

Journey through Paranoia and Beyond

A Personal Account

Diana Walker

This article is written as a tribute and a token of gratitude to Professor Humphry Osmond and Dr. Abram Hoffer to whom I owed my sanity a great many years ago and through whom and their treatment I owe my continuing amazingly good mental health.

I suffered from a particularly insidious and vicious reactive attack of paranoid schizophrenia a great many years ago after a series of six life-shattering traumata within the space of three years. These traumata included two major bereavements and two therapeutic terminations of pregnancy after the failure of the then modern methods of contraception. Prior to that, I had suffered badly from over eight months' puerperal depression after the birth of my first child which adumbrated the first schizophrenic breakdown some years later. This had eventually remitted spontaneously. Owing to the inadequate post-natal care from a local doctor, who didn't even know me, after moving into his area from another district I had been left untreated pharmacologically or psychologically for this condition which, handled in a more skilled and sensitive way, might have lessened the effects of the later florid episode. It is only fair to say, however, that I did not request help from drugs; in those days I believed in the philosophy in which I had been educated and brought up of the traditional and proverbial "stiff British upper lip" and of facing up to life in all its stark reality without resorting to pills. The latter, I construed then as a sign of weakness and 'lack of moral fibre'. I had no puerperal depression after my second child was born, as we had by then moved into our own home and I had a good G.P. in the area to look after me. This was also one of the happiest periods of an otherwise unhappy, difficult and frustrating marriage to an inadequate and emotionally-immature

man who was outwardly singularly charming and very socially skilled but who turned out to be — clinically speaking — an hysterical and psychopathic type of personality. He had deceived me into marriage to satisfy his own dreams of status and children.

The lead-up to the schizophrenic breakdown developed during a particularly difficult phase of my life and that of my son who had always been 'difficult' to handle right from birth. He and I had never got off on the right footing since I had had the first puerperal depression all those years ago. His emotional problems were inextricably entwined with mine, as we had many traits in common — notably an iron will. That, and the sudden death of a favourite brother-in-law, as well as the attempted suicide of a close friend living nearby, started the immediate decline into a depression. This plunged me into a veritable abyss after the first therapeutic termination and thence into a profound melancholy characterised by feelings of worthlessness, guilt and despair that things would ever get any better. It had been against my religious principles to have an abortion but at the same time I believed it to be a crime to bring an unwanted child into the world — a real Catch 22 situation. Because of the instability of the marriage, I did not dare to strain the relationship further with an unwanted child, plus the fact that my husband and I had originally agreed to have no more than two children and we had already been lucky enough to have one of each sex to make a pigeon pair. A third child would not only have proved an intolerable emotional strain on me if I had a recurrence of puerperal depression but an impossible financial burden in the future for my husband who was not well-off.

After the first termination I was

besieged with terrible guilt that I had committed child-murder, despite my intellectualisations beforehand. I became very depressed and the marriage was almost on the rocks. My husband had no sympathy or understanding of my feelings, and looked elsewhere for comfort from my continuing misery and hostility. In the end I decided we had to try our best to save the marriage, not only for our own sakes but more especially for the sake of our two children. Through the Marriage Guidance Service, psychotherapeutic help with one of the most well-known Clinics was instituted. This gave me valuable support and insight into how we had come to such a pass after both of us — in our own ways — had been successful in our careers prior to the marriage. Through the help of my Caseworker's sympathetic, non-directive Rogerian counselling and my own efforts, I realised we had complemented and remobilised our own childhood insecurities and fears, hostilities and rivalries through the profoundly emotional experience of marriage and starting our own family. The realisation of one's inadequacies was stark and horrifying, but I felt driven to try to work out a *modus vivendi* and to get out of emotional morass. All this time I felt completely worthless, and deeply ashamed of what I had done and was ravaged by feelings of emptiness and despair. My husband professed frequently to me that all this psychological help was 'all above his head' and that he got nothing out of it, but that he was only doing it to help me. The truth was that he refused to face up to the reality about his own inadequacies and instead projected them on to me in my depressed state, making me shoulder the whole burden of guilt for the failure of the marriage. We were going through in-depth therapy when the next blow befell me. Despite being on the Pill I had somehow managed to conceive again even though I hadn't forgotten to take it. Again, the agonising decision was reached to have another termination, after which my fragile sanity gradually and inevitably deteriorated into a state of paranoia. I became convinced that I had been personally singled out by the Almighty for persecution and punishment for all my past sins. Very insidiously the obsessional drive to contain the mental

