

Peer-Professional First Person Account: Before Psychosis—Schizoid Personality From the Inside

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Introduction

The occurrence of schizophrenia as a worsening of schizoid traits previously present has been a topic of interest for some time.^{1–4} However, it is generally the case that information on a day-to-day basis about the premorbid personalities of psychotic patients when they come into care is fragmented and limited. In this article, I describe my own experience of schizoidism, into which I had insight, before I became psychotic. I also give some comments on how this worsened into psychosis.

This from-the-inside account shows the complexities of the predisposition to psychosis at the individual level. This avoids a merely retrospective study as I was aware of my schizoidism real time in 1968, 11 years before my main psychotic crisis. However, in 1975, just 4 years before the crisis in 1979, I had graduated with a First Class Honours degree in psychology from the University of Bristol, so I was quite well-read in human science and also had enough insight to realize that there were “unusualities” in my own personality that aligned me most closely to Bleuler’s “schizoid personality” as a category.

Although I was not a cold person, I had lost count of the number of people who had said that I often was “far away,” “not aware,” “miles away,” or “remote” and these do tend to be the everyday descriptions of schizoidism in people known to me who have fitted this category, rather than “coldness.” For me, the inner life was far more prepossessing than the outer, in the terms of Guilford⁵ I was a cognitive and emotional introvert not extrovert. This made psychology, psychiatry, and psychoanalysis suit me far better than my previous subject at university, which had been geology.

Reading previous critical writers on schizoidism such as Fairbairn,⁶ Guntrip,⁷ Storr,⁸ and, later, Sass⁹ had been a disturbing set of experiences, but it was of some relief

to find that the way I felt about myself was a constellation of signs that did have meaning in terms of the recognized knowledge of the day. My subsequent journey on in psychology to PhD and DSc levels has at least give me the material to see more clearly the nature of the suffering I went through even before psychosis. Having said this, I hasten to add that there were many people in those days who regarded me as “perfectly normal,” so it is clear that these signs I will elucidate here were not necessarily at all noticeable to everybody else. It seems that the schizoid personality can suffer quietly and out of view.

The Life of the Mind

Although very individualistic detachment and isolation are dominant, a feature of the schizoid personality can very well be the overvaluation of thought. It made me inept about (and at times even scorn) mundane things such as washing up, getting a haircut when I needed it, doing the bins, and little things like that—which really have to be done, just to get on with life.

My inner world of analytical thought and fantasy at first was chosen and preferred but by 1978/1979 became demanded, preoccupying, and overvalued—at worst to the exclusion of almost everything else. In the spring of 1979, just before the episode, I well remember sitting on my bed in East London and muttering “God ... please kill me.” My inner analytical life had become so arid, drained as it was of all color and feeling, that it seemed hardly a life at all—and yet I could not stop it. My whole existence had contracted to a closed world of endless lines of reasoning and inner dialogue.

Early signs of these difficulties in thought were the feeling of—what I used to call—an inner “black cloud,” which very occasionally would leave me. It was a kind of vague and subtle “inner Noise,” but it would only leave me for a few minutes making me feel open to the world and clearer in thought and being. It was a kind of “hemmed in” feeling in my head as if I didn’t have much

space to move in, but in a tunnel vision sense, I could see forward but only forward. It was a “crowded” feeling, hence the inner noise but the emotion accompanying it was negative, and it was always there except when “the cloud” lifted. Then it was as if the sides of my mind were let down for a brief interlude and somehow I could “see,” and for a few minutes, socially, “everything was obvious and easy.” It was not surprisingly a great relief when this happened, but it was only very occasional, perhaps three or four times in 10 years.

My attachments to people were very slender. I was so obsessed with the life of the mind and the use of intellect for defense and self-justification that the life of relationships was secondary to me. I also was a person who had no commitments other than to the life of the mind, so I became a nomadic type, a loner, a recluse. Even at the height of my anguish in 1979, the thought never crossed my mind for a moment to ask anyone to help me. This was the price of being a totally self-contained reasoning entity.

