s breakdown into silence and delusion might better be considered an attempted breakthrough—to a life that, perhaps for the very first time, would actually belong to her. But such a possibility could not become actual without someone there to recognize and give it such a meaning, without a Thou to perceive the I trying to assemble itself out of its fragmentary possibilities.

Then we come to the so-called treatment of this young woman: medications, followed by electricity. The effect of these interventions was finally reflected in her statement that there were no children in the bedroom. This outcome might well be a tragedy, a sign of great and perhaps enduring damage having been done to this young person’s chance to somehow pull herself together and have a life that could belong to her.

The apparent bewilderment she seemed to express when asked a question about whether she regarded the children as real also has importance. Of course, the reason such a question would be asked pertains to the issue of her reality testing, the question as to whether she was in contact with all that her doctors consider true and real. From her point of view, the question would have to be enormously
confusing, for it was her need above all that the children be real. If I am right in my speculations, the reason she concretized the fragmentary state of her soul into the image of actually living children is precisely that she could not, at her center, sustain any sense that she was an actually existing, alive, real person. But she was perfectly smart, and she could see that her psychiatrist would react to any idea that the children were real as a sign of her serious mental illness, perhaps necessitating further drastic medical interventions. So, to say that the children were not real would be to embrace annihilation; but to claim that they were real would be to accept a pathologizing diagnosis and damaging medical intrusions. She was confused for the simple reason that there is no viable journey possible between this Scylla and this Charybdis.

This is a very sad story, and I hope that she arrived in some better situation once her parents took her away from the institution. I would like to think they found a setting for her in which she could perhaps follow an artistic pathway. The journey of creativity is very often one that supports a person’s sense of being real. It even occurs to me that one could look at her descent into silence—and what her psychiatrist saw as delusion—as a piece of performance art, affirming her being in a rebellion against her family context and expressing to the world an indomitable life spirit within her. It would be extremely interesting to follow what might have happened had her analyst/psychiatrist taken such an attitude toward her so-called symptoms. I suspect she would have found him or her to be someone she could talk to.

Was this young woman suffering from madness? I would say yes, she was, in that madness is the abyss. Phenomenologically, going mad is a matter of the fragmentation of the soul, of a fall into nonbeing, of becoming subject to a sense of erasure and annihilation. The fall into the abyss of madness, when it occurs, is felt as something infinite and eternal. One falls away, limitlessly, from being itself, into utter nonbeing.
INTO THE ABYSS

My students often ask me my opinion of psychiatry’s understanding of madness—of contemporary diagnostic systems with their differentiations and classifications—with a view of the various forms of madness as disorders and diseases. I answer as follows: The ever-proliferating systems of nomenclature in psychiatry are among the field’s most serious embarrassments, and nowhere as disturbingly as in the efforts that have been made in the study of madness. The notion of an orderly system that arranges and distinguishes this form and that form of infinite falling, nice little categories of a chaos that is beyond imagining and describing, is preposterous. It is human to try to bring order into disorder, but it is also human to be preposterous. The diagnostic systems that have been and continue to be generated lack all scientific foundation and are actually laughable. I am ashamed to belong to a field capable of such things.

Madness is not an illness, and it is not a disorder. Madness is the abyss. It is the experience of utter annihilation. Calling it a disease and distinguishing its forms, arranging its manifestations in carefully assembled lists and charts, creating scientific-sounding pseudo-explanations for it—all of these are intellectually indefensible, and I think they occur because of the terror. What is the terror I am speaking of? It is the terror of madness itself, which is the anxiety that one may fall into nonbeing.

