

# Where there is a will there is a way into and out of psychosis

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## ABSTRACT

In this first-person account I will reflect on how the way into a psychosis had to do with the will, and how the will was also important for the way out of psychosis. Moreover, I will illustrate how the isolation cell didn't enable the 'will in isolation' to find its way or aim. Consequently I will describe how getting back in touch with familiar triggers directed the will in the appropriate direction, followed by my experiences about how attuning the will meant recovery to me. To finalise, I give an example of how the environment and the newly discovered ways of the will played a role in becoming and being a mother in a healthy way.

## Introduction

Slipping into a psychosis, I think, has a lot to do with how I tend to direct my will, namely to 'will all the way'. On the other hand I also can't live without 'the will' since 'willing' has helped me to recover and to live a meaningful and healthy life. The will of course is a complex phenomenon. I will reflect on two aspects of the will. First: Will deals with thoughts that one wants to transform into deeds. During the build-up stage towards a psychotic episode, willing turned into a sort of fear not to lose control. The second aspect is ambition, related to what one wants to acquire in life. The question with regard to the last aspect is then whether one deals with healthy and authentic ambitions or with unhealthy ones that are pushed forward too much by society and don't feel to belong to oneself. To me it feels like a paradox that my will on the one hand seems to start in my inner world and then leads to actions in the outer world. On the other hand my will seems to undeniably react to what comes from the outside and therefore is also shaped by the outer world.

All of the three psychotic episodes which happened to me were preceded by a sense of impending defeat in situations related to study and work. My coping style was trying even harder, eventually resulting in a flight from reality. The psychoses I went through were characterised by a start-up period of accelerated thinking and mild visual hallucinations, followed by a period of complete confusion and delusions. During the first and the second episode I could stay and be treated at home, while my parents took care of me. The last episode was the most severe. Apparently, nobody was able to get through to me. I endured a forced admission into a mental hospital and I was held in an isolation cell for four days. Each psychosis was treated with medication. And each time I have been able to reduce and stop taking medication after several months, with medical supervision.

## To will all the way

Each time a too strong ambition was the kick off towards a psychotic episode. The ambition to perform well in school exams, to be a good president of a student counsel party, to be financially independent. Once committed to a challenge, be it in work, education or

personal relationship, I went 'all the way'. It is questionable whether my perseverance is in good balance with common sense. In hindsight I wish I could have concluded 'I should not strive for this'. Apparently the fear of what would happen when I would give up control can be so strong that my will perseveres. Three times the result was a psychotic episode.

The psychoses developed gradually. All three times, it seemed impossible to live up to expectations. Here I will explore the course of the third psychosis further. I held a strong belief that I was responsible for preventing defeat, regardless of outside conditions. And so I gorged myself with scenario-thinking, trying to find a way. I felt fear, when I realised that doing so was causing stress, that I was literally worrying myself sick. So I decided to chain myself to earthly activities. Instantly I tried to suppress all urges, that I considered peculiar, manic or inappropriate. When I told people that I was undergoing a psychosis, they reacted with disbelief. But well, how else could I describe this build-up stage of a psychosis? I wonder whether it really would have been possible to stop an unfolding psychosis by focussing on normal thinking and acting. Maybe it was even exactly this inward focus that enabled the psychosis to unfold.

The fact is, I entered into a discussion with my thoughts. This resulted in a turmoil of thoughts and finally in evolving of those thoughts into abstract questions concerning the meaning of life. Now frightened about this phenomenon, I decided upon another strategy: to let go of the will to control the thinking about my thoughts, which ironically also led to more thoughts. It looked a bit like the 'don't think of a pink elephant' phenomenon. I had evoked an intensely weird way of thinking. On the one hand I criticised all my thoughts, and interrupted them constantly. On the other hand, I felt lost and was seeking for patterns amidst all of those thoughts chopped into parts. This led to an almost rhythmic and staccato train of thoughts, stuffed with assonance and alliteration. At this stage, the focus on thoughts-taming started to have an impact on bodily sensations too. According to my partner I appeared drunkish at times.

Fascinating I thought it all was, and so I focused even more inwards. However somehow a vague notion emerged of how these all too pointed short and obtrusive thoughts started to build up a solid barrier between me and the outer world; a sort of thick isolating woolly blanket. I wanted the swarming crowd of thoughts to grow still by painting a still life, the whining rhythm to break apart by the cadence of long walks and the sense of time to be recalibrated externally by means of a strict day rhythm as internal calibration wasn't an option anymore.