over-excitation and arousal assumed greater and greater proportions. Obsessionality is indeed the last defence against paranoia as is often quoted in the literature. My notebooks and diary became full of jottings of ideas of reference, deluded records of 'evidence' of neighbors' and friends' plotting against me, word games and verbal tangential associations which gained a fascination of their own. Later, I realised from the books I read that this was classic fragmentation and clang associations, which became more and more obtuse and systematized in abstruse ways. My mind was racing, with one thought barely formed before another and another superseded it. My jottings were a desperate attempt to pin them down and understand them before they were transformed into others. All this time I tried desperately to maintain an outward state of 'normality' in conversation and towards friends, whilst all the time I suspected them of hostile feelings and thoughts towards me (classic projection). It became more and more of a strain to look after the children, especially when my husband was away on business, and my son was sent away to boarding-school to ease the burden, but this initially increased my feelings of failure in the maternal role and tremendous guilt as well as the feelings of loss brought about by the separation. My defence of denial allowed me to cope to some extent with these feelings, but eventually I slid further and further into a frank psychosis — paranoid schizophrenia. (It was during the school holidays at about this time that I nearly committed suicide as I could see no end to the suffering. My husband was away on business and the strain had been unbearable. Whilst the children were asleep upstairs I found a bottle of old sleeping-pills and placed them on the table in the drawing-room so that they were always in view. I can remember pacing up and down the room all night trying to decide whether it was more courageous to live or to die. In the end it was only the thought that the children still needed me that persuaded me not to swallow the lot, and I threw them away in a state of utter exhaustion. That was the worst night of my life, but I never told my husband about it. He had already threatened to have the

children taken away from me if I became mentally ill so I could not confide in him.) I became more and more isolated during the day when the term started and my daughter was back at her school and my son away at his. Every time I went out shopping I imagined people were talking about me and my unpardonable 'sins'. I even got to the state where I imagined that one old friend was actually trying to poison me. There was, however, some basis of reality for imagining I was the centre of village gossip. We were living at that time in a rural backwater where everyone knew everyone else's business. My friend's previously attempted suicide and my close involvement in looking after her children during and after she came out of hospital had excited much speculation and coffee-morning gossip, and although I had one or two friends whom I had told of my predicament and of the two operations I imagined later that everyone knew about it all and judged me accordingly ("broadcasting"). I even imagined that the village had set up a special Vigilante' group to hound me (over-punitive Superego). I should add that all this happened before the days of the Abortion Law Reform Act and the social acceptance of abortion for reasons other than purely medical health considerations. The controversy was still alive and rival philosophies were bitterly opposed before the law became ratified later. All this time I had been helped by our family doctor and had been seeing a psychiatrist who, after the first operation, had prescribed anti-depressants which had had no effect. He once told me, when I said that I was afraid that I was suffering from the early stages of paranoid schizophrenia that, I was "not the type and had read too many books". My husband had no respect for psychiatrists, least of all private ones, and sabotaged what little improvement and confidence I was able to achieve under his care. I went on to benzodiazepines which gave marginal relief from anxiety, but did nothing to alleviate the underlying depression and increasing paranoia. Eventually, the ideas of reference became all-pervading to the extent that I thought people were wearing different-coloured clothes according to a predetermined secret colour code and that I was getting

personal messages from the television and the radio. I was also convinced that I was being followed by the plain clothes police when I was out driving and obsessively noted down car numbers to try to 'prove' this. These delusions were most strange and unnerving, but at the same time gave me a sense of great comfort and even excitement. I also imagined that people were able to read my innermost thoughts as I was speaking to them, which was a particularly unpleasant and discomfiting experience. It was all, of course, a tremendous defence against feelings of overwhelming inferiority, and the subsequent feelings of omnipotence relieved them considerably. About this time my mother, to whom I had never related well, became terminally ill and had her first operation for cancer. There just seemed to be no end to the depths of misery, guilt and despair into which one could sink. As each trauma occurred I had comforted myself with the thought that things 'must get better after this' but instead they got progressively worse.