The abyss lies on or just beyond the horizon of every person’s world, and there is nothing more frightening. Even death does not hold a terror for us comparable to the one associated with the abyss. Our minds can generate meanings and images of our deaths: We can picture the world surviving us, and we can identify with those that come later or otherwise immortalize ourselves through our works. We can rage against the dying of the light, and we can look forward to reunions with lost loved ones. We can think about the meaninglessness of human existence and its finiteness. We can be relieved that all our sorrows will soon be over. We can
even admire ourselves for being the only creatures in existence, as far as we know, who perceive their own wretched destiny to be extinguished. The abyss of madness offers no such possibilities: It is the end of all possible responses and meanings, the erasure of a world in which there is anything coherent to respond to, the melting away of anyone to engage in a response. It is much more scary than death, and this is proven by the fact that people in fear of annihilation—the terror of madness—so often commit suicide rather than continue with it. Death is a piece of cake compared to the abyss.

I think the reason so many in our society want to think of madness as a disease, perhaps localized in the brain and arising from organic predispositions, is that such ideas soothe the terror of the abyss. One must find some explanation for the extreme claims people in the highest offices of psychiatry make in this connection, because the science to support those claims is not strong, nor will it ever be. The abyss is a potential inhering in every human life, and the dream of contemporary psychiatry is to pin down a tangible source or cause for this potential. Once this is successful, so goes the thinking, some intervention will become possible to eliminate it. It is a dream never to be fulfilled. We are stuck with the abyss as an irreducible possibility of our lives, and we would be better off to understand that. Psychiatry here reminds me of the person who has actually fallen into the abyss and then gone on to develop the idea that there is an “influencing machine” (Tausk, 1917) sending persecutory rays into his or her body and mind. You see, if there is such a machine somewhere, operated by one’s enemies, a hope is held out that this machine can be found, turned off, and finally destroyed; and one’s malicious adversaries can then be brought to justice and disposed of. The biological sources of the so-called psychoses are miniature influencing machines, located in the molecular structures of who we are, and once these tiny machines are detected, we can turn them off or modify them, or maybe even breed them out of the human race. We as doctors can also reassure ourselves that our own organic constitutions do
not include these predispositions, the little molecular machines twisted into our DNA, and we are therefore protected from the abyss. This is all illusion. The abyss is within all of us as a human possibility, forevermore, and so we will never be safe from it.

Am I saying that everyone, all of us, are forever on the threshold of madness? No. I am saying that the abyss is a universal possibility, which is not the same thing as claiming we all are always on its threshold. Most of us spend our lives in a stable and sane worldview that does not bring us, subjectively speaking, to the doorway to madness. Our sense of our own existence and security is steady; in fact, it is such a given part of the bedrock of our lives that we never really think about it. That does not mean, however, that the sanity we enjoy in our cozy little worlds cannot be taken from us. It can, because we all are capable of falling into the abyss. Something might happen, and then the center cannot hold.

Sometimes what happens in the fall into the abyss is that the sustaining events of our lives cease to occur. People often fall not because the bad happens, but rather because the good stops happening. Sanity is sustained by the network of validating, affirming connections that exist in a person’s life: connections to other beings. If those links fail, one falls. The beings on whom one relies include, obviously, other people, sometimes animals, often beings known only through memory and creative imagination. In some instances it is the connection to God that protects a person against madness. Strip any person of his or her sustaining links to others, and that person falls. No one is immune, because madness is a possibility of every human life.

It might be asked: If a link to God shields some people from the abyss, why is it that the symptoms of madness so often circle around special relationships to God, delusions sometimes even of being God? One of the problems with such a question is that it speaks of symptoms, returning us to a medical and diagnostic viewpoint that cannot be helpful in our task of discovering the human meanings in what is expressed to us. Generally, people claiming to be God or to have a unique connection to the
Almighty are resurrecting a sustaining tie that has been shattered. This was illustrated dramatically in the case of Grace, presented in chapter 1. The so-called delusion re-creates a lost connection to someone life-giving, and thus becomes comprehensible as an attempt to climb back out of the abyss. The signs and symptoms that psychiatry likes to arrange in its orderly diagnostic systems are pretty much efforts to return to sanity from madness.

