

From Being a Disorder to Dealing With Life: An Experiential Exploration of the Association Between Trauma and Psychosis

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What You Have Is Who You Are

I was not yet 20 when my first psychosis emerged. I was convinced that we were on the verge of a world war. The public defense sirens were tested every first Monday of the month. To me, those sirens meant that the cruise missiles had already been launched. We had just minutes to do what had to be done: find each other and wait to die. Sometimes I could actually feel the radiation taking effect. I felt nauseous and believed that my hair was falling out. The rest of the world pretended to carry on as normal, but I could see that everyone was afraid. They knew that we were all about to suffer a slow, painful death, but nobody knew how to prepare for it. And so we all continued our daily lives with stolid determination. I experienced at the time that the world, including myself, began to move in slow motion. Although I could hear extremely well—I heard everything—my body moved very slowly. When I had the will to lift my arm, it took ages before that message reached my arm. It was as if I was in thick water and could only move in slow motion. It was the same for the movement around me: everything moved slower. The strange thing is that time did not exist for me in that situation. Time was also in thick water. It is a kind of vacuum, no-man's-land. Not in real life, but also not dead.

A psychosis is far-reaching and overwhelming. A psychosis involves a severe distortion of meaning. It renders the world unfamiliar, unrecognizable, a threat. Psychosis can turn life into a living hell. Just “being” can no longer be taken for granted. Nothing can be taken for granted. A psychosis is also accompanied by a sense of estrangement. What you *have* is often closely allied to who you *are*. The manifestations sometimes dominate your entire personality. The distinction between the individual and the condition is soon lost, and it is very difficult to regain. I have been my disorder for a very long time.

I was not yet 20 when I developed severe psychotic complaints. They were accompanied by a lot of powerful

noises inside my head and by an unlimited fear. To control both I became addicted to alcohol, drugs, and self-harm. In fact, I was trying not to hear and not to feel. The numbing effect was—although it sounds paradoxical—at the same time both a survival strategy and destruction. It was the intoxication that drew me out of reality. But it also allowed me to withdraw more and more into my own crazy world and to isolate myself from the world around me. One of the few things I can remember from this time is my fear and the smell of destruction that surrounded me. When I finally also stopped eating and moving, I had literally become a living dead. Now I know that traumatic experiences from my past haunted me. But then I was convinced that the inevitable was happening: I was the problem, and the problem had to be solved.

The Illusion of Cure

The problem was solved by an admission to a psychiatric hospital. I lived there for 3 years and became a chronic nonclinical patient afterward. I was treated for my disorder, but I did not find any cure. Twenty years have passed since then. That first psychosis was not the last. I didn't get rid of them. I didn't witness the miracle of cure. To wait for cure in psychiatry is, as far as I am concerned, a waste of time. Because psychiatry doesn't cure as much as she wants us to believe. Psychiatry wants to be a medical science. In psychiatry practitioners want to deal with individual psychopathology. Of course, we know the biopsychosocial model, but interventions are mostly aimed at the biological factors, and the psychosocial context is often ignored. If you enter the psychiatric business as a patient, then you have a high chance of being reduced to a disturbed object or to the disorder itself. Only that which is significant to the diagnostic examination is seen and heard. We are examined but not really seen; we are listened to but not really heard. Psychiatry does not regard us as serious discussion partners: after all, with a disorder you cannot speak.

Psychiatric Alienation

In psychiatry my family and I were given an explanation for what was wrong with me. For a long time there has

only been this one official story about my life. According to this version I am disturbed; I have a psychotic disorder. I was severely mentally ill and had been treated for my disorder. I, too, saw myself for a long time as disturbed, as having a disorder that I did not control. In fact, I had become very alienated from myself. I saw myself from a distance, as an alien, for whom a special treatment was needed. When my symptoms got worse, I would need the doctor, the hospital, and medication. And I had to live by the rules: Concentrate on the here and now, don't be ambitious, and be awake during the day and sleep at night. I distrusted myself because at any moment my disorder could get worse. I had a dark side inside myself, a side I didn't know and didn't dare to explore. I didn't think about what preceded my admission, and I didn't think about its meaning. The only thing I tried was to stay away from my dark side as far as possible. This was encouraged by the professionals I met in the course of my life. The general idea still is that talking about psychosis increases the risk of a next one and that is why you shouldn't talk about it. So I covered it up, this disorder inside myself. I didn't want to look at it, I wasn't allowed to look at it, and we all hoped the best of it.

In the years after my psychiatric admission, I succeeded in obtaining stability in my life. I have been free from psychoses for years. I have been able to build an existence, to obtain a relationship, and to hold a job. My disorder disappeared to the background. To be honest, I thought I had conquered it. I thought I had outsmarted it. In fact, I was convinced that I would never experience something like a psychosis again. I had a husband, a job, a house. Everything was different. But then I experienced a few shocking events in a short period of time. Then I got psychotic again.

No Psychotherapy for Psychotics

In the years afterward I had to choose: Would I see this again as a revival of a deteriorating disorder, or would I really try to see what was going on in my life? I didn't like the first option. It made me powerless. To accept my psychotic experiences as a disorder felt like surrendering, not in the least because of the nasty side effects of the antipsychotics. I couldn't see how to combine this with all that I had achieved so far. So I wanted to learn to talk about my psychotic experiences, to communicate about them, and to learn to see their meaning. I learned that this wish is not accepted as a legitimate need for care. A psychiatric history with psychosis is considered a contraindication for any kind of serious communication. It is my experience that professionals are reluctant to work with people like me, to go back into a dark history with persons with psychotic responses. There are no guidelines to do that. I think it takes a large amount of courage to do that—from the patient as well as the therapist.

