

## Foreword to the American Edition of *The Pendulum*, by Anthony Rossiter

Nearly all human beings, I should guess, whatever their occupation in life, will recognise from their own experience what Mr Rossiter means by the “Pendulum”. Even if we only define them in terms of “high” spirits and “low”, we have all had “good” days and “bad” days for which we could see no obvious cause outside ourselves. If we are persons whose vocation in life depends upon using our brains, if, for example, we are scientists or philosophers or artists of some kind, a good day is also one in which our minds function quickly and easily, a bad day one in which our minds function sluggishly and with difficulty. In the case of writers or painters whose concern is with the created world and their reactions to it, they have all experienced moments when “things” around them, whether natural objects like mountains and trees, or human artefacts like chairs and boots, seemed more intensely “there” than usual and endowed with a mysterious “numinous” significance.

One does not have to be a diagnosed manic-depressive to understand what Mr Rossiter is talking about when he says:

A discarded shirt linked me to the previous evening. Warmth filled my heart as I noticed the worn patch in the carpet. My hair-brushes neatly paired together gave smug approval from the dressing-table. A clean bath towel welcomed me in a rough and friendly manner.

or

The gate was strong and wise . . . there was no conceit in its stance.

Most of us, too, know that an event as well as an object can have a numinous significance. Reading the following description, one may say “this is rather way out”, but one has had similar, if less intense, experiences.

A nurse was having difficulty in measuring two quantities against each other on a scales. The left dish insisted upon outweighing the other, and I saw in it the bully in life, the one with “the whip hand”; the right dish uncomfortably aloft, seemed to stand small chance, as does “the little man” in life, of exerting its influence. Then, quite suddenly, a small miracle occurred. The nurse equated the scales more nearly to a perfect balance, there was a tremor of delight as the two opposing dishes made a final frictional effort to disagree, and then there was perfection as the dual forces married in harmony. Even in my drowsy state, my heart stirred with joy at this revelation and perfection.

Our experiences when the pendulum swings the other way are no less numinous, but the emotions aroused in us by the object or event change from

joy and confidence to panic and dread. There is a vivid description of this in Gerard Manley Hopkins' *Journals*.

We hurried too fast and it knocked me up. We went to the College, the seminary being wanted for the secular priests' retreat: almost no gas, the retorts are being mended; therefore candles in bottles, things not ready, darkness and despair. In fact, being unwell, I was quite downcast: nature in all her parcels and faculties gaped and fell apart, *fatiscebat*, like a clod cleaving and holding only by strings of root.

One might expect that, when the "good" or "bad" moment is past, when the pendulum is in a median position, that the so-called "sane" would say to themselves, as we say when we wake from a dream, "What I saw and felt was a delusion: now I see things as they really are". But it is not so. Between the swings, the sanest of us have a feeling that a curtain has fallen between reality and ourselves. We say: "For a moment I was granted a vision of a reality behind phenomena which is now withdrawn."

What, then, are the crucial differences between the "sane" and those who have, like Mr Rossiter, at times to be hospitalised? One of them, according to Mr Rossiter's own testimony, is that the insane person identifies a symbolic object with the spiritual truth it symbolises. He tells us that, the first time he went off his head, he had been looking at his dressing-gown.

My dressing-gown hung from the door. A grey flannel one made from an army blanket. It had red facings. Now it was transformed into an agonised Crucifixion, its arms, caught on other hooks, outstretched.

In this experience, as such, there was nothing abnormal. But, in his reaction to it, there was, for he knelt down and began to pray to his dressing-gown.

This is one symptom of what he calls the "egocentricity" of the mad. Anybody who has manic-depressive friends will know what he means by this term. The unmistakable sign that someone has crossed either the "manic" or the "depressive" frontier is that a dialogue becomes impossible. In depression he may refuse to speak at all, in mania he may talk for hours without stopping, but his words are not addressed to any listener and, if the latter interposes a remark, this has no influence on his conversation. What is most disturbing about an insane person is that it is impossible to feel compassion for him, in the sense of imaginatively sharing in his suffering, as we can with the merely physically ill. The temptation to treat mental patients sadistically is very strong because, since they cannot see those about them as the persons they actually are but only as symbolic objects, it is difficult not to treat them as "recalcitrant" objects in return.

We are all egocentric, that is to say, each of us thinks: "I am the most important person walking the earth". But so long as we are sane, we add: "important to me. To most other human beings I am of no importance whatsoever,

and to God I am neither more nor less important than every other human being". There are, undoubtedly, as Mr Rossiter says, affinities between "the sensations during the high flight" and the experiences of the mystics.

The deep feeling of the unity of things, universal bliss, a sharing of everything, material and otherwise.

I believe, too, as he does, that both kinds of experience have a common origin,

An intense spiritual quest after "oneness" and the beatification of mankind.

The difference between them, I would guess, is that the manic-depressive forgets that, for there to be one, there must first be two, so that, either as in the manic phase he "absorbs" the universe, or, as in the depressed phase, the universe absorbs him. In theological terms, one might say that he is without faith in the doctrine of the Holy Trinity, of which George MacDonald wrote:

It is not the fact that God is all in all that unites the universe: it is the love of the Son to the Father. For of no oneness comes unity; there can be no oneness where there is only one. For the very beginnings of unity there must be two. Without Christ therefore there could be no universe.

In speaking of the insane as "egocentric", we must be careful to distinguish this from egoism or selfishness. The former is not willed by the patient: it now seems quite possible that it is connected with some bio-chemical malfunction, like the accumulation in the brain of an excess of salt. The truly egotistic man knows very well how to handle his neighbours so that he gets his own way at whatever cost to them: the "egocentric" patient puts himself at the mercy of others.

Mr Rossiter has had a particularly tough time, for, in addition to his mental troubles, he has suffered from thrombosis in his legs which required a succession of surgical operations. Never once, though, in his story, does he show the faintest trace of self-pity. The most amusing and at the same time saddest passage in this book is a description of a self-pitier, a certain Captain Ernest Butler. I will not spoil the reader's fun by giving it in full, but I cannot resist one revealing quotation.

"Mind you, they can't do this op. on everyone, it just doesn't work. . . .  
But I was lucky; it was a risk, mind you, but I took it."

In helping him to endure unpleasant days, he has had the comforts of being able both to paint—an art of which I am not a competent judge—and to write—here I can say, without any hesitation, write very well—a happy marriage, and a Papa who must be a dear, judging by the following anecdote.