For example, I once worked with a 7-year-old girl who heard God’s voice speaking to her. She was so occupied with her conversations with the Creator that she was neglecting her schoolwork and ceasing to relate to her family members. I found out what had happened. She had been enmeshed to an extreme degree with her mother in her early years, adopting a role of comforting and soothing that helped the mother keep her emotional balance in a marriage that was full of strife. But then the mother became pregnant and had a hospitalization lasting months because of extreme complications of the pregnancy and a very difficult birth. The child was left with her father, to whom she turned then to replace the missing closeness with her beloved mother. Everything went well for the initial weeks, although there was great anxiety as to whether the mother was going to survive and recover. But then the father, evidently, felt sexually deprived by his wife’s absence, and a period of molestation followed, eventually culminating in full sexual intercourse with his daughter. The father, who had begun to replace the missing mother, in the sexual acts destroyed himself as anyone this child could rely on. She was eventually able to tell me, in her doll play, how the whole world “went wobbly” after the father’s intrusions began, which was her way of saying she had begun to fall into the abyss. But the crisis of wobbliness was eventually made to recede by the appearance of a new active relationship in the child’s mind: one to God in Heaven. Her celestial father replaced her earthly one, and the stability of her world became resurrected. Her visible behavior became strangely incomprehensible to those around her, but inwardly she was finding her way. I worked with this child for 2 or 3 years, and she became less reliant on God and
seemed to be doing well. Twenty years later she earned a doctorate in theology, which I thought was interesting. Why should she not devote her life to the one who saved her sanity?

Madness in this case did not lie in the symptoms that were shown. The so-called symptoms in fact were the sanity returning to her world, or trying to. People who have stumbled into the abyss do all kinds of things to bring stability and substantiality back to their worlds, and it is a tragedy of our field that these efforts are confused and conflated with the madness itself. This is also seen in the case of the young woman who said that children were living in her bedroom. Those children, I suggested, may well have symbolized what remained of her psychological health.

One of the greatest challenges presented to those who have fallen into the abyss is the pervasive view in psychiatry that there is a disease process taking place within them. What a person in the grip of annihilation needs, above all else, is someone’s understanding of the horror, which will include a human response assisting in the journey back to some sort of psychological survival. A person undergoing an experience of the total meltdown of the universe, when told that his or her suffering stems from a mental illness, will generally feel confused, invalidated, and undermined. Because there are no resources to fight against such a view, its power will have a petrifying effect on subjectivity and deepen the fall into the abyss.

An objectified psychiatric diagnosis is the antithesis of needed validation and mirroring. It leaves one with an attribution, offered up by a person invested with enormous authority, that can invade and usurp a person’s sense of selfhood, that can operate like a nuclear-tipped torpedo exploding in one’s brain. Imagine the situation of a young man in the midst of a fall into the abyss, who has the misfortune to become incarcerated in an institution typical of the ones we have today in America. Perhaps the patient’s doctor, directly or indirectly, communicates the view that he is suffering from the brain disease known as schizophrenia. The annihilating impact of such a view then becomes symbolized in the patient’s
unfolding experience that vicious, destructive voices are speaking to him over invisible wires and saying repeatedly that he should die. In this way a spiraling effect occurs, wherein the operation of the medical model further injures the already devastated patient, whose reactions to the new injuries in turn reconfirm the correctness of the diagnosis. Around and around we go, and this is generally the situation of madness in America.

Is it not diagnosis, though, to identify someone as having fallen into the abyss, which is what I have said madness is? The words are different, but here too, don’t we have a classification and a locating of the patient as a member of that particular class? To note that the particular experiences someone is having involve a fall into nonbeing involves a distinguishing and a knowing, and to that extent, etymologically speaking, one could say it is a diagnosis. But the word diagnosis has been absorbed into an objectifying, medical-language game, interlocking with all manner of terms and concepts about disease processes, biological roots, and treatment possibilities. So I would not want to use the term to describe one’s apprehension that someone has fallen out of the world. Also, my response will be a very different one based on this apprehension—certainly I am not going to tell the patient he is a schizophrenic. I am also not going to say that she is mad.

