

Peer-Professional First-Person Account: Schizophrenia From the Inside—Phenomenology and the Integration of Causes and Meanings

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An autobiographical account of the author's psychotic crisis blends his own insights with relevant extant research on schizophrenia. As an investigator in the fields of paranoia and schizophrenia research, who has himself been psychotic, this may help to link the narratives of professionals and patients. The episode is interpreted as having been precipitated by abuse of a person with susceptibilities to psychosis in terms of his attentional style, poor context apprehension, high emotional intensity, and poor emotion and arousal modulation. The most effective therapies proved to be a blend of haloperidol medication, cognitive and psychodynamic insight, and a total change of social scenario to an ambience less abusive of feminine men (the author used to be a transvestite). Throughout the narrative presented, it is clear that qualities of experiential life were not merely causally impotent responses to brain processes but themselves inducing of critical decisions and of outlook on life that played a large part in the eventuation of, and recovery from, the psychotic state.

Key words: schizophrenia/phenomenology/context/confirmation bias/spirituality

Introduction

Communication and understanding are essential to healing. As an individual, I am a professional psychologist who, perhaps surprisingly, has also been psychotic in the summer of 1979. Unsettling though it is, I became psychotic after, not before, I initially was qualified, so even while symptomatic I had sensitivity to the events of my own private mental life aided by the lenses of formal psychological knowledge. In this brief, but very different,

first-person offering, I wish to utilize this unusual position as a former patient who has a doctorate and career in psychosis research, and hence is a “peer-professional” or “user-academic,” to straddle the chasm separating the insane from the sane and hence facilitate cross talk between them. This blending of both objective and subjective knowledge hopefully will prove illuminating.

In attempting to achieve this bridging operation, I will focus on a phenomenology, a study of qualities apprehended in awareness, of accessible language. Joint reference¹ is a term that neatly captures in psychological terminology the attainment of real connection and engagement between professional and patient or research participant. If discussants have joint reference, they are talking about the same thing in a mode of language that both can eventuate and at a level of description to which both are able to relate. One of the terrible problems of preemptively biomedical approaches in schizophrenia research is that patients feel that clinicians are not really listening to their experiences² while professionals have a conceptual schematic architecture within that biases them to see their patients' difficulties in organic, objective, materialistic but not heartfelt, subjective, experiential terms. This alienation between healer and sufferer results in the bulk of patients not regarding psychiatrists—in comparison, say, to nurses, social workers, and other patients—as helpful in their recovery.³

The conference at The Institute of Psychiatry in London, in September 2005, on “Phenomenology in Psychiatry for the 21st century” represented a genuine formal recognition, burgeoning as it was in the 1990s, of these communication difficulties and was a first step of “official” quality in the research field of the current era to engage with the fine details of sufferers' experiences themselves rather than having them regarded merely as raw data for diagnosis and prescription or for factor analysis and related summarizing techniques. In my presentation at the conference, I gave a broad autobiographical outline of my episode from predisposing determinants through to the factors that enabled recovery. In the interests of brevity, I will condense that delivery here but also mention and add some “experiential critical incidents” that are perhaps more appropriately conveyed in the written rather than spoken word.

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As a final point in this introduction, I would like to stress the importance of textual accessibility in this area such that phenomenological writing in psychiatry and psychology is enriching for both service users and practitioners alike. If this reawakening of phenomenology does not produce ideas and concepts that enliven dialogue between clinicians and patient, if it does not produce ideas that live in the world, that vitalize professionals' insights, it will become simply a page-filling intellectual exercise that stimulates practitioners' cortices but does not nourish real understanding that sufferers themselves can embrace and of which they can make use.

Cognition, Anxiety, and Stress

In my recovery, I found it extremely helpful to “swallow my pride” as we say in England and face the fact that there were genuine abnormalities or “unusualities” in my cognitive, affective, and conative life. This was something indeed that I first noticed when I was 13. At 21 there was absolutely no doubt about it, and I sought psychotherapy, as a (geology) student, at Imperial College, London, in the autumn of 1967. It may well have been this (psychodynamic) therapy plus my own reading in psychology, psychiatry, and psychoanalysis that delayed the onset of this episode from the early 20s until I was 33 years of age.