From Child Abuse to Distortion of Reality

Now I no longer see my psychoses as isolated psychopathology. It's even hard for me to remember that I once viewed them as such. My psychoses are my way of reacting to my life history. They are my response to the unpredictable abuse I had to face as a child. I hit my father back when I finally was angry enough, after years of submission. My father left the house after threatening to kill himself, after which the whole family turned against me. That was the last time for a very long period that I got angry. I just didn't feel anger anymore. In the years to follow I lost all my strength and exchanged it for guilt, fear, and incomprehensible psychotic experiences. I became the problem that had to be solved.

I don't think that abuse itself is a strong cause for psychosis. It hurts, but it is rather simple. I think that the threat and the betrayal that come with it feed psychosis. The betrayal of the family that says, "you must have asked for it," instead of standing up for you. That excuses the offender and accuses the victim. And forces the child to accept the reality of the adults. That forces the child to say that the air is green, while she sees clearly it is not green but blue. That is a distortion of reality that is very hard to deal with when you're a child. You are forced to betray yourself. That is what causes the twilight zone. What makes you vulnerable for psychosis.

Repetition of Trauma

In psychiatry my twilight zone was extended. There a distortion of reality was forced on me once more. Nobody ever asked me what had happened to me. Nobody ever asked me: what was it that drove you mad? I was observed, diagnosed, and treated as a disturbed person, but nobody ever looked at the association with my life history. Victims of abuse who react with psychosis will not receive recognition as such from psychiatry—if that's what they seek at all. Many of us entertain huge guilt complexes, and we are convinced we are to blame for the crime of which we, in fact, are the victim. We search in numerous ways for confirmation of our guilt and wickedness. We punish ourselves in a multitude of ways. In becoming a psychiatric patient, we are supported in our belief that we are bad. As psychiatric patients we in fact keep alive the patterns with which we are so familiar. Thus, we succeed in prolonging our victim role. Becoming a psychiatric patient could essentially be called a repetition of trauma.

Stages Toward a Psychosis

Rewriting my life story is a hard and sometimes risky process. I have to fight for every chapter in my version, not in the least with myself. Something that has been

forbidden for so long does not become legal easily. Next to that is the fact that psychotic experiences are risky subjects. They can distort your sense of reality once again if you're not alert. Yet, I am happy with what I have achieved so far. My psychotic experiences are no longer a mystery. I know what triggers them and what makes my memories turn into uncontrollable flashbacks and incomprehensible hallucinations. I learn to describe them. That makes them less threatening. I have discovered that certain hallucinations are not threatening in themselves. It is the fact that I see something which I know shouldn't be there that scares me most.

I have also discovered a sequence in the development of my psychoses. I have to work hard to avoid flashbacks and memories, so there is always stress and exhaustion. Next, there is chaos in movement. Then there is a distortion of meaning. The world is no longer recognizable for me; there is something fundamentally wrong in the world. That frightens me and leaves me without boundaries. Then I start seeing things that others don't see, and to make that right I build my own logical system of thought. Once I am this far, it is hard to go back, because every response of others is integrated in my delusion. In that stage every response of others only confirms the evil that already found a place inside my head.

The discovery of this sequence is extremely important to me. It enables me to keep in contact with the persons around me. In the stage of distortion of meaning and fear, I now try to communicate with others. I learn to recognize my early signs. Yet all this hard work does not guarantee the prevention of a psychosis. I have also learned that recognition of early signs is not the miracle cure we would so much want it to be. Self-management is only possible to a certain extent. A psychosis remains treacherous.

For me it is effective to discover the association between psychosis and life history. It diminishes my self-distrust because it makes my psychotic experiences understandable. And what is more important: my anger is back. If it is felt in the right dose and is well used, my anger doesn't have to be destructive but could be a source of enormous strength.

Help Discovering the Association With Life

Why read a story like mine? What should you do with such a story about the association between psychosis and life history? When I was overwhelmed by both, I wasn't aware of this association. I only saw isolated parts. Perhaps that is the most important remark that can be made about this association between trauma

and psychosis: when you're overwhelmed by both, you don't see the association or any logical sequence of events. If you would see the association, that could prevent a psychosis because then you could start getting control on your life. That is why someone else, a professional caregiver perhaps, should make the association visible. The question is when, at what moment. I think that I, during the years that I was overwhelmed, could not have coped with the causes and with confronting my family. I would rather have gone to hell myself. And that is where I went. On the other hand, however, I think now that I went to hell because there was nobody to point out the association for me.

Toward Recognition and Adequate Help?

I come to the end of my story. I didn't mean to say that abuse always leads to psychoses for the victim, or that all persons with psychotic experiences must be victims of abuse. I don't want to go back to the "blame the mother" era. I did want to illustrate that psychosis could be an understandable response to trauma, a more likely response than is acknowledged now. I present you my story. It is a story of one person. It doesn't matter if you forget about my story. But my story isn't the only one of its kind. There is evidence^{1,2} that traumatic experiences like child abuse are associated with psychotic experiences. So, that is not just the case in my story. Yet, this association is hardly recognized. There is no routine inventory concerning traumatic experiences when you enter the world of psychiatry with a psychosis. Persons who respond psychotically to child abuse can hardly count on recognition or adequate help. I think it is about time that we do something about that.

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References

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