The reason has to do with how such a thing will likely be heard—what terms like schizophrenia or even madness would mean to someone in an annihilation state. What I would want to do is communicate that I was listening, that I was understanding at least some part of what was being told to me, and that I was prepared to do whatever would be necessary to be of help. I would also always try to express all of this in a language that would be understood in the spirit I intended.

Imagine a patient who comes, speaking of his or her complete personal destruction. How might one respond to such an individual? It will depend on precisely what is said and how it is said as well as on my understanding of the unique situation of this particular person at this particular moment. There are no general
formulas here, but I could give an example or two. Suppose a young woman tells me, as someone once did, that she is having hallucinatory visions of a most terrifying kind. She reports being swept away, through space, then physically shrinking and being drawn into the bloodstream of her mother’s body. She is then tumbling helplessly within the coursing blood, trying not to drown, and her face and finally her whole body begin flaking away and dissolving. The vision culminates in a terrifying sense of disappearing altogether, having become indistinguishable from the blood. Again and again this vision came to her, sometimes it being other family members’ bloodstreams into which she dissolved. She cried when she told me of these experiences, and begged me to tell her what was happening.

I did not tell her she was schizophrenic. I did not tell her she was mad. Such things had already been said to her by her psychoanalyst, a gentleman she had been seeing three times each week for the previous 8 years. When she complained to him about the hallucinatory immersions in her family’s blood, he had responded by saying: “You are experiencing a series of transitory psychotic episodes, most likely brought on by serious stress.” In essence her analyst was telling her she was crazy, and his reaction, unsurprisingly, was of no help. Unable to discern the core of subjective truth that was present in the strange experiences the patient was reporting, he focused instead on the ways in which her perception of what was happening to her departed from his definitions of objective reality.

In contrast, I let her telling and retelling of the frightening visions flow over my mind like a waterfall. A thought then came into my consciousness, which I decided to speak—for better or for worse. I said to the patient, calling her by her first name: “Marie, is it possible that your whole family is nothing but a bunch of blood-sucking vampires?” She was silent for 10 or 20 seconds, and then said that no one had ever said anything like that to her before. This was the first conversation I had with this patient, the first of a great, great many. The hallucinations vanished, never to return.
The story of her life then began to emerge. It was a story of extreme trauma and enmeshment, and she needed a long time to tell it fully. This process was not easy; it was arduous, requiring many years.

The hallucinations vanished because the metaphor they contained had been understood and validated, because there was a new relationship to someone with whom the truth could be spoken. She did come from a family of vampires. The analyst she had been seeing was himself also a vampire. But she had never known this as anything that was real to her—in fact, the appearance of the hallucination could be considered a spontaneous and quite profound improvement in her situation, because it contained a reality never before seen. Of course, she needed someone to understand what was being expressed; otherwise it would just have been something strange interfering with her functioning. Had it continued to be labeled and treated as a symptom of psychosis, I would imagine her situation would have grown even worse. I don’t know if hallucinations in general can be handled so readily, but I do know that they often contain symbolic metaphors, sometimes expressing the very heart of the matter of what has gone awry in a person’s life. It is obvious that our patients will do better if someone is available to understand these things than if there is not.

Another case that comes to mind in a similar connection is that of Daniel Paul Schreber (1911/2000), the German jurist whose *Memoirs of My Nervous Illness* were analyzed famously by Sigmund Freud (1911). Schreber said, to put it in its simplest terms, that he was the victim of a vast and deadly persecution, organized against him by God with the collusion of his own psychiatrist. His writings about this are highly elaborated, almost elegant equivalents to my patient’s report of her hallucination of being dissolved into the bloodstreams of her relatives.