Unfortunately, even that knowledge, devoted as it was to what one might call cognitive and motivational software processes, was unable to change certain very problematic hardware tendencies I had. An electroencephalogram (EEG) in 1973 that was taken when I was a psychology undergraduate at Bristol (after switching careers from geology) provoked surprise from the researcher (for whom I was just being a “subject”) who said I had “extraordinarily little alpha.” This obviously was suggestive of very high cortical arousal, at least within an Eysenckian framework.^{4,5} I noticed also, and this was a chronic source of anxiety and stress, that I had a very narrow attentional beam,⁶ my life was (if not literally) like walking around London in the Second World War blackout with a pencil torch. I always felt that, before haloperidol medication, my gist and context processing were poor both in terms of apprehension of the actual situation spatially and temporally and in terms of the inner contextual knowledge to be brought to a social situation. I would often be accused of being tactless, cheeky, offbeat, saying inappropriate things, and (of course in those days) perhaps being “queer” (homosexual). This was a label that used often to be attached to people who seemed in anyway socially odd. The poor context processing^{7,8} affected my social life dramatically, I was forever making remarks and behaving in a way that would slightly alienate people. This was because I would have to grasp situations by apprehending their parts rather than grasping them intuitively and holistically.

So although I was good analytically, and of course that helped in scientific research, my social life was not satisfactory nor were my relationships with women. Remarks I would make often were seen as impulsive and tangential and not fully appropriate to all that was going on. My personality style definitely was schizoid in the original sense as discussed by Bleuler⁹ and Fairbairn¹⁰ in the sense that I had very little capacity to integrate thought and feeling—something that one sees so beautifully in writers such as Tennyson¹¹ and that I envied. I often would alternate (as Bleuler would have expected) between callousness (thought but little feeling) and sentimentality (feeling but little thought). What was worse perhaps was that I could recognize these attentional and integrational problems at least on reflection (eg, by running a past social situation through working memory more slowly), felt ashamed and guilty of the “faux pas” and peccadillos they created, but also felt totally powerless to change them in real-time behavior. Needless to say, I am no supporter of antidrug lobbyists; appropriate medication which I eventually was put on in 1981 worked magically in this and other respects where every other single therapy or intervention had failed.

In 1974, I took an early version of Cattell's 16PF personality questionnaire during an undergraduate practical class at Bristol and was mortified to find that, despite a good global intelligence score, my ego strength score was zero. Clearly, a decent IQ does not automatically coexist with good emotion containment, impulse control, and gratification delay. I also was high on threat sensitivity (Threctia) and on all the anxiety profile scores in the questionnaire at least as it was at that time.¹² My mother told me that this high anxiety and sensitivity to threat and scolding had characterized me (and worried her) since my very earliest years. Doubtless it narrowed attentional beam width as well, as argued many years ago by Easterbrook¹³ and Eysenck¹⁴ while being itself worsened by my own awareness of the limitations socially of this, basically, schizoid cognitive style. It was a really unpleasant vicious circle to be caught in.

Because relationships and socializing were proving tangibly aversive to me, I came to seek meaning in my life through analytical work, which in contrast provoked reward, and through a devotion to a life of ideas, concepts, and principles, adopting therefore the relatively solitary life of a thinker.

It may be that schizoid and schizotypal individuals are particularly vulnerable to the effects of anxiety and stress on cognitive efficiency and style. Recent work^{15,16} confirms that schizophrenia sufferers perform more poorly on batteries of cognitive tests, but cross-sectional investigations of this kind neglect the longitudinal dimension and certainly do not capture detail at a personal historical level. In my own case, the terrible anxiety of having to go to a school rather than—as I much preferred—study at home on my own in my own time, dramatically decreased

