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UNDERSTANDING A PARANOID WORLD

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‘NORMAL’ AND ‘PARTICULAR’ HAVE FLUID BOUNDARIES

The extent, duration and frequency of psychotic symptoms show great variations and degrees. No one is exclusively sick or healthy. One way of demonstrating this is by considering the other extreme. A perpetually identical mood, level of activity and consistent perception of the same things is almost inconceivable, and if it were possible, it would be extremely boring.

The vast majority of people experience momentary shifts as well as long-lasting creative periods, but also times which are marked by ‘unrealistic’ self-doubt. People often keep this to themselves. The media and our culture promote a different image of how we should be: forever young and active, and irresistibly beautiful. But once you begin to inquire amongst your friends, you hear about unimaginable experiences and many serious crises. It is simply not intelligent to consider all deviations from the norm as precursors of an illness.

Concerning our thoughts and perceptions, from a philosophical perspective, it would be odd were we always unhesitatingly to ascribe generally acceptable meanings to certain concepts and observations, knowing that each individual has highly personal and well-differentiated experiences that are relevant only to them. Usually, this type of consensual communication works fairly well. But everyone knows that, even during periods of good health, certain words, notions, colours or images can take on different meanings – be that by virtue of a particular artistic interpretation, a literary work, or a bad dream.

Changes in mood, perception and thinking are not necessarily worrisome, per se. But these changes can go so far that any sense of self-assuredness ceases and the person, his or her family, and others can rarely deal with it on their own. The extent of particularity we are able to accept and cope with, depends not only on individuals’ experiences, but also on the culture in which we live and the image of humanity we espouse. Therefore, it is less than helpful when psychiatry represents a rather narrow image of normality, and in a rather formal manner applies the label ‘illness’ to many variations in being.

I know many artists who converse more intensively with their souls than I do, and who say that they could not create without these paranormal abilities. Psychiatry today bears the risk of characterising all unusual emotional life, which had positive connotations during the Romantic period, as pathological and apt to be stamped out.
(Prof. Emrich, Chairman of the Dept of Psychiatry, University of Hanover)

Maybe many experiences have to be considered as ill, since they are no longer accepted as eccentricity or originality in everyday life.
(Dr. Schubert, Theologian, Hamburg)

THESES FOR AN EMPATHIC UNDERSTANDING OF PSYCHOSIS

There is no irrefutable and generally accepted explanation for psychotic experiences. All we can know definitely is that any explanation pointing to a single cause is short-sighted – irrespective of whether this cause is biological, social or psychological.

Every scientific attempt to reduce these complex processes to one cause has proved wrong, and has caused much harm. This applies as much to ‘the schizophrenic mother’ as to ‘metabolic disturbances of the brain’. Schizophrenia is much more than a brain disease!

Given that a great number of people in numerous situations and in every culture experience psychosis, we can assume the following: it is a part and parcel of our human potential, for now and the foreseeable future, and that we tend to move between levels of reality during crises, when we step outside of our usual selves with our moods and thoughts.

Therefore, we should spend less energy on trying to determine, once and for all, the general cause of psychosis. Rather we should try to understand it as it pertains to each individual and his or her particular situation.

Every psychotic experience is singular

Every psychotic experience is different and tells a particular story. Psychosis is always an individual process which can only be understood, within the social context, by means of subjective explanations.

A diagnosis may be relevant for communicating among professionals, but it does not create a new ‘fact’. Diagnosis should never convince us that we are treating an illness in lieu of a unique human being.

Psychotic experience is innate to every human being

Every human being carries the potential for experiencing psychosis. Depending on the degree of sensitivity or insouciance, a greater or lesser degree of stress may be required to induce the flooding with stimuli, or severe isolation, which in turn may trigger psychosis. But no one is absolutely protected. If he considers his dreams or recollects particular moments during childhood, everyone can have an inkling of the psychotic experience.

