First Person Account:  
How Insight Poetry Helped Me To Overcome My Illness  

by J.C. Tolton

The article that follows is part of the Schizophrenia Bulletin's ongoing First Person Account series. We hope that mental health professionals—the Bulletin's primary audience—will take this opportunity to learn about the issues and difficulties confronted by consumers of mental health care. In addition, we hope that these accounts will give patients and families a better sense of not being alone in confronting the problems that can be anticipated by persons with serious emotional difficulties. We welcome other contributions from patients, ex-patients, or family members. Our major editorial requirement is that such contributions be clearly written and organized, and that a novel or unique aspect of schizophrenia be described, with special emphasis on points that will be important for professionals. Clinicians who see articulate patients with experiences they believe should be shared might encourage these patients to submit their articles to Schizophrenia Bulletin, First Person Accounts, EEI Communications, 66 Canal Center Plaza, Suite 200, Alexandria, VA 22314.—The Editors.

In 1986 I suffered a severe mental breakdown. I have had serious mental health problems for 15 years. Over the past 15 months, my mental and physical health has improved considerably. During this period, I have been writing and using insight poetry to help overcome my illness.

With this article, I hope to highlight how I saw my illness and the care team before I began writing and using poetry, and how I now see my illness and the care team since my last admission, 15 months ago—which I think of as a health watershed. I also hope to demonstrate how I use insight poetry and other techniques.

Insight may be defined as mental penetration or discernment. Discernment is the process of making out, discriminating, or distinguishing.

How I Saw My Illness

When I broke down in 1986, the experience was terrifying. I felt as if I was caught up in a living nightmare. I was utterly in the dark as to what was wrong with me. My thoughts were so disturbed and deluded that I was unable to come to a logical conclusion. I can recall thinking that when the sun went down, I would go blind. I would say to myself... don't be afraid of the dark.

Basically, I didn't have any real insight at that time. My thought processes involved a powerful stream of anxiety and delusion. Rubbish input, throughput, and output—I was putting 2 and 2 together and coming to the answer 5. I was not differentiating between reality and delusion—a very disturbed and disturbing mental state.

I didn't have the right words or experience—the tools of psychology perhaps—to appreciate that what I was suffering was a massive breakdown. I was unable to formulate a rational explanation. I felt confused, embarrassed, and in denial. I had always been proud of my academic achievements, and now my mind was literally grinding to a halt and my thought processes had become irrational.

As a result, I began to carry this burden of psychosis in a repressed state along with a multitude of repressed anxieties. I had no outlet for either delusion or anxiety, and intermittently I would relapse when the burden became too much for me. All of my anguish was bottled up inside me.

For a long time now, I have been actively seeking answers and a solution to my mental health problems. It is as if I have been piecing together a complex puzzle, working from first principals with only general knowledge to draw on.

An example of my psychosis would be that electricity was constantly arcing across from electrical appliances to my temples. Associated irrational behavior was that I took a metal tray outside to try to triangulate the source of the electricity. An example of my neurosis would be feeling extreme guilt and conscience about trivial events from my childhood and past.

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I was trying to behave normally, when my inner mental state was in turmoil. In spite of this I was able intermittently to work in employment requiring professional levels of mental skills in high-pressure environments, always carrying my mental health burden in addition to my work responsibilities.

How I Saw the Care Team

I have in the past been very disturbed and upset by the treatment I have received. My first contact with the mental health system left me frightened and scarred. Loss of liberty and the shocking ward environment made my first experience like a psychological punishment—an experience I didn't want to repeat. The harsh ward conditions and a martinet approach from day one, didn't lay well with my slightly rebellious nature. The lack of bedside manner at the point of first contact sowed the seeds of mistrust, which I am only now beginning to overcome. Far from helping me to overcome my illness, it was further repressed and compounded by successive readmissions. Instead of talking my problems through with health care professionals, there was an almost immediate breakdown in communication. I feel that the value of talk therapy at that time was underestimated. I didn't respond well to the treatment offered.

Much of the information available from groups at the time didn't register as being relevant. The staff were good people, but the group discussion material was going in one ear and out the other. A combination of the illness and awful drug side effects meant that I was not in the right frame of mind to learn.

I felt persecuted by a mental health system that cruelly labeled, then processed people and that seemed to have little success in either improving the quality of patients' lives or curing them. One could even hypothesize that the system was detrimental to the health of both patients and staff. How health care professionals themselves maintained any level of motivation or morale under such conditions amazes me to this day.

How I See My Illness

I see my illness as complex but controllable. During my admission to the new ward facilities 15 months ago, I took a long, hard look at myself and realized that I had to address my health problems. I decided to write my own care plan and to take personal responsibility for what I said, how I reacted, and how I behaved.

I studied one of the group handouts, which listed assertiveness skills. The toolkit mentioned that individuals should take responsibility for how they feel and avoid blaming others.

I recommended a self-monitoring process, looking for early warning signs, for example, delusive or neurotic thoughts, loss of temper, or erratic behavior. If my thoughts were at all disturbed, I would fall back on the poetry that I was now writing and nip off the offending thought train before it developed—a type of self-censorship perhaps.

I noticed that successfully identifying a delusional thought actually dissipates the fear, anxiety, and tension that are associated with that delusional thought. After all, if the thought is delusion and not fact, then what is there to worry about? The cycle is broken, and I immediately feel calmer, more relaxed, and reassured. It is perhaps like waking from a living nightmare and being able to reassure yourself that it is only a nightmare and not reality: your fears are unfounded, and your worries have no root.