My caseworker struggled valiantly to support me though these horrendous times, until one day even I dimly realised that I was seriously ill — a small part of my personality had always managed to remain sufficiently healthily intact and objective to wonder whether the delusions were really true, despite their compelling force of conviction. The last time I saw my caseworker I had had a nightmarish train journey to London for which I had collected together all the books and paraphernalia, including mementoes of my father and uncle which were 'props' to my delusional system. I even had my maternal grandfather's antiquarian miniature Bible, which contained his impressive signature and library plate. These memorabilia associated with them and other key people and events in my life at that time symbolised for me the struggle going on between good and evil — white and black magic in my imagination. I was carrying all these objects in a shopping-bag with me on the train to show to my caseworker to try to make her understand the basis for my emotional conflicts. Whilst travelling I became obsessed with time and worried about its passing. I had even asked

our doctor for police protection prior to the journey and so, when I was stopped by a police motorcyclist to check my license coincidentally on the way to the station, I was convinced he was there to protect me in my hour of trial. Once on the train I felt other passengers were looking at me (as they probably were on account of my strange appearance and demeanour) and became extremely self-conscious, continually looking at my watch. Arriving at the London terminus I got shakily off the train, still in a state of high emotional arousal and became aware of double vision. Far from finding all this alarming experience frightening I just accepted it philosophically and stoically; I was fulfilling some strange, heroic role, the script of which had been withheld from me and which everyone else knew except me. I looked for clues in the environment to guide my next move. The news vendor's headlines on the stall-poster and the newspapers started off the familiar pattern of tangential associations and ideas of reference. Eventually, I arrived at my therapist's house in North London, exhausted but glad to have reached it safely. She was not there to greet me as usual, and I was let in by one of her children. The consulting-room was empty. I walked to the bottom of the stairs and called her name softly. Eventually, she came downstairs looking very surprised to see me and I was struck — even in my mentally detached state — by the expression of sadness and pity on her face (I must have looked terrible). She took me into the room where we normally sat but as I talked to her, trying to explain my strange thoughts, experiences and deductions her eyes filled with tears and more than once she blew her nose. Somehow, I did not think of this emotion as a reaction to my plight — I felt sorry for her and told her not to worry and left earlier than my prescribed time.

After this, it was obvious to everyone close to me that I was now very seriously mentally ill and had lost all insight. Somehow I made my way home (how I got there without an accident driving home on the way from the station was a miracle). My husband came home late and informed me that the family doctor was going to pay me a visit on the morrow to try to "work something out between us" and immediately I felt a

sense of relief. My son was settling into boarding-school during the past month and I had eagerly awaited his little letters, becoming convinced he was sending me secret messages of hope in his childish descriptions of TV programmes he'd watched and school activities he had participated in. My daughter meantime was very much involved with her little friends after school and amazingly seemed untouched by my escalating paranoia. I can remember sitting with her watching a children's TV programme and suddenly I became convinced the Presenter was giving me secret messages which I had to decode. I started writing them down at a great rate and in answer to her question about why I was doing that I merely told her I was getting ideas for a future programme. This seemed to satisfy her. I must point out that throughout my illness and even before it started I had always been very interested in psychiatry and had read many books on that subject as well as popular paperback psychology and so on. I therefore knew, before I became ill, the process of schizophrenia and the formation of delusional systems of thought, but despite that I was eventually convinced of the truth of them, — such was the power of their conviction. Part of me, however, remained in objective observation of what was happening, using distancing as a defence mechanism (somewhat akin to Bettelheim's way of surviving the concentration camp horror he was in during the last war). The rest of my mind was beset with floods of ideas and delusional thoughts which were committed relentlessly to paper and hidden away every night. (After I got over my illness I became scared my children would find these papers and documents of my mental state, which could upset them before they were old enough to take it, so one night when everyone was asleep, I burnt the lot on a bonfire in the back garden. Much useful material to researchers was probably lost in the process but it gave me an enormous sense of relief. This article is written entirely from the memories which have seared my soul). I had been scared to confide in my husband how strange and ill I felt, not only because he was very rigid and unsympathetic to anything he didn't

understand but also because he had — as I said before — threatened to deprive me of the children if I became mentally ill. Hence the desperate struggle to retain some outward semblance of normality for so long but which in the end crumbled under the strain.