There are many similarities between psychosis and dreaming. Unconscious material breaks a path through into awareness. Wishes and fears coalesce. As much as there are wishful dreams and terrifying nightmares, there is also desire and the fearful aspects of psychosis. A major difference is that when we dream, we are protected by sleep, but we have all had similar experiences while we were awake.

And when a small child perceives the whole world in an egocentric manner, relating every tension to itself, we recognize that this is a necessary phase of development. When an adult does the same thing, we consider that he or she suffers from paranoia. However, regression to transitional forms of child-like perception can also make sense in the context of the psychological development of adults.

Crises and risks

Psychoses tend to occur during times that are crucial for the individuals concerned. Crises are an unavoidable part of life. By 'crisis' is meant a "phase in which the person tries to anchor himself anew" – events such as growing apart from the parental home, establishing a serious relationship with a lover, the birth of a child, entering the world of work, as well as many other transitions and separations.

Such a phase is invariably associated with a greater sense of insecurity and of the need to find oneself anew. Particularly sensitive people may experience such phases as profoundly threatening. It cannot be the goal of treatment to avoid crises like these, at all costs. This would only lead to a risk-free and basically dull and underdeveloped life. It is much more important to engage those individuals who experience psychosis in long-standing therapeutic relationships, which permit rapid and effective intervention during any crisis.

Human themes

Fundamental human conflicts are reflected not only in the occasions, but also in the basic themes of most psychotic experiences. Such themes may be the difficult struggle towards irrefutable singularity, the narrow path between dependence on others and unavoidable loneliness, the balance of closeness and distance, orientating oneself in an increasingly confusing world, confronting the finality of the transcendence of life, etc.

People frequently find it hard to reconcile the expectations and concerns of others, or the unspoken norms and rituals of the past, with their own experienced realities. This makes for a lack of fit between self-image and the views of others.

Particularly sensitive individuals are considerably more unsettled by these themes and conflicts than others. But it helps them when we don't consider and treat those basic conflicts, themes and tensions, as signs of an illness, and encourage them instead to form a connection with those personal life-struggles.

Different by nature?

The more sensitive the person, the easier it is for him to be 'beside himself' in a time of crisis. Both lack of affirmation and particular stressors can make a person seem more vulnerable 'by nature'. It seems obvious that people have different degrees of sensitivity, from birth onwards. And it would be surprising if heredity plays no role at all. But there is no scientific evidence at all for 'predispositions' to any types of human behaviour, due to some kind of measurable genetic or biochemical difference. There is simply no evidence for the inheritance of a 'psychotic personality' or a 'predisposition to become psychotic'.

Vulnerability in both directions

A schizophrenic psychosis must be understood as a state of extreme vulnerability, with the risk of being flooded by both stimuli from the outside and impulses from within.

Consequently, a flight into a different or peculiar reality may result as a form of self-protection. This permeability works in both directions: internal material manages to escape without hindrance, issuing as visions or voices; and actual external stimuli, tensions or

conflicts, which are filtered out or repressed under 'normal' circumstances, reach the inside without the chance of being warded off.

In general, lest everything becomes 'psychologised', therapy should not limit itself to the inner world when analysing the sources of anxiety-provoking stimuli. Instead, one should take seriously the real dangers in the person's life.

The body as a mirror of the soul

Where there is emotion, the body always participates in many ways. Even more so during existential crises of psychotic proportions: heart rate, blood pressure, brain metabolism, etc., respond to pressures of all kind.

During a crisis, these systems can develop a dynamic of their own: blood pressure can remain elevated, changes in brain metabolism can make the person more vulnerable to the future flooding of stimuli – akin to a biological scar. In general, bodily changes are not generally the causes of mental disturbances; rather, they are over-shooting self-regulatory mechanisms which attempt to counterbalance them. That is why a narrow definition of illness is misleading, and it is a mistake to rely only on somatic-medical expertise. All the same, medication can be used effectively against these physical responses.

So, it is inappropriate, short-sighted and not at all helpful to regard psychosis as 'purely organic'. If he chooses to understand himself and his psychotic experiences in a more rounded manner, the dogmatic insistence that psychosis 'is the result of a sick brain' only pushes a person towards non-compliance with medication.