Vacuousness of Self

One of the less tangible features, however, of schizoidism is existential fragility. Several of us in this ball-park of experience talk of the noticeable pleasure at zebra crossings when cars stopped for us—it proved that they could see us and therefore that we were ‘there’ and hence existed. This vacuousness to the self, also addressed by Guntrip⁷ has the corollary that one finds it better to live by a theory or an ideology rather than “just live.” Such a theoretical structure gives order and stability.

Vacuousness of identity is not surprisingly associated with extremely faint and permeable boundaries between self and other. One finds oneself *imitating* particularly charismatic others (even having their *face*), while the mere presence of other people, especially loud and talkative people, can be incredibly invasive and draining. “Hell is other people” as Sartre used to say. [Wearing someone else’s face can also be found in Ted Hughes’s poetry (see p116 in Hughes et al.¹⁰).]

Boundary permeability in this context also tends to apply to the boundary within of the conscious and unconscious. The distractibility often commented on in psychosis also includes inner distractibility. Not surprisingly, this has advantages for creativity but distractibility also can lead to “strange” behaviors such as isolating oneself, being reclusive, and doing things such as living behind locked doors or drawn curtains even on a bright summer day—all to cut down distracting stimulation.

If one cannot find oneself or be oneself and so has no idea who one is, one solution is to take on different roles and personas. Perhaps, as did the poet Philip Larkin, by being other people one *will* find oneself? And perhaps by being somebody else one at least exists and is perhaps in some way better?

Overinclusion

The inner distractibility of the schizoid has the effect of confusing and blurring the inner cognitive processes of categorization. This—perhaps through overconnectivity of thought—leads to categories merging and coalescing into a totality rather than being separated and distinct. The result is enhanced similarity perception and hence the often mentioned overinclusive thinking of thought-disordered psychotic patients. In my case, this led, back in 1973, to me totally failing to write up, as individual papers, any of my research from my previous PhD subject, geology, because every topic I had worked on seemed to *merge* and blend with every other topic, so, in the end, it meant publishing everything at once or nothing at all. What was actually sinister about this is that I realized at the time in my little room in Sweden (where I was on a research fellowship) that this “merging” process was occurring in my mind and that it felt abnormal. I knew something was definitely wrong; I felt within that this process should *not* be happening; it was totally unwanted and counterproductive, but, what was worse, I could *not* stop it.

As we can see from the above, a lot of processes described in the psychosis-prone mind do grade into one another. An outcome of them all and a factor in itself is not surprisingly *anxiety*, which can be almost debilitating in schizoid persons and was in me. A frequent spin-off of this anxiety is a strong *startle* response in psychosis-prone people and, strangely, a capacity to easily move into self-relieving altered states of consciousness. This, of course, makes role playing relatively easy, and this has advantages in acting and fiction writing where many different believable characters have to be created. Seeing meaning in coincidences (dangerous in psychosis) is another, quite strong, tendency and was a very significant factor in my own eventual shift from realistic fear and anxiety to delusion. It was related to the urge to see significance and implications—very much to be expected in the pondering, meaning-seeking, introverted mind that likes to be deep in thought—as often I was.

Clearly these peculiarities do not make for a very social style of personality, and so my bonding with other people was always fragile. This also produced paranoia-enhancing experiences of disloyalty and betrayal by, usually male, “friends” and coworkers. In this way schizoidism and paranoia blended into a vulnerability factor for psychosis.

Callousness

One of the tendencies that sickened me most in my old self and that makes me cringe to see it in others is the horrific alternation in the schizoid person between callousness and sentimentality.¹¹ This is to be expected, as Bleuler¹ would say, in those who cannot integrate thought

and feeling. Callousness after all is thought with little feeling and sentimentality is feeling with little thought. In life, social life, behavior like this could not be more problematic and alienating.