After the fateful journey to London already described I was greeted the next day by the family doctor, a psychiatrist from the local mental hospital and a medical social worker who were introduced to me. I felt tricked and betrayed, having expected only the family doctor. I felt as though I were on trial and was adamant that further psychiatric help was useless, not having benefited from it before and being against the idea of alternative methods of medication. After much consultation and secret debates together in an adjoining room by the family doctor and the psychiatrist, they came back into the room and I was told I would be sent to the local mental hospital. I became frightened and refused to go, but was told firmly that I had no choice. I asked what was going to happen to my daughter and my husband said a mutual friend of ours was going to look after her whilst I was away for a month. My son was well out of it at his boarding-school and would not know anything was wrong. I can remember getting very angry and haughtily demanded of the family doctor as she was getting into her car what the meaning of it all was. She just sat in the car with the tears trickling down her face and looking at me with pity. For the first time I believed she really did care, but this feeling was only in a detached sort of way. Within no time at all it seemed, the ambulance was at the door and I was whisked away to the notorious local "Bin". I felt deeply humiliated and very frightened. On arrival at the hospital I was asked to sign a form authorising ECT, but I refused to do so. I was very frightened of its haphazard results and frequent side-effects of short-term memory loss and felt I had to continue to work through and digest my problems in order to build up my self-respect again. I said I would try alternative medication but not ECT, despite my husband's threats and pleas.

Once left in that grim dormitory of other disturbed people I was overwhelmed by feelings of humiliation and anger as well as

hostility towards everyone, although remaining outwardly polite. As the grey days merged into each other, and the strain of the paranoid reaction was alleviated at long last after I was given anti-psychotic medication, the intensity of the delusions lessened and away from my husband and home influences the place assumed a crazy sort of normality. I found that other, more overtly disturbed patients would come up to me and confide their problems to me and ask my advice as I appeared — one said — to be the most stable person on the ward. I asked to see my former psychiatrist again who had authorised the terminations. I felt sure, if I could explain to him symbolically with the use of my books and other objects acting as 'props', the weight of what I had had to contend with, he would understand and not blame me for my present state of mind. My request was granted and my husband drove me down to see him one afternoon. When I saw him I realised intuitively, with the deadly perception of the paranoid, that he was actually quite nervous and scared of me and I felt sorry for him. I told him not to worry and tried to explain the structure of my breakdown. He was polite and reassuring about ECT and advised me to have it, but I felt I had failed to get my message across and left in despair. On arrival back at the hospital I still refused ECT and said (which was true) that the new medication was helping me and that I was prepared to continue taking that. I went home for the weekend to put the home in order and to see my friend who had been looking after my daughter. She had told her I was looking after her grandmother whilst she was ill.

Very slowly, the intense mental over-excitation and arousal subsided and I was left with residual paranoid feelings of hostility mingled with sorrow for the other sufferers in the ward and a great sense of injustice — what had I done to deserve such an horrific retribution? Strangely enough, although grateful to the psychiatrist for at last diagnosing my condition correctly and putting me on the right medication, it was the chaplain at the hospital who understood the terrible spiritual trauma I was suffering as a result of my two terminations. I had begun to question

the accepted beliefs about Christ and had formulated in my mind an hypothesis that He was paranoid Himself, re-examining the famous Bible stories about Him from that angle. Suddenly, it all began to make sense. Christ was a supremely good man no doubt, but could not be divine. He was the illegitimate, supernormally-intelligent son of a carpenter — a victim of delusions of grandeur and persecution fostered by His followers and admirers and mediated by the turbulent history of the Jews at that time. He was manipulated into acting out these delusions in His life to the ultimate, tragic, emotional and spiritual climax. He was one of those paranoids who, instead of being hostile towards everyone, projected love (reaction-formation) instead and believed He was the Messiah owing to the willing collusion and instigation of His disciples. The role of the preacher and healer came under this aegis, adding weight to His reputation, and the legends had become magnified out of all proportion after His death. (In paranoid patients they sometimes identify with this pathology but lack Christ's charismatic genius to sublimate it). I was working on this hypothesis when the chaplain invited me to attend one of his groups. I put forward my hypothesis during one of these groups, and instead of laughing at me he afterwards came up to me privately and asked whether my own I.Q. had ever been measured or whether I had been to university, to which I replied in the negative. He then recommended that I read one of Dr. Albert Schweitzer's doctoral theses: *The Psychiatric Study of Jesus*, in which he had tried to refute just such an hypothesis and view which had been put forward originally by some French psychiatrists at the beginning of this century. I took down the reference and in the meantime he lent me his copy which I read avidly with a Bible beside me to look up the quoted texts. However, I was disappointed as I felt when I wrote to the chaplain later, that the thesis told us more about Schweitzer in a way than about Christ, who was put forward as supernormal and not paranoid. I remember mentioning this in a session to the psychiatrist at the hospital and asking him his opinion. He said it was more likely Christ would now be

considered manic-depressive but would not be drawn further.