And this only represented the build-up stage. Despite all these interventions deformations grew worse. In the following stage sensory perception also changed. Contrasts increased, details were spotlighted. All sensory perception started to be coloured by my feelings and seemed to resonate in a way that made me think of synaesthesia. It frightened me, and unfortunately also this fear reinforced itself. Surely, now the psychotic stage had started.

Figure 1 (Dorrestijn, 2003) I drew this after my second episode, which had a milder, but likewise course as the third one. It was frightening to notice the ever-increasing distance between me and the outer-world. It seemed impossible though to reverse the withdrawal into myself.



## The will in isolation

I ended up in an isolation cell. All sentences fell totally apart. And with it also the possibility of creating a conscious uniform act of the will diminished. For example I wanted to follow my partners advice to 'just use horse sense' as he said that was the way to recovery, but I simply couldn't make sense of the words. I literally tried to reshape the sentence into something I could grasp. I moved my finger in the air to spell out the words, wrote them backwards onto the small window for nurses to read and gazed towards the non-visible words in the air as if it was a mathematical equation. I didn't manage to grasp the meaning of the sentence though. Sadly.

I am interested in what enabled me to somehow take care of myself again at a certain point in time, as I consider taking good care of oneself as the basic ingredient of healthy willing and therefore essential for causing weird behaviour to stop. Will is key, in my opinion.

The anti-psychotic drugs did not help a return to a healthy will again, it seems to me. While they slowed down raging thoughts and feelings that seemed to have their origin inside my mind, they also slowed down sensory perceptions such as scent, touch and even proprioception. I think that as these drugs numb the will they foreclose a part of the route to recovery.

The isolation cell did not help either, and even worsened my condition, it seems to me. In the isolation cell with internal and external stimuli being numbed there were no normal

bodily sensations for my will to respond to. Ironically, one can say that initially I forgot to take care of my body because my mind was in overdrive, and at a later stage when my mind was numbed, I just couldn't because my thoughts, as well as my bodily sensations had been decreased to a minimum.

An isolation cell does not provide the conditions for willing to act normal again, I think. A sink could have reminded me to brush my teeth, a closet could have encouraged me to get dressed. The isolation cell I was held in was an alienating surrounding providing only a plasticized mattress and a blanket, lacking any ordinary furniture. Nothing in there contained any cue or affordance to start doing a daily life activity. It doesn't surprise me that I couldn't get to my senses these isolated days.

As far as I was in touch with my senses I didn't dare to trust them. Taste and scent distorted, faces distorted, everything felt weird. I didn't dare to 'will' anything anymore, and not surprisingly nurses noticed me getting catatonic. Despite or maybe even because of medication and the surrounding, my condition worsened. It was clear that something else was needed to make me take care of my body again.

## The touch of reality

The fourth day in the isolation cell, my partner was invited to accompany me. He did so all day long. With him there was something to grasp hold of. When he was there, his voice and his hand-grasp provided solid footing. I didn't dare to look him straight in the face, as I was afraid to see distortions. Hearing his voice and holding his hand however gave me the first interaction with the external world that I dared to trust. Nurses saw acceptable behaviour when my partner was around and in no time I was released from the isolation cell for good. Back in a normal room, the sink enabled me to brush my teeth, the closet invited me to organise my clothes and the mirror aroused a wish to tidy my hair. As from that moment, recovery set in. I tried to fit into the rhythm of the clinic and was allowed return home with my partner soon.

## Where there is no will, there is occupational therapy

Even though I was motivated to 'act normal' again, I lacked zest. All projects of the will seemed pointless without it and I couldn't think of inspiring activities to fill the day. I often felt ashamed just sitting there and doing nothing. I longed for zest and hoped to find it in dance. I took a CD and went to a dance hall to study an old choreography again. The sight in the mirror caused a shock: I couldn't stand the flatness of my face and slowness of my moves. But I wanted to proof that I was on the right track. And so I dragged myself along from one project to the other. My days felt like ongoing occupational therapy. Despondently I waited for zest to return. Only the moment that I was altogether free from medication, after about one year, it happened to me that I arrived home carrying a big smile on my face because the scent of a flower had touched my soul. The next day, it was crystal-clear that I would take the same route and pass by that flower again. The moment that my senses could resonate with my soul again, I felt far less indecisive.

## To will along new ways

Even more than the first two times, I tried during the recovery of the third episode to learn from everything that seemed to have contributed to the crisis. I realised I had let go a part of my desire to join all ambitious people around me. I mourned that loss.