Let me imagine what one might have done with Schreber, and how he then might have responded himself. Of course the first thing would be to really try to hear what he was saying, and I mean all that he was saying, at every level of its meaning. I would listen to
him as he told me of the *conspiracy* that had been directed against him. I would listen closely as he spoke of the horrifying *unman-ning* to which he was being subjected by his psychiatrist and God, the final goal of which was to transform him body and soul into a *woman* and bring the process of *soul murder* to its terrible conclusion. I would listen attentively to his descriptions of the *divine rays* coming down from heaven and playing on his mind and body, and of the diabolical *miracles* taking place within him as a result of this supernatural activity. I would focus on his descriptions of the people surrounding him in the asylum as *fleeting improvised men*, simulacra apparently existing only for his benefit.

Not only would I sit with him as he spoke and carefully read over the manuscripts on which he worked; I would want to hear what he was saying and perhaps give him a sense of being listened to that he had never encountered before. Schreber may well have been a man that no one had ever listened to, at least not at the level of the deepest core of what he experienced. People in our field need to think about what it is like never to have been listened to—to have been raised in an empathic vacuum, or worse, a setting that closes out all that one might authentically feel and then authors and re-authors one’s experience according to the design of alien agendas. This would include a family life that lays down layer upon layer of disqualification and invalidation, all the while insisting on total compliance. I see this man’s background in such terms.

How does one accomplish such a level of listening? As in the case of the patient who was swept into her relatives’ bloodstreams, I would let what is said flow over me like a waterfall and see what images and understandings begin to emerge. I picture listening to Schreber (1911/2000) tell of God deforming and transforming his body, of the miracles and the rays, of the soul murder being carried out. I would try not to hear any of this as delusion; nor, if there were voices speaking to him, would I think of them as hallucinations. The concepts of delusion and hallucination arise because we are hypnotized by what we think of as the externally real, and once the fascination sets in, we cannot hear what is said
to us without judging its degree of concordance with that external reality. It is possible, though, to set such thoughts aside and listen to what is being said, in and for itself.

In Daniel Paul Schreber (1911/2000), I see a child locked in a power struggle with a parent—there is evidence that it was his father (Schatzman, 1973; Orange, 1995)—a struggle for existence itself. The ideas of unmanning and being made into a woman involve a stripping away of what makes this male child who he is. It converts him from someone who has a right to his own existence—who is in possession of his own masculine power to act and think—into a woman, which in this historical context probably means a passive vessel of pure receptivity and cooperativeness. This is another way of picturing the fall into the abyss, the erasure of one’s very soul. The child—to whom all of this has happened and is happening—is telling his story in the so-called delusions and hallucinations, and if that story is heard, that might make all the difference for Schreber. I would want to let him know that I was listening, and that he was succeeding in making me hear what he was trying to say. I would also want to emphasize how I saw that his Memoirs constitute a kind of resurrection of his soul, a reclaiming of the life that had been stolen away from him.

Regarding the “fleeting improvised men” Schreber said he witnessed around him, the following thoughts come to mind. If other people in Schreber’s world are construed as a swirling of temporarily assembled appearances, then others are reduced to arbitrary beings having no real substance of their own. This amounts to the ultimate triumph of the will: The whole human world becomes subject to Schreber’s subjectivity; in a way, he becomes the only being who is real—an epistemological tyrant with absolute power over the very existence of all other beings. This is a reversal of his original predicament, in which Schreber the child is fashioned into a contraption that materializes his father’s fantasy of the perfect child. So the original improvised man was none other than Daniel Paul Schreber.
I think of a contrast here. Another patient on whose treatment I consulted some years ago believed that she had been kidnapped into the movie, *The Truman Show* (i.e., that her every act and even her every thought was being broadcast across our country for the entertainment of the population). Her life had thus become a television show, and she had been stripped of her own autonomy and personal subjectivity. Here we have the sovereign power of the Other, in whose gaze the whole of one’s being has become absorbed. She had come to feel that she resided exclusively in the mass perception of the American people. Schreber is the reverse: He thought that the masses of people resided solely in his own perception; that they were little more than figments of his imagination, transitory little entities assembled to entertain or otherwise preoccupy him. And yet, still and all, Schreber was himself, in the beginning, a fleeting improvised child.