This was the antecedent to my rejection of conventional and traditional Christianity, which resulted in an agnostic phase lasting fifteen years or so. Just as a corollary I have since regained my faith in a God of the Universe but not One who is conceptualised in the infantile, primitive and superstitious form which we have grown up to accept in traditional, organised religion. I now subscribe in principle to the tenets of the Ba'hai World Church which believes that all the adherents of the major religions are merely finding their way, through different paths, to the same God. The Ba'hais propose liberal humanism to which I have been attracted for years, but in a spiritual context and dimension which satisfies one's spiritual needs.

By the time I came out of hospital after a month, finishing up with the status of a voluntary patient, I was clear of florid psychosis but still feeling very 'empty' and ill. I felt my ambivalent attitude towards the family doctor heightened when I saw her as I felt at that time that she was the one who had had me committed despite her kindly concern afterwards. I felt she had 'betrayed' me and my trust, and played a mean trick on me by having me committed against my will. These feelings lasted for a few years, until one day I came across my old diaries. Looking through these and reading their tortured, convoluted thoughts I realised with a shock, just how ill I had been then and how — far from being a 'punishment' — it was a necessity to get me into hospital and treated properly even though I had no insight into that at the time.

My husband had, whilst I was in hospital, seen fit to warn me that I would be compulsorily committed for a year if I didn't co-operate but I disregarded this as his familiar form of emotional blackmail and brow-beating, seeing it as a move to try to break my will and spirit.

Slowly, I picked myself up after the hospitalisation, helped by my trusty friend who had looked after my daughter during my illness and one or two other friends who gave me encouragement and support. After the previous flood of ideas I was left

for a while feeling exhausted, apathetic and depressed but fortunately no more florid symptoms of paranoia. I had to face the trauma of my mother's death from cancer during this time but, thanks to my caseworker in London, with whom I'd explored my ambivalent feelings, I was able to become reconciled to her finally before her death and to accept her for what she was with compassion and understanding instead of hostility and disapproval. My poor mother had suffered from manic-depression for years, which had occasioned several breakdowns during my childhood and adolescence, and indeed she was in the throes of one breakdown at the time of my birth, which had not augured well for both of us. This was long before the discovery of lithium carbonate as the modern treatment of choice and she struggled valiantly to cope with alternating periods of hypomania, emotional irresponsibility and over-exuberance with long periods of "Russian" gloom and irritability which pervaded the whole family and made life very difficult for all of us. She had, however, become rather more stable after my father died and we had all left home and she was free to lead her own life as she wished. She was naturally intelligent, with an amazing perception of other people's weaknesses (but unfortunately not of her own). My father compensated for this unstable type of home life by his kindness, patience and philosophical attitude, combined with a striving for perfection and artistic creativity as an escape from his own troubles. His compassion and understanding more than made up for my mother's rejection in childhood since I was his unofficial favourite and my aunt and uncle took me under their wing.

After my mother's merciful release from the ravages of cancer in death, I felt as though a whole unhappy chapter in my life had ended and a new and better one was about to begin. Indeed, during the last year of her life I had begun to make enquiries about further education and professional courses based on the qualifications I had gained at school. Originally, I had wanted to be a psychiatric social worker and had actually had an interview for an external course at London University just prior to my breakdown. After I had recovered sufficiently from that, I decided

I wanted to act on the chaplain's advice and seminal remark that I was 'university material' and decided to take up further education and become a social worker. This entailed, as it turned out, two more years of study at a College of Further Education to gain the subjects needed, in addition to those in the arts and Classics which I had already gained from school. I subsequently went to two universities with a year's research in between and became — by dint of hard work and a slowly re-emerging sense of achievement — able to repair my shattered self-esteem and to raise my academic sights even higher.