my IQ from the status of “gifted child” in 1951 when I was 5 to only 120 at the age of 11 (1957) and then after 7 horrific years at grammar school (“learning under threat” as I later saw it) to a mere 95, actually below average, in the final (hideous) year there (1964). The change in me was very noticeable but motivated by years of anxiety, bullying, and assaults (from boys and cynical, easily angered teachers alike) to “get out of this pit of a place.” I managed to squeeze into university on the merit of hard work, and in the radically different atmosphere of university life with infinitely kinder and more congenial teachers (full of ideas rather than facts) and more tender-minded fellow students my IQ totally recovered. I felt at Liverpool in 1970, where I did my first PhD (in geology and rock mechanics) and where I was very happy, that I had indeed rediscovered the ambience inside my own head that I had had before the terrible (black eyes and insults) years of having to go to a school. The effects of abuse on psychosis-prone people^{17,18,19} should perhaps not only focus on its influence on personality and emotional life (where undoubtedly the effects are dramatic) but also on cognitive life. It may in fact be the damage to cognitive life that plays a large part in mediating the emergence of psychotic phenomena and that slows recovery.²⁰

Another problem in my case, at hardware level, that was not greatly ameliorated by software approaches such as psychoanalysis, was emotion and arousal modulation. This was first focused on in professional research by Claridge²¹ and Lapidus and Schmolling.²² I noticed when I was 31, and by then a lecturer in psychology at the University of Strathclyde in Scotland, that the—so to speak—“volume control” on my emotions of anger, fear, and sex seemed to be as if turned up too high. I found I was forever trying to tranquilize myself. The high anger and fear not only operated as basic drives but also produced a very punitive conscience. The abuse I had in my years of schooling as well as abuse for my sexual identity (when I was younger I was a transvestite) also exacerbated anger and fear, which as I remember had always been there anyway, by kindling great bitterness, hatred, and guilt—simultaneous with a perennial need for mental pleasure to douse the negative affects and so to counteract the effects of the abuse. This thrill seeking is of course a common solution attempt by abused people. If I was in myself “no good,” as bullies and my mother often had said, I could at least “feel good,” it was the next best thing.^{23(chap 9)}

It is fairly evident that these cognitive and emotional oddities, coupled with poor impulse control and poor mental state regulation in all manner of respects, generated social difficulties that only fed back positively to worsen them. In the words of a 1970s song, I was a person who could “heat up but can’t cool down.” Not surprisingly, in 1979, at 33, I was unmarried, had no long-term partner, lived out of a large suitcase, had no secure ac-

commodation, no money, and was overdrawn at the bank—where of course I had a record of poor account conduct. Having resigned my university lecturing post because of becoming increasingly paranoid about being a transvestite in a tough and puritanical, Calvinist city such as Glasgow, I moved to London in September 1978 with my dog Penny. After a passionate fling in the gay and transvestite underground there, I was reduced, to make ends meet, to having to take temporary jobs filing, packing, or laboring. There, I was a first-class honors graduate in psychology, with a PhD in earth science, a Royal Society research fellowship, and a lead article in *Nature*²⁴ under my belt and, because of paranoia, I had to spend all my days (in one of these jobs) wrapping goods in cellophane while the low-life men I was working with—devoid, as they were, of any abstract thought at all—talked together in hushed, scornful whispers about my extraordinarily long fingernails and cherub-faced appearance. This is the experiential reality of statistics about “downward social drift.”

In the penultimate temporary job I had in 1979 before I withdrew into insanity, I was in the office of a textile firm in Dalston in east London and was asked to reorganize and tidy up their filing system which truly was in a mess. I was stood in the middle of a mountain of paper on the first day when a secretary said “You’ve got a job for life there!” I replied suddenly and loudly with “I know!!” Immediately, everyone in the office froze and looked at me with wide eyes. I knew at that moment that (as usual) it was not quite the right thing to say. I should have smiled perhaps and said more softly “Yes, it looks a bit of a job, I’ll do my best for you” but “I know!!” was just that tiny bit aggressive, overassertive, perhaps a bit presumptuous, and a bit impulsive. It was “sort of OK,” but (as ever) it just was not quite right. I could tell immediately that they did not like me. I had been in the job for 10 minutes.