Working in the territory of annhilated souls is never easy. To really listen to someone, anyone, to hear the depth of what he or she may have felt, to work one’s way into realms of experience perhaps never before perceived by anyone and therefore never articulated—all of this is as hard a task as one may undertake. Maybe I would try to listen to Schreber and tell him I was doing so by sitting with him day after day, month after month, year after year if need be. I know I would never tell him that he was mentally ill. I certainly would not inform him of his diagnosis of dementia praecox or schizophrenia. Those communications could only deepen his fall into the abyss. I am quite sure his psychiatrist, someone he considered his mortal enemy, spoke to him in precisely such a way and contributed greatly to his destruction. I might even tell Schreber that he was among the sanest people I had ever met, because I knew he was a man who spoke the truth.

It is possible that Schreber would be able to see in my eyes and on my face the recognition and acknowledgment he was seeking, and that nothing more would be needed. Often the simple presence of another human being who is actually listening to the story that is being told is all that is required. Schreber was utterly
brilliant, with a sensitive understanding of other people and a penetrating intellect. If someone were really paying attention, it would not be lost upon him.

THE HUMAN CAUSES OF MADNESS

If we approach madness as a human experience, then we would seek knowledge of what causes it in human terms. I had a colleague once who came to me and said he agreed with my thinking about this, explaining that he had discovered that people actually “choose” madness, or at least that it arises out of the decisions they make in the exercise of their freedom. I found I had to disagree with this individual. No one “chooses” madness, and no one “chooses” something that leads to madness. In fact, the abyss includes the dissolution of choice itself, as all basis in self-experience for agentic action of any kind vanishes absolutely.

What then are the circumstances under which madness occurs? I already gave a partial answer to this by referring to the idea of a failure of the sustaining matrix of relationships to others that our sanity is based upon. This is not an environmentalism casting the person as passive victim. A failure in the sustaining ties that one has to others is not external or environmental, and it is not internal or mental. We need to escape these snares of dualism. It is something that happens subjectively—something felt, lived, and endured by the person in whose life the madness erupts. That is the beginning, the middle, and the end. It arises out of the utterly disastrous situational contexts in which we find ourselves. Obviously we have a role in creating our situations, favorable or unfavorable. But thinking about the origin of madness requires a different mindset altogether, one that highlights the specific sequence of events occurring in the subjective field of the person’s experience.

Let me offer another example. Picture a young man, a brilliant physicist and mathematician, someone whose thinking was beyond the minds of his contemporaries in most respects. Imagine further that this man never learned how to relate closely and
sensitively with other people, in part because of his exceptional scientific talents and preoccupying interests. He remained, nevertheless, very vulnerable to others' reactions and opinions, and felt searing shame and humiliation when his socially awkward ways led others to think he was strange and to withdraw from him. In the extreme, if someone treated him with hostility and contempt, he actually began to fragment, and avoided such terrible experiences by keeping almost entirely to himself.

Now picture this man, still in his youth but already working at a high level as a physicist, availing himself of the one experience that shored up his otherwise frequently crumbling selfhood: exposing himself to other young men in a public urinal. Here he was, a brilliant scientist, letting it all hang out in the restroom of a public park. Envision the police arriving in a sting operation, arresting him for indecency, and then communicating with his employer and colleagues about the crime he had been caught committing. Disaster upon disaster, catastrophe on catastrophe: Soon he was fired from his position at a prestigious science institute because of what was seen as unforgivable, intolerable moral depravity.