It was about six months after I had gone to my first university that I came across a newspaper article advocating megavitamin treatment for schizophrenia. Through the Schizophrenia Association of Great Britain (S.A.G.B.) I was put in touch with one of its practitioners and started the treatment of combined phenothiazines and Nicotinamide three times a day (i.e. 2 mg spansule of Stelazine and 1 gram of Vitamin B3 t.d.s.). I had remained on neuroleptics after my discharge from hospital on a maintenance dose but every day was still a struggle and at times of stress I had felt as though I were walking on a mental tightrope, despite the fact that the psychotic symptoms had gone. (I had been given Fentazin in hospital but found later that Stelazine suited me very much better). It took about three months before I gradually became aware that the depression had really lifted and the dreadful feelings of fatigue, irritability and ambivalence had become replaced by a more balanced, optimistic and realistic basis for conducting my life. From then on, under the kindly and avuncular guidance of my medical adviser in London for this treatment, with back-up from my family doctor who had withstood my worst phases of stress and trauma in the past and to whom I then related like a substitute mother, I slowly but surely began to improve. Although I was sure it was the action of the megavitamin in addition to the Stelazine that made the cardinal and ultimately, spectacular, difference to my life, one cannot dissociate entirely the effects of the people who helped me along the way. The process

of recovery had really been set in motion by the gynaecologist who originally carried out the terminations and who had given me kindly, fatherly advice afterwards on how to set about saving my marriage. He and his wife were very supportive after I had had the operations, and the subsequent people who helped me like my caseworker in London, the family doctor and now my London doctor who became my guru, all contributed — especially the latter — to my future well-being by their humanity and patience as well as acceptance. One could say that it was the megavitamin combined with phenothiazine treatment that enabled me to develop these relationships ultimately into those of friendship on a social basis which gave me the confidence to make other relationships as well as to develop old ones.

It was this preoccupation with relationships founded on resonances of the past Significant Others in my life that led to my developing my own theory of 'inter-relativity' which was — I later discovered — an adaptation of the phenomenon of the pseudo-community experienced in florid psychotic states of paranoia and paranoid schizophrenia. In my case I had re-created an ideal 'family' to replace the ones who had died like my father and maternal grandfather before him. I had never known my maternal grandfather but I had always admired him from family reminiscences — a minor inventive genius and self-taught connoisseur of the arts and beautiful things. He had been a self-made man who had educated himself through external degrees from London University in middle life despite the responsibilities of a large family. My father had had similar traits to him but was more creative in himself as well as being likewise a self-made man who had triumphed over a poor background which I very much admired. My maternal uncle by marriage was quite the opposite but had nonetheless been a great influence for good on me as a child. He was a schoolmaster and was an archetypal "Mr. Chips" who loved children but sadly he and my aunt never had any of their own. I became their unofficial adopted daughter in their affections and they spoilt me as a child which made up for the strictness and maternal

rejection at home. This inter-relativity became then a compensation mainly for the rejection and ambivalence experienced as a child from my mother and siblings. I might add that I get on reasonably well now with my brothers and sister although I still haven't a great deal in common with them but as the youngest of a highly-critical, high expressed-emotion family, the seeds of persecutory feelings and my later perfectionist attitude were laid down in childhood.

Gradually, I became able to cope better with life and to improve its quality of experience. It was such a slow process that I was not aware of it until some months after taking the megavitamin I took stock of the situation one day and realised to my surprise and delight that I hadn't felt any depression for some time and that I was really coping adequately emotionally at long last. My son had become much more affectionate towards me (no doubt as a result of my improved affect) and my daughter, who had never really been a problem, went to her new school and settled down well. The marriage improved sufficiently for me to contemplate enduring it at least until the children grew up if my husband's problems did not yield to further treatment, and if they did he would need the extra money from my career to help support them at university later on. Despite the horrific lack of attitudes and moral philosophies in common we did at least both genuinely share an abiding love for the children and a desire to put their interests above our own to get them off to a good start in adult life. Slowly, instead of thinking the children were absorbing only the worst of us, we were able to give them the best of which we were both capable: in short, a survival kit for life based on self-reliance, responsibility and self-determination through their own initiative and developing ability to cope, mediated by love and affection.

Managing a home and family was not easy whilst studying, but somehow the feeling of achievement and broadening of horizons both socially and intellectually in a realistic way through university, gave me sustenance and deepened my inherent perseverance and determination to succeed. I gained my Honours degree high enough to qualify for a higher one but had

to take a research job for a year before I could afford to do so as I was unsponsored. I made some young friends at both universities and they are still in touch with me and vice versa. I think it was the culture-shock of being exposed to the Left-wing philosophy of these young friends and tutors at college and university as opposed to the very Right-wing views in which I had been inculcated formerly at home and by my husband that enabled me to become more tolerant and understanding of my own children and more constructively liberal and humanitarian in my handling of them during adolescence which proved to be a relatively trouble-free period. Both my children have qualified in turn at university and are now well set on their individual careers and I regard them as equals and friends.