An active response

The various therapeutic schools agree that many factors come together to trigger a psychotic experience. On its own, this view fails to recognise that active responses must always be considered.

A human being is not simply an object, and psychosis is not simply reactive. Rather, it always involves a mental construct, the expression of an active response, a struggle with oneself, with certain contradictions, and with untoward circumstances. The self remains essentially intact and carries on, but at another existential level. This idea receives support from most therapeutic schools, but it remains neglected in practice.

Particular aspects of mania and depression

While cognitive or schizophrenic psychosis often has an impact on self-perception, depression and mania are primarily an expression of insufficient self-worth.

Along with a background of a meagre store of self-assurance, additional slights and failures combine with excessive expectations to lead to a depressive episode. The depression further fuels the vicious cycle of self-devaluation. Yet even at the heights of mania, self-assurance is not really boosted; self-devaluation is merely delayed, often occurring in response to inevitable negative feedback from the environment.

Personal standards

Rather than experiencing a lack of them, people who tend towards extremes of this nature are generally over-constrained by norms: they feel powerless to resist the expectations of others.

During a depression, this is obvious: the superego (conscience) appears to suffocate the self. But, contrary to appearances, even people who tend towards mania have internalised the social norms rather deeply. During mania they challenge accepted standards in provocative ways without actually relinquishing them: the superego seems inoperative, but the self cannot fill the vacant space.

People who have experienced mania need encouragement between episodes, so as to help harmonise their idiosyncratic aspects with their regular self, rather than always saving them up for the manic phase.

Protective measures

Both conditions – mania and depression – are not merely emotional disturbances. In a way they are also stabilising, even if only briefly and unsuccessfully attempts to restore an inner emotional balance. By challenging the expectation of others, as well as one's own norms, mania brings a sense of relief, and especially by defending against the fears of precisely this eventuality. But it does this at a high price: such a psychological defence cannot succeed in the long run.

Depression protects the self by attenuating despair, by freezing it, as it were, and also by countering self-destructive tendencies with a kind of inner paralysis. It is typical of the vicious circle of depression to anticipate every evil in the world within oneself. To organise one's own failure at least gives the appearance of 'being in charge'.

Biological and psychological scars

Psychological imprints, biological experiences and cerebral metabolism are in a complex and subtle interrelationship during affective psychosis. Changes in brain metabolism are not causal and are not, of themselves, responsible for extreme emotional volatility. Rather, they are the consequences of enduringly traumatic psychological experiences.

Obviously, changes in brain metabolism might further aggravate the vulnerability for certain conditions. In which case, it may be reasonable to use medication for relief. Nevertheless, the person's background and his self-assessment remain crucial.

Opportunities

When it comes to an affective psychosis, ie. one for which there is no discernible biological cause (such as dementia, or a blow to the head, etc.), the decision to use medication must also be embedded in psychotherapeutic considerations. A quick reduction of symptoms seems tempting to all parties, but that never reaches far enough and it leaves too many opportunities untried. The fact that a person can emerge from a depressive episode at all is equally as important as how the depression comes on. Similarly, whether he or she arrives at a better understanding of the self during the process is just as important as whether or not someone ascends into mania.

It is important to accompany the person through his or her mania or depression, and to use that horrible time to find out as much as possible about the self, so as to avert further episodes. When properly supported, a person can learn more about himself during a few weeks of mania than during several years of living 'normally'.

This does not often occur during the first attempt; it requires patience. Prolonged participation in psychotherapeutic groups can support a balanced mood and better self-reflection, simply through the presence of members who present the repressed side of the cycle.

Disarming the prejudices

Those who experience psychosis, and their families, are usually surrounded by others who have very prejudiced ideas about the condition. Most commonly, people imagine that someone who experiences psychosis is unpredictable, dangerous, lazy, dumb and incurable; they think that he has 'a split personality'. These ideas are unfounded.