I stayed for 3 mind-numbing weeks of alphabetical ordering and successfully reorganized their system. My rapport with the office staff never seemed to recover from this first impression. Not one person in the office ever voluntarily offered any conversation with me, they only would reply to me when I spoke to them. I was not invited back to do any further work when my task was done, and the manager ticked the box on my time sheet: “Would not rehire.” Within a week, I was psychotic.

The Episode Itself

Poor context processing coupled with poor regulation and management of one’s emotional life is bound to lead to some degree of social exclusion. The marginalization created produces a rich source soil for paranoia. Abuse at home and at school as well as neighborhood gossip and slander about my transvestism left me, by 1979, feeling bonded with society only by the thinnest

of cotton threads. Because I had never been brought up in Manchester to regard the world as a supportive and compassionate place anyway, (quite the reverse) all my worst expectancies were confirmed—and confirmed, in vicious circle fashion, partly also because of my own behavior and cognitive and affective biases. It is feasible that some of these oddities of my cognitive and emotional life were shared by my mother (my father died when I was very young) and indirectly helped prompt her cynical view of society and people that she passed on to me. Clearly, without insight, these cross-generational genetic and social learning effects could go on ad infinitum.

Neighborhood scandal over my cross-dressing had pursued me across the country for 5 years, between 1974 and 1979. At school in the 1960s, the bullies had misread me as “homosexual.” But by the end of the 1970s, I was becoming quite used to being “known about” in innumerable places. Most readers can probably imagine that it is not difficult to go from thinking of oneself as being the talk of the (local) neighborhood to being the talk of the (national) radio. As a number of authors^{25,26,27} might have expected, this shift was provoked by coincidences.

Being used to being the victim of homophobic and transvestophobic scandal and feeling increasingly alienated from people and “debonded” from society, my journey from “ordinary unhappiness” and anxiety to psychotic paranoia began when overhearing the English DJ Pete Murray mocking “a cherub girl” on the radio, this being a word used about and meaningful to me because of my appearance. It also was a phrase I had used in a letter to a friend and colleague a few days previously. The slander and rejection obviously had “gone national.” The letter, in amusement, had doubtless been passed on.

This in itself showed how incredibly skewed by betrayal my own probability judgments had become about “what was likely in life.”² But given the abuse I had received over the decades (betrayal of “sissy boys” was standard practice in Manchester) and my own poor capacities to take in total contexts and situations “in parallel” in an accurate way, the misjudgment was perhaps understandable.

The idea of reference about “a cherub girl” on the radio switched me from an internal locus of control, living my own life basically minding my own business (if giggled about locally) to feeling “Hey! I’m being observed! It’s on the media!” an external locus of control. This of course made my abject, insignificant existence also all the more important and probably did cryptically lift my mood. My frame of mind at that time was such that I was excruciatingly bored with life in east London and “looking for magic,” looking for something beyond the customary and prosaic. I needed excitement, something different! Just prior to this idea of reference, by a day or so, I had noticed when writing in my journal that as my own narrative became more dramatic, powerful, and ex-

pressive, the rain on the windowpane beat harder and then regularly calmed as my writing calmed. In the very mystical frame of mind I was then in, this seemed to signal some magical connection between within and without. Obviously, this occult sensibility I had gradually drifted into between April and July, itself a very dangerous state of mind, made it all the more likely that a connection between Pete Murray’s remark and my own situation would be made in a “it’s meant just for me” fashion. And of course, if you are insignificant, this is one way to be a person of consequence. The act of inferring that I was now being monitored externally induced an intense “feeling of meaning”²⁸ to everything I did and that was associated with me—even the headlines of newspapers lying on the pavement. Now “signs” were everywhere.

At this time, a powerful idea of reference also overcame me from a television episode of Colombo and impulsively I decided to write letters to friends and colleagues about “this terrible persecution.” It was a deadly mistake. After a few replies of the “we’ve not heard anything” variety, my subsequent (increasingly overwrought) letters, all of them long, were not answered. But nothing stimulates paranoia better than no feedback, and once you have conceived a delusion, something is bound to happen to confirm it. When phrases from the radio echoed phrases I had used in those very letters, it was “obvious” that the communications had been passed on to radio and then television personnel with the intent of influencing and mocking me. After all betrayal was what I was used to, why should not it be carrying on now? It seemed sensible. So much for my bonding with society. It was totally gone. I was alone and now trusted no one (if indeed my capacity to trust people [particularly after school] had ever been very high).