After I qualified and worked in the field of mental health for a while I was able to bring to an end the hopelessly incompatible marriage in as amicable a way as possible and to stake out my own future. Strangely enough, now that the dust has settled and the bitterness of my ex-husband has been worked out we are now more friendly towards each other than we ever were during our marriage with all its concomitant pressures.

I am still on the megavitamin treatment but only on a minimal maintenance dose of phenothiazine combined with it twice a day (i.e. 1x2 mg. spansule of Stelazine and 1 gram of Nicotinamide b.d.s.). There is no doubt in my mind at all that my illness was an abnormal biochemical reaction to unbearable environmental stress to which I was already genetically vulnerable from birth and shall be until I die. There is a history of mental illness in my mother's family which has come out in not a few aunts and cousins (male and female) as well as myself. My maternal grandfather by report was a brilliant, irascible, introverted and possibly schizophrenic man married to a phlegmatic and devoted wife. Throughout the emotional and financial vicissitudes of his life he maintained an ultra-strict attitude to his children rather in the manner of a northern Mr.Barrett of Wimpole Street. My mother, according to her recollection of an overheard conversation, was the most intelligent of his children but he didn't educate her beyond an

elementary stage because she was a girl. (No feminist movement then to safeguard female rights).

I had, at one time, before knowledge of the megavitamin treatment and its salutary effect, subscribed to R. D. Laing's theory of schizophrenia together with the anti-psychiatry movement in which it was postulated that it was the effect of the external environment — especially a Western capitalist one — that was responsible for its process. When I was ill it had seemed the only sensible view to take but I do not believe any longer in it, since — apart from my own experience — it is well-known that schizophrenia occurs in approximately 1% of the general population in all countries of the world. I do not, however, doubt Laing's sincerity or dedication to his patients. There is no doubt that before I took the medication of megavitamin plus phenothiazine I was only half-alive in a state of fluctuating depression and stress exacerbated by undoubted environmental traumata. If these traumata had been spread over ten years instead of three I could probably have managed to digest them and may have been able to withstand such a massive series of insults to the psyche but as it happened it was a blessing in disguise to have gone the whole journey into madness and found a way out.

There have been times when I have felt so well that I have tried to phase out the medication entirely, albeit slowly, but each time I have remained well for about three weeks to a month before residual symptoms and feelings from the past have resurfaced; not so much of the frankly paranoid type but of a feeling of carrying an extreme burden of the stress of life and responsibility, feelings of depression and a lack of joie de vivre. Also, which is potentially more dangerous, I have experienced during phasing-out of medication perceptual changes resulting in neglect of peripheral vision and loss of acuity. After three or four such attempts to eliminate medication I have now managed to reduce it to a minimum of taking it twice a day (which in the case of Stelazine is really little more than a homeopathic but essential dose) and I am now permanently on a regimen which I regard much as a diabetic

regards his daily dose of insulin to keep him well: (i.e. 1 gram of Nicotinamide and 1x2 mg spansule of Stelazine b.d.s.). I must also emphasise that apart from occasional dyspepsia requiring an annual intake of less than two dozen antacid tables I have had NO side effects with this treatment and fortunately during the experimental mini-relapses I learnt to judge when the symptoms were beginning to return and interfere with life and within a week of going back on to the minimal dosage above I began to return to normal and soon picked up again. My life has gone from strength to strength since then, especially in the last few years. My children have done well in their lives and are stable and happy. My career has been very satisfying and crowned with no mean reputation in the field of mental health, especially in helping those who have suffered loss of jobs and status through their illnesses. It has been in a sense a repayment of a debt of gratitude for the continued well-being I have experienced all these years and which has enabled me to achieve my potential and sense of fulfilment. Sadly, I know from clinical experience as well from research that not all types of schizophrenia respond equally well to this type of treatment but even if only a small minority of such unfortunates can sustain the miracle recovery I have been lucky enough to experience it will be worthwhile to carry out further research to identify those who could benefit. Before this breakdown I had never really been well but had not realised it. I had been a very difficult and rebellious child and generally 'out on a limb', never really feeling fully at ease within myself — very tense and strung up in times of anxiety and stress like an overwound violin string. With the combination of phenothiazine and megavitamin treatment daily I have not only for the past several years felt 'normal' but my friends have said that I am 'supernormal' in the amount I have managed to achieve to make up for those lost years. I feel that my life now has been a constant but happy repayment of this debt of gratitude for the amazing health I now enjoy and the energy I possess. Gone are all the feelings of tension, stress, anxiety, depression and utter wretchedness and instead I feel self-