- On average, persons with psychotic experiences break the law less frequently than the general population; they are significantly less dangerous than people under the influence of alcohol and drugs.
- Aggressive outbursts may occur during psychotic episodes, but generally they can be foreseen.
- Rather than committing crimes themselves, people with psychotic experiences are generally more at risk of abuse and violence; they are not unpredictable, but rather perplexed by what others perceive as reality.
- Some people experience several realities during psychosis, or interpret the actual complexity of the world differently from other times. The notion of 'a split personality' is incorrect and confusing.
- Society has to take a good look at its self: is society responsible for madness? I would say yes. If you take away society there is no madness.

PETER IN HIS OWN WORDS

I feel that having told my narrative many times, it was about time to fill in some of the gaps as it is not possible to put eight years of abuse and ten years in the system into a few pages. I hope this will highlight the arduous journey that I have taken but also inspire others to reclaim their lives.

I remember all too well the incidents that, on reflection, people must have noticed, but I didn't. I was running a business that gave me wealth and a lifestyle that I had only ever dreamed of, but as time went on it became my enemy and started to destroy my soul. I had become obsessed with money and power and didn't care who I hurt to achieve it. This was a stark contradiction of my working class values.

I began to realise that I was controlled by the business and there was no way out. The feeling of powerlessness at times would overwhelm me, bringing back the painful memories of child abuse, when back then, I had no power. I felt that the only way out was to self-destruct. I decided I was going on my journey to destruction before my whole existence imploded. I would finish work around 10.30 in the evening and head for the pub most nights. By 11.30, I would have drunk five pints of beer and five large whiskies. Surely the police would stop me and arrest me and help me out of what was now becoming a nightmare. I could not believe it, I never got stopped. I started to believe that the world was conspiring against me again, just like when no-one saved me from being abused as a child. My paranoia was now raging. I felt like my life was built out of playing cards, one push and it would all be over. Why wouldn't anyone push hard enough? Why was I being punished?

The Sunday, the day of my outer body experience, it was my father's birthday. We went to the local pub in the afternoon. I was drinking crazily. My father sensed something was wrong, but I couldn't get drunk to escape the life I hated. Was the landlord giving me weak beer? Was he in the plot to punish me? Had the world turned against me because of what I had become? I wanted the day of reckoning to come to put me out of my misery. That evening I had an outer body experience and my descent into full blown madness had begun.

During my madness I have recalled many humorous moments, some will be highlighted in the book I hope to write later. One that sticks in my mind was when I believed I was receiving messages from God. These messages would be passed to me through the letters on car registration plates. I saw one with the letters BWG. I was sure this meant "Big White God". The next car was AWF. This I believed stood for "A World Famine". Therefore, God had chosen me to save the world from a famine. I decided that when all the food was gone, I would save everyone by growing turnips. I spent days going around shops buying turnip seeds. I had hundreds upon hundreds of packets. This was my chance of redemption. Unfortunately for me, this became an obsession. I would be going into clothes shops, newsagents, any shop I found, and I would demand them to sell me the seeds. As you can imagine, this soon got back to services and once again hospital beckoned. The curious thing was, when I returned home from hospital, all the seeds had gone and no-one would ever admit to taking them.

I hope this gives you an overview. I hope one day to sit down and put the whole story together and take the reader onto a journey of sadness, madness, laughter, but most all give them hope. On reflection, I wouldn't change one day of my life. It made me who I am and I can confidently say I like myself again.

Recovery

The dictionary would have us believe that recovery is the "regaining of or possibility of regaining something lost or taken away; the restoration or return to health from sickness." I read those words, wondering how they were relevant to me, or even if they were relevant. When I had a breakdown in 1990, I lost my business, I lost my friends, I lost my marbles and I very nearly lost my life.

Did I regain any of that? I don't think so. I never got my business back, but once I was well enough to work, I had a complete career change and began my work in mental health. I never found those lost marbles, but I think I found a few new ones, and I made some new friends, on the way. So, no, I didn't *regain* anything, but I did gain a new life.