The unfortunate tirade of coincidences that shifted my mentality from sane to totally insane has been described more fully in a previous offering.^{28(chap 4)} From a meaningless life, a relationship with the world was reconstructed by me that was spectacularly meaningful and portentous even if it was horrific. Two typical days from this episode I have recalled as best I could and also published previously.^{29,30} The whole experience was so bizarre it is as if imprinted in my psyche in what could be called “floodlit memory” fashion. Out of the coincidences picked up on, on radio and television, coupled with overheard snatches of conversation in the street, it was “clear” to me that the media torment, orchestrated as inferred at the time by what I came to call “The Organization,” had one simple message: “Change or die!” Tellingly my mother (by then deceased) had had a fairly similar attitude. It even crossed my (increasingly loosely associated) mind that she had had some hand in all this from beyond the grave.

There were 2 tiny windows of reflective sanity during this crisis when what, in psychoanalytic terminology,

would be referred to as an “observing ego,” briefly made an appearance. Walking down Downs Road in Hackney, east London, the thought occurred to me “I may be having some weird ideas but the way I’m thinking is perfectly normal.” And again outside a public house on Downs Road, I “reran” the echoic memory trace³¹ of a snatch of what I thought was scandalous comment at my expense, only to find that the sounds (captured literally and precategorically in echoic memory) were quite random. The man speaking was just too far away for clear speech really to be heard. In fact this realization, from the literal trace, of a delusional misperception at cortically central level was, for a couple of seconds, mortifying. It made me realize how wrong and untrustworthy my conceptually enriched audition was for the many things overheard in the streets. It was a moment of real sanity, but it quickly was clouded over with the thought “No, I have to see where all this leads.” It was as if I knew that this whole episode was a trip to my destiny. My whole “misspent life” and mind had become transparently clear. If I could not pull myself together and behave like a decent, normal person, the price would be high. “The brick wall of my life had to be hit at full speed” perhaps, and if this was the case, then so be it. It was a time of reckoning; whatever was ahead, I had to go with it. The grip was the grip of my own nemesis.

As my delusional system expanded and elaborated, it was as if I was not “thinking the delusion,” the delusion was “thinking me!” I was totally enslaved by the belief system. Almost anything at all happening around me seemed at least “relevant” and became, as Piaget³² would say, “assimilated” to it. Another way of putting things was that confirmation bias^{33,34} was massively amplified, everything confirmed and fitted the delusion, nothing discredited it. Indeed, the very capacity to notice and think of refutatory data and ideas was completely gone. Confirmation bias was as if “galloping ...,” and I could not stop it.

As coincidences jogged and jolted me in this passive, vehicular state into the “realization” that my death was imminent,³⁵ it was time to listen out for how the suicide act should be committed. “He has to do it by bus then?!” a man coincidentally shouted to another man in the office where I had taken an accounts job (in fact about a delivery but “of course” I knew that was just a cover story). “Yes!” came back the reply. This was indeed how my life was to end because the remark was made as if in reply to the very thoughts I was having at that moment. Obviously, The Organization knew my very thoughts.