fulfilled with even more horizons in front of me stretching invitingly ahead in the future. My children are a great joy to me despite the many difficulties of the past which are now a distant memory. They are intelligent, delightful companions whom I am still young enough to enjoy and look forward to the next generation which hopefully will appear in due course: a fascinating cycle of new life to start up all over again in whom one can now take a sanguine and loving interest without all the concomitant responsibility.

Meanwhile my career continues to prosper and I am lucky enough to have job satisfaction as well as a good financial reward for my labours. The combination of doing good and making money is truly an unbeatable one.

I know that without the lucky accident of coming across Professor Osmond's and Dr. Hoffer's book: *How to Live With Schizophrenia* whilst I was still a student, I would never be in the position of social and professional status that I now enjoy. I write all this from the heart as well as from my head to give real hope to those who may still be needlessly suffering and to do my small bit to advance the state of the art in psychiatry over this vexed question of nature versus nurture in the origins of schizophrenia. I feel that the solution to this mystery is as complicated, in principle, as that of cancer. They are the twin scourges of this century apart from the present plague of AIDS. There are so many different types and subtypes and so many who respond to medication and treatment but others who, for no apparent reason, tragically do not and too many plausible explanations. I once wrote an essay as a student in which I attempted to reconcile the organic and environmental rival camps as I believe the two bitterly-divided philosophies and theories are but seeing different facets of the same truth, much as a diamond may be highlighted on more than one plane simultaneously. Here is an extract from that essay written all those years ago, which view I have not appreciably departed from since:

As a final word about the controversial causation of schizophrenia — whether in fact it be psycho-social or organic— the writer believes from the

available evidence studied (and this includes the latest theory of nutritional allergies responsible for the disease) that the biochemical defect which is responsive to the action of neuroleptics and in some, megavitamin therapy, is but the effect and not necessarily the cause of schizophrenia. This is an hypothesis founded only on anecdotal evidence so far, but in studying any controversial phenomenon such as schizophrenia, it is tempting to latch on to simple explanations and to regard them as comprehensive theories when in fact they may represent only a part of the whole scientific truth. The writer's hypothesis is that environmental traumata originating from maladjusted interpersonal relationships and communication within the family structure extend ultimately to the outer world causing further maladjustment. This, in turn, renders the Subject less and less able to adapt to changing conditions and the hostility provoked in others and thus, in a circular fashion causes further rejection and hostility to be meted out to the Subject. Under very severe emotional or environmental pressure, the writer believes that it is at this stage that a permanent (unless treated pharmacologically), altered state of consciousness and perceptual awareness occurs, leading to gross emotional maladjustment and bizarre ideation caused by some sort of biochemical mutation in the neurotransmitter substances. In other words, this biochemical defect is the final outcome in genetically-predisposed individuals of a long process of maladjustment maybe triggered off

initially in the schizophrenic by over-sensitivity to emotional stimuli. This could produce the biochemical abnormalities eventually as proposed by Hoffer & Osmond and other researchers.

It would seem that all the workers in the field of schizophrenia research are looking at different facets of the same structure — like the different faces of a prism. The danger is that each scientific lobby thinks that its own particular facet or view-point provides the total explanation whereas when the enigma is finally solved we shall be able to discern the whole structure in its complete form. This view encompasses both the psycho-social, purely sociological, as well as biological explanations of schizophrenia. It remains for future generations of research workers to find out whether this hypothesis can be confirmed or refuted. It is my belief that before the end of the century we shall be privileged to see the prevention and cure of cancer and schizophrenia and it is with all humility that I make a plea for greater tolerance and understanding of those afflicted by these terrible and taboo conditions, particularly schizophrenia. The stigma of mental illness needlessly haunts and overshadows even those who have been lucky enough to recover fully from it. Perhaps in my small way in my dedicated work in restoring such sufferers when possible to full functioning I shall be able to contribute towards a change in society's attitude to make this horrifying and puzzling illness 'respectable'. That is my fervent wish and hopefully will be my epitaph.