The callousness of the schizoid, something of which I am deeply ashamed now as I look back, also implicitly carries with it high aggressiveness, something generally quite useful in intense reasoning. But in me, the underlying emotional life was merely a simplistic one of anger, fear, and sex, which masked out any possibility of a more differentiated affective tapestry within. Indeed such a simplistic emotional life I found itself disturbing so was better suppressively kept at bay for as much of the time as possible. This made integration of thought and feeling pretty well impossible.

Arrogance

Socially and sadly one of the most disastrous features of the schizoid personality is perceived arrogance. On the inside, however, things may not really be like this. I remember well in the old days actually feeling very inferior because I didn't feel that I "ticked over" in the same way as everyone else, but I occasionally would have strange—what I used to call—"megalomaniacal moments" lasting just a few seconds, which made me a lot of enemies among people who did not really know me. I often wonder whether, in madness, in 1979, this strange, somewhat manic or hypomanic tendency did not feed into the grandiosity implicit, if not explicit, in paranoid delusions (hypomanic traits were subtly mixed in with my schizoidism). After all, if one is at the centre of a massive persecutory plot (as I thought I was), one must at least be a person of consequence and a person of some importance for all this trouble to be being taken by so many people on one's account. Reflecting on this postpsychosis is particularly sickening, embarrassing, and humiliating. One can see here, however, how tendencies in the prepsychotic personality can feed in not only to the negative but also to the positive symptoms of psychosis.

Medication

It is refreshing and a relief for me to say that *all* of the personal unusualities outlined above were totally eliminated in me *within minutes* by haloperidol medication in early November 1981, something that software processes such as psychotherapy (1967–1968) and insight had failed to do. Reflecting on my tormented past, I remember thinking when the drug first started to take effect: "It's all over." In a way, I have never looked back from that moment; the medication revolutionized my life and is a tribute to that much maligned endeavor: biomedical psychiatry. Having said this however, I do not believe that my schizoidism alone would have led to psychosis without a host of unbearable experiences also having been piled

upon me—some of them directly or indirectly because of it. These pathoplastic factors turned the key in the lock created before I was 21 and opened the door to insanity. Haloperidol medication effectively neutralized what in no small measure may well have been genetic biases (my brother George also was schizophrenic) and basically has cut off the potential pathway to further horrific social experiences that might have occurred and could have led to a repeat occurrence.

I previously have mentioned some pathological processes that I noticed at the time with insight that I could not stop. As psychosis approached in the summer of 1979, the verificationist tendency (confirmation bias) also started to gallop and in madness was unstoppable. I could always confirm my delusions but not refute them. These instances of being unable to stop processes by any conscious effort show a failure in inhibition at an organic, automatic level and reveal of course that control and modulatory processes are not all conscious software procedures. Again medication totally solved this problem.

The Shift to Psychosis

The actual shift to psychosis began when my sexuality of those days—transvestism—was outed by neighbors. Transvestism is a form of sexuality which in principle, and ironically, requires no relationship and it was, in those days (1974), a tremendous source of guilt and shame for me.

My mother had said that my late father "couldn't stand your kind." But having been brought up at home and school to feel worthless because of the way I was, I had no resources of self-esteem or self-pride to counter the stresses that this outing of my sexuality put upon me. In this way, a severe stress operating on someone of very fragile self-esteem and low ego strength, brought about, eventually, psychotic paranoid thoughts. My complete recovery from this macabre life situation has been previously documented¹² but suffice it to say that the black cloud removal by haloperidol has induced me to think that this medication has not at all turned me into someone I'm not, it has instead removed the barriers that were preventing me from being who I am.

Concluding Remarks

Although descriptions of the schizoid personality foreground detachment, isolation, and qualities of thought, the shift from schizoidism to psychosis clearly is a deeply emotional affair in which conscious experiential factors loom large. The vulnerability may well be organic, and probably is, but the consequences for conscious life of the unusualities of the psychosis-prone mind involves a host of negative rejecting experiences for affective life, which make a break with the consensual view of the world, and a break with any feeling of oneness and camaraderie with other people, more likely.

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