Two days later, I threw myself under the wheels of a double decker, London bus on “New King’s Road” in Fulham, West London, to where I had just moved. In trying to explain “why all this was happening” my delusional system had taken a religious turn. The religious element, that all this torment was willed not only by my

mother and transvestophobic scandal-mongers but by God Himself for my “perverted Satanic ways,” was realized in the personal symbolism of this suicide. New King’s Road obviously was “the road of the New King” (Jesus), and my suicide would thrust “the old king” (Satan) out of me and Jesus would return to the world to rule. I then would be cast into Outer Darkness fighting Satan all the way. The monumental, world-saving grandiosity of this lamentable act was a far cry from my totally irrelevant, penniless, and peripheral existence in Hackney a few months before. In my own bizarre way, I obviously had moved up in the world. Now, I was not an outcast from it. I was saving the world in a very lofty manner. Medical authorities at Charing Cross Hospital in London where I was taken by ambulance, initially, of course, to orthopedics, fairly quickly recognized my psychotic state. Antipsychotic drugs were injected by a nurse on doctors’ advice, and eventually, I made a full physical and mental recovery.^{36,37}

Recovery and Reflections

Causal investigations usually proceed by studying representative samples by standardized methods to reveal explanations in general process language (*Naturwissenschaften*). When examining meanings, it is more usual to examine individual cases, to focus on the actual content of the personal life histories, and see how that has been interpreted and understood by the people concerned (*Geisteswissenschaften*). One approach tends to be quantitative and to deal with the common clay out of which humanity is fashioned while the other is qualitative and looks at how the individual, given the social learning they have had, molds that clay as an agent—and very much as a sculptor and dramatist of themselves and their own personal story—in the creation of their particular personality and style of (and outlook on) life.

Some attempts to combine these approaches have been made by seeing how process theories can operate when combined with knowledge about socially learned content,^{28,38} but this does require quantitative and structural studies of the individuals who also are being examined at the time in terms of the hermeneutics of their personal and life situations. Few investigators adopt such a mixed-method approach, at least in works prepared for publication. The present concluding narrative will attempt to continue to blend these perspectives as well as I am able given the personal knowledge I possess.

It was vital to my own recovery that I had the insight and humility to accept that I had had an illness. What was referred to in the previous section as “galloping confirmation bias” pointed to a real malfunction at cognitive and brain hardware level.²⁸ Such a state of mind has never been reinstated on medication (haloperidol, 2.5 mg nocte).

The experience of medication was also such that there has never been any feeling that it has turned me into someone I am not; on the contrary, I always have felt that haloperidol removed all the barriers that were preventing me from being who I am. From a nomadic life of faux pas and embarrassments by the dozen, the moment I was switched (in November 1981) from chlorpromazine to haloperidol and the latter medication “hit” at neural level, I instantly could feel the change in mental state within—even though I was sat on an empty bus outside St George’s Hospital in South London at the time (I had taken the medication in the pharmacy at the hospital). As the bus pulled away from the terminus stop, the drug started to be active. “It’s all over,” I thought to myself. I have never really looked back from that moment.

The problems with my attentional style and arousal and emotion modulation were corrected instantly. I could feel it immediately, even on a deserted bus. I stepped off that vehicle later in West London with a radically different and, as far as I am concerned, “corrected” brain from the one I had when I stepped on it. I have dutifully taken this medication now for 25 years creating within what I call my “Second Mind” and can see no substantial advantages of returning to a “First Mind” state other than an increase in flamboyance of temperament and a more eventful, “colourful,” peripatetic existence. Admittedly, some sufferers do find the retention of such qualities sufficiently rewarding to discontinue medication.

At high dopaminergic activity levels, however, there are plenty of thrills, highs, orgasms, hits, and buzzes, but there is no real love. There is infatuation and “glitz” but no depth. One’s emotional life is not only intense but also simple and simplistic; it is not and cannot be fine-tuned and differentiated. Tennyson would have been ruined by cocaine. There also is no steadiness of feeling, so no willingness to make a commitment—to either a person, a project, or a way of life. Love, marriage, and holding down a job, all of which I have been able to do since the early 1980s, would have been impossible. The First Mind certainly possessed creativity, extraordinarily high empathy and sensitivity, but projects tended not to be brought to fruition and relationships, particularly with women, tended also to break up all too easily (particularly due to “thoughtless” remarks). The hypersexuality, aggressiveness, and fearfulness of the First Mind caused a lot of damage in interpersonal relating, and some women discontinued our relationship through me “only wanting them for sex.” I was the kind of man a woman would date “for a fling” but never marry. Somebody like me was “not a long-term prospect.” In contrast, after medication I settled down with my wife Jill—who actually I met in the Day Hospital at Charing Cross in West London in November 1979—and we have been together ever since. I love her unthinkingly.