The believe in a makeable self in the context of ambition meant to me that it should always be possible to get recognition through hard work. Letting myself be carried away combined with credulity appeared to be gunpowder to me: it ignited a psychosis three times. I had to learn to stop trying even harder when being surrounded with people that don't care for me. Most people recognise natural alarm bells, such as stiffness, a headache, hunger, sleeplessness, or a flu, to protect themselves against overdrive. And they naturally move away from people that don't value their enthusiasm. In my case my inner motor can roar that loud that I don't hear these inner bells anymore, nor do I notice the deafening silence of uncaring people. I have to learn to sometimes consciously slow down and listen carefully. I feel I have often been encouraged to strive for more, to reach further, to grow, and seldom to learn to curb. Society seems not to be made for those who unfortunately can overrule their own alarm bells.

By now I feel much more comfortable having limited my ambitions, because I think that the skill of balancing one's ambitions simply belongs to mature behaviour. I am still exploring how to deal with demanding work environments in a healthy manner. And in my current situation as being an almost fulltime mother, I am grateful to be surrounded by friendly neighbours and a loving husband. In this safe cocoon, I can hardly imagine becoming psychotic again. But it wasn't always like this.

When I got pregnant I was altogether free from medication. Pregnancy, delivery and the first months after giving birth are known to trigger psychosis. My husband and I took this very seriously. We considered all options. We decided to decline the offer of preventative medication and hospitalization and organize extra care at home with our own psychiatrist.

## Motherhood on my path

Earlier I described how a hug and everyday room furniture made me connect to reality again. My psychiatrist supported the conviction of my husband and I that familiar faces and a familiar surrounding were not only beneficial to recovery, but also to prevention of psychotic decompensation. For that reason, when facing the challenge of pregnancy, child birth an lying-in period we brought in a 'doula' (delivery coach) and arranged extra emotional support for weeks after the delivery. I felt all this helped canalize my thoughts and feelings in a healthy manner and I am grateful to have had the privilege to experience the full range of feelings that come with pregnancy, childbirth and lying-in period, without medication.

However, it was shocking to discover how challenging breastfeeding proved to be. I really wanted it to work out well! At a certain moment I laid the baby in twenty times a day. I could hardly take care of myself. I felt the familiar woolly blanket, this time of breastfeeding worries, become thicker and thicker. Every spoken answer in a conversation left my mouth with a certain delay, because every sentence spoken to me had to first pass several breastfeeding thoughts and be repeated internally. Nobody noticed this delay, but I knew

there was something wrong here: I observed an unhealthy will for breastfeeding, an uncompromising will that had grown rampant and I decided by myself to timely and gradually cut down on breastfeeding. I felt truly uncomfortable doing something completely against my pro-breastfeeding speeches of weeks before. I presented my psychiatrist with my plan. He supported me and said that this indeed was a way to fade out such thought-theme. A friend had heard that I had stopped and her response was illustrative of how some people think a psychiatrist-patient relationship looks like: Really a good thing that the psychiatrist told you to better stop breastfeeding!" It didn't occur to her that I decided to stop myself, whereas I think my response could embody something of taking an adult approach towards ambitions. For I balanced good care for myself and a conflicting strong ambition.

## Conclusion

Because of the vulnerability for psychosis, with the characteristics that I have explained, I do not fully believe in a cognitive strategy for directing and adjusting my will. Nor do I believe that the psychotic episodes have fallen upon me, solely due to external factors.

In my view each build up stage towards my psychotic episodes shows a combination of a sickening intense willing with an important societal influence. Recovery and prevention, in my opinion, profit from a combination of encountering and being offered a healthy environment and of willing in a healthy way – of which I have provided two examples.

Now that I know how my will can make me neglect my body I am extra vigilant. I do not want to go astray, but I do also not want to be numbed. Though temporarily numbing thoughts, feelings and the will might be necessary for practical reasons, encounters with people dear to me and with everyday things truly stimulate my will to take part in the common world.

Also with respect to recovery I opt for an ambivalent position. Although it is tempting to ascribe an all too great role to the will, I think that an environment that stimulates recovery is indispensable. Know-it-alls like me with the misfortune of an illness of the will, are not going to recover, I think, by applying synthetic brakes (drugs), physical brakes (isolation cell), or even talking persuasion 'for one's own sake'.

I hope that my story has given insights in how I have learned to cope with ambition in relation to my vulnerability, in a way that goes beyond the acceptance of simply avoiding all risk of stress as the only ambition. And I hope that the effects of what is common and trusted can be used more extensively by caregivers as a helping factor for revitalising the will.