The story is not over. Our friend, the incomparable mathematician/physicist, experienced all this as the worst attack on his personal selfhood that had ever occurred: one that defined him, seemingly irrevocably, as a sex pervert. An explosion took place in the center of his being, one in which all sense of coherent, cohesive identity was blown to pieces, and all that was left was a need for unification. Time passed. Terrible, unspeakable agonies occurred. Then, as if brought to him by a magical cloud, an idea appeared that promised to solve everything. His destiny was to achieve the unified field theory—that structure of mathematical and physical concepts that will finally bring Einstein’s theory of relativity together with the theory of quantum mechanics. Over the next period, he poured himself into the search for the equations that would help the macroscopic universe make contact with microscopic phenomena in the quantum domain, a theory that will disclose the previously hidden variables that can unify gravity
with the electromagnetic and other forces of nature. Anticipating glory, he celebrated in imagination the lecture he would give upon receiving the Nobel Prize. Thereby, in fantasy, he pulled the fragments together, displaying a shining coherence for all the world to see. The humiliated, devastated, annihilated soul thus moved toward its own redemption.

One minor difficulty: The scientific problem he had set out to solve is just too hard. Even though he was brilliant, unifying the foundations of physics required something he was unable to provide, no matter how hard he tried. Working late into the night—night after night, month after month—nothing came forward to bring the division together despite writing innumerable pages of equations, and his efforts continued to accelerate in the face of frustration and failure.

A vision finally supervened in the midst of this desperate activity: The world itself had become fractured and fragmented into isolated, often warring nations. Our friend now saw his future in even more glorious terms: to bring together the world itself, to heal the divisions that have torn it apart, to establish a unifying world government and usher in everlasting human peace. In this quest he appointed himself Emperor of the Earth, whose sovereign rule would establish a human utopia. Guiding messages and confirmations of his destiny were received, telepathically, from advanced civilizations in other galaxies. At this point he actually traveled to various foreign capitals and tried to establish contact with the governing authorities so that his unifying dream could be fulfilled. His behavior, now having become disruptive of the routines of ordinary life, drew the attention of neighbors. The police were called, and he was incarcerated in a psychiatric asylum. A very sad story.

He was trying to put the shattered world back together, but the human environment was not supporting his efforts on behalf of unification; it was instead attacking him, imprisoning him, and declaring him crazy. No man is an island, and so an intergalactic Thou crystallized an Other to support and sustain his efforts to
reintegrate and climb back out of the abyss. Here again, we see how the struggle to regain one’s footing, to reestablish one’s very being, is perceived as an illness by everyone within that person’s social orbit.

Our friend was subjected to psychiatric violence, including involuntary incarceration, intrusive and powerful medications, and insulin and electroshock therapy. He was also told that he was mentally ill—specifically, that he was a schizophrenic. This did not help, in that it repeated and exacerbated the other things that had occurred to make him feel terrible about himself. The so-called treatment added to the fragmentation and deepened the fall into the abyss.

Finally, drawing on resources no one knew were available to him, he took matters into his own hands. Ceasing to speak of his mission to unify the planet and the inspiring messages from space, he focused his efforts on giving his doctors what they wanted to see: a man who was oriented to his surroundings, in contact with the externally real, and intent on resuming a normal life. He was still getting his messages and inwardly had not given up on destiny, but he was teaching himself not to speak about it, and not even to think about it all very much. His doctors, in turn, stopped telling him he was crazy, and former colleagues began to express interest in him again. Finally, he was pronounced dramatically improved and released from his long captivity. He subsequently worked on the periphery of his former field, and I understand he did well for many years.

Madness comes about as a result of the failure of sustaining human relationships. It arises out of disastrous trauma that challenges the person’s very capacity to experience “I am.” Sometimes the precipitating events are present, clear, and dramatic; at other times, the inner catastrophes are hidden, perhaps lost in the mists of very early life. Whatever the details of the particular genesis, madness is a human response in a human context.