There was one reemergence of the First Mind in the mid 1980s when I was participating in some research

by Keith Laws at John Gruzelier’s laboratory at Charing Cross Hospital in West London. To have a detailed EEG taken, it was necessary for me to come off medication for 5 days. This “return of the First Mind,” for that is what happened, was very instructive. During the “reemergence,” my wife and I paid a visit to Fulham Pools, a venue we often frequented for a swim. But it was mortifying to find that with the First Mind reinstated, I perceived the screams of the children playing to be, not screams of fun, but screams of fear and distress. I saw the wet surface surrounding the pool as treacherous, the wave machine as a potential killer, the deepwater end as “really dangerous.” And I thought, “Yes, this is how life used to be.” Fulham Pools had changed from being a place of joy, fun, and laughter to being a dangerous, sinister, frightening place. This was pretty generally how I had previously perceived society and life. I had no more drug holidays after this experience. To have my “two minds” side-by-side in memory reminded me clearly what medication was helping me to leave behind.

In addition to the tremendous benefits of medication at radically modifying processes that software interventions such as psychotherapy could not reach, a major additional factor in my recovery was the revolution I had engineered myself in my social situation. Being a transvestite in those days and slightly bisexual, I had essentially to change the city I lived in (from Glasgow to West London), my circle of friends (to accepting people), my girlfriend (my late 1970s girlfriend had turned out to be a deeply puritanical, bigoted, transvestophobe), my job, my kind of work, and my perception of my own purpose in life—from seeing myself as a research scientist to someone instead working for the blending of science, art, and spirituality. Living not in “macho” cities such as Manchester and Glasgow but instead in a part of West London near to Earls Court, a place renowned for its liberal sexual attitudes, made what I did *passé*. It did not matter, no longer was it a disqualification. This change of social scenario was immensely therapeutic. The message is do not only change what is inside your head but that which your head is inside of.

In the First Mind, I had felt (as Virginia Woolf’s father would say) “skinless” and also threat sensitive and unsafe. Certainly, on the positive side, I had immense sensitivity and creativity, but in those days, I had needed to take to heavy sports such as weightlifting and boxing to give myself an increased feeling of protection, resilience, and self-esteem when facing the world. Such things were totally unnecessary with the Second Mind. I always had felt, as Rogers and Maslow would expect, that there was a Real Self within obstructed and hidden but no amount of psychological intervention alone could release it. But medication actually helped psychological approaches to be effective after 1979. Far from “blocking” the Real Self, as Laing might have expected, it helped it to emerge. In reducing “the volume” of my drives for anger, fear, and

sex and in changing my overly field independent attentional style, it facilitated emotion containment and impulse control; my ego processes were immeasurably strengthened. Interestingly, the loss of the hypersensitive “laser beam” attentional style was in itself anxiety reducing. I no longer felt “bombarded by the world” and could grasp situations instantly and holistically.

Researching over the decades the causes of my illness has not been mentally weakening; indeed, it has totally prevented its reoccurrence. Knowing how I got into a state as terrible as the 1979 crisis definitely has helped me to avoid relapse because I know my vulnerabilities and warning signs. Tens of thousands of hours of cognitive and psychodynamic examination of my own psychic structure and processes (particularly seeing how motivational and cognitive processes interacted), in my ever-present journals (now nearly 400 in number since the episode) made me familiar with and aware of how this crisis came about at a detailed microlevel. The knowledge has been immensely protective. Immersing myself also in the writings of Oscar Wilde and his clan of the 1880s and 1890s³⁹ also made me feel that I had “friends across time.” I would hardly have been an outcast in their company but instead someone likely to be welcomed. 1890s West London was not the 1960s and 1970s provinces of Britain.⁴⁰

To emerge out of psychosis and create a social situation where it would not happen again, I had to effectively change my whole life between 1978 and 1982. The only things I did not change were my sex and my bank. Recognizing the causes of the crisis as having been multifactorial made me also recognize that all ameliorative efforts had to be multilevel, impinging on everything from brain biochemistry to self-concept and social scenario. Although there was a tremendous amount of abuse involved in the inducement of this episode, there was little to be gained in “blaming everybody else.” That only exacerbated anger, bitterness, and hatred—and indeed would make it necessary sometimes to increase the medication dose. All of the individuals who abused me merely were ordinary people following the scripts and social representations of how to behave toward, and regard, a feminine young man along the agreed lines and social norms of 1960s and 1970s British provincial life. They were “just doing the done thing.” Something I recognized with a certain amount of disgust, as a schoolboy in Manchester. As usual the real evil, as in Nazi Germany, was done by the obedient, “decent” people all determined to do “the right thing.” The Eichmann-style banality of it all was lamentable to the point of tedious, vapid predictability.

If one were to adopt a more interpretive open-textured rather than scientific closed-textured way of regarding this crisis, there were many constructions one could put upon it. I will not deal with them all here. It certainly, as Laing would expect, was a journey to a better level of functioning, aided albeit by medication. It was a life-changing event and one that, by 1977, I knew I did

need. The path of my life was heading straight for a corner; I knew a radical redirection was required. The episode also demonstrates the alienating and stressful effects of being in a highly stigmatized minority group and the perfectly rational paranoia associated with such a situation. Sadly my creative imagination carried this paranoia to outlandish levels. Guilt-ridden and conflicted about being a transvestite, The Organization of my delusions was no projection of the Freudian Id but of the Freudian superego.

The actual psychotic illness itself was to be found not really in the content of my beliefs, perhaps no idea or notion in itself is intrinsically psychotic, but in the manner in which the beliefs were held. This, after all, is the essence of rationality.⁴¹ Certainly, confirmation bias is not in itself an abnormal bias, but when it preempts all critical thought, rationality is compromised. Similarly, imaginative thinking is the realm of every novelist and science fantasy writer, but they are agents of, not engulfed by, their thoughts. The way the delusional system about The Organization did indeed overwhelm and engulf me so that I was its pawn, not its agent; this had the telltale signs of psychosis. This crisis indeed seemed to have the hallmark of deeply needed atonement. As Bertrand Russell once said, “When a scientist has a theory, that’s alright, but when the theory has him (sic), the door is open to madness.” To develop an attitude where one is the agent of one’s beliefs and to retain a critical reflective stance toward them is undoubtedly a pathway out of psychosis. In many ways, the processes involved in madness are normal, as I thought at the time, but the loss of agency, control, and critical reflective stance pushes them beyond a discontinuity.

The crisis nonetheless definitely kindled spiritual sensitivities, something I have discussed elsewhere.^{28,36,37} It was not all negative. They were not the flower, but they definitely were the seed. It is wrong to scorn this aspect of the psychotic and prepsychotic state as some do. Being able to reinvigorate the feeling of being open to forces as if from beyond oneself, provided one can retain some measure of organizing control and discernment, is immensely enriching of creative and emotional life. This is not something for which a very analytic attitude easily gives license—as this often correlates with a very active and aggressive stance to thinking which is counter to the passivity and abandon required for spiritual experiences.

Conclusions

The abuse directed toward stigmatized minority group members can clearly eventuate psychosis in those who have biochemical, physiological, and intrapsychic susceptibilities. These susceptibilities can have positive connotations.³⁶ The vulnerability to psychosis is eased however by changes at every level from the biochemical

ambience of the brain to cognitive and psychodynamic rearrangements within to modifications in one's social situation and attitude to existence. No therapy from the pharmacological to existential or Gestalt therapy seems irrelevant to helping efforts.

The present author would suggest that multifactorial conceptualizing of psychosis, from a perspective which blends science, art, and spirituality, will produce greater understanding of this predicament in life and better ameliorative efforts toward it than those which obtain at present. The qualities of awareness, rather than merely being an irrelevant by-product of cerebral and cognitive hardware processes, do play a critical part in themselves in the mediation of, maintenance of, and recovery from the psychotic state.

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