An example of where I have broken the cycle of delusion and anxiety is an instance where the extreme anxiety and delusion are linked by the subject matter, e.g., extreme anxiety over antipsychotic drugs, and the delusion that an architecturally strange building must contain an awful factory producing such drugs. Seeing or visualizing that building triggers an attack of extreme anxiety. The psychosis/neurosis episode is perhaps self-perpetuated until the cycle is broken, the delusion is exposed, and the fear, tension, and anxiety are dissipated.

I now see improving my health as a challenge. My motivation to stay healthy is high, and without getting too euphoric, I am quite determined not to relapse. My personal way of looking at health is a holistic one. There are many facets to both physical and psychological well-being. For example, my body weight is 20 percent lower now than it was 9 months ago, and I exercise regularly. My poetry records my health achievements and acts as a reminder to keep up the good work.

The most important change in the way I look at my illness is that I no longer deny to myself that my thoughts have been disturbed. Only in this way can the repressed burden of psychosis and anxiety be thrown off.

In contrast to the feeling of being psychologically punished by previous admissions, I look back at my last admission rationally, as having been necessary to stabilize my health, which was at that time in a state of deterioration.

How I See the Care Team

During my last admission I decided that I would work with the health care professionals. Thinking rationally, I decided to use the service positively, hoping that my health would benefit. I made a conscious effort to do so and to take active responsibility for my own health. I demonstrated my intention to the ward round by putting together my own care plan, based on group sessions,
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printed handouts, and my own ideas. My care plan consists of a list of early warning signs: untidy appearance and dress, inability to cope with stressful situations, eccentric behavior, disturbed thought processes, bottle-up anxieties, preoccupation with the past, and unassertiveness. In the event of early warning signs, my care plan tells me to talk to staff. I keep my care plan at home, pinned to a corkboard for reference.

During and after my time in the new ward facility, some staff members kindly said that I had helped other patients in discussion groups. As I believe that kindness is a more positive motivator than force, I was encouraged and responded by redoubling my efforts to improve. It was nice to hear such positive feedback; it was as if the right chords were being struck. I began using ward nurses and my CPN as counselors for talk therapy and had some early successes with talking my problems through. I felt as if I was being helped in a practical way and that the staff was on my side. My confidence was boosted.

I have since started asking for advice relevant to particular problems that I don’t have answers to. For instance, the relaxation/yoga technique Shavasana demonstrates how to completely switch off one’s thinking, which is particularly useful if one wants to get to sleep quickly and not lay awake thinking into the early hours. The above technique can be applied to block delusive, neurotic, or everyday thoughts. I focus on blackness and don’t allow any thoughts to occupy my mind. I quickly drop off to sleep and awake well rested.

Another tool that I now use to control my mood and behavior is a technique recently demonstrated on the local television news. It is based on traffic light colors, red, amber, and green. The technique is taught to young children but can also be effectively used by adults. I self-monitor my mood and behavior. I then decide whether my current mood or behavior falls into a negative (red) or positive (green) category. If one knows that current behavior is, say, red, then steps can be taken to mitigate the negative behavior. For example, if I feel on the brink of losing my temper or saying something that would be hurtful, instead of losing my self-control, I might take time out for a walk with the dog or listen to some music until my mood returns through amber to green. Controlling one’s temper and simmering down rather than spontaneously reacting aggressively is a better option than upsetting oneself and one’s family.

Role-play acting where one pretends to be in a good mood even if one feels unhappy is useful. Also, practicing how to smile will actually encourage a cheerful mood. Both of the above are useful ways of improving one’s mood and behavior and can effectively reverse a potential confrontation situation.

After a period of consciously using insight poetry and other tools, it seems that the improvements in one’s behavior, mood, and social skills become engrained—almost second nature.

Generally, the reaction to the progress I have made has been very positive. Family, friends, and the care team have indicated that I’m doing well and on the right track.

Writing and Using Poetry

I started writing poetry, intending it to be a creative and interesting way of keeping a diary. The subject matter of my poems gradually developed, however, and the writing became an outlet for the pent-up feelings inside me. Often humorous, the poems allow me to release pent up nervous tension. The poems themselves are verses built around fragments of ideas that have occurred to me. Part mental exercise and part word puzzle, the writing has become my hobby, and I think of the poems as commonsensical, useful adult nursery rhymes. I can harmlessly vent about any subject that is causing me anxiety. Also, writing the poems is a form of self-exploration.

If the act of writing the poetry is a healthy way of letting off steam, it is also a way of recording the summary or essence of a subject matter that I have scrutinized—a topic put under the microscope, so to speak. I can refer and re-refer to the rhymes and so raise the subject matter to a higher level of consciousness, increasing my awareness of that subject matter. The rhymes are like a crib sheet, or revision notes for a test.

The poems are usually constructed as rhyming couplets. In such form, they are easy to remember, useful because it is all too easy to fall back into bad behavior habits.

It was perhaps difficult for me to see myself as other people saw me. But I knew there was a problem that needed to be addressed, a complex and many-fronted problem. My poems deal with many different fronts that in some way affect my life.

Looking at psychosis in isolation, I realize that I had disturbed thought processes, but not all of my thoughts fell into the category of disturbed. I had a body of ideas that were nonsensical. This occurred to me only recently. Before such insight I was not consciously splitting delusion from reality. The realization that such a body of nonsense existed was a dawning for me. I decided, humorously, to call it my fourth A level. Generally, the body of nonsense gets added to and grows, distorting proper thought processes.

My next success was being able to identify which thoughts and ideas were the delusive ones. If a delusive thought came into my head, I would ask the question, “Is that thought delusion?” If the answer to my self-imposed
question was yes, I would repeat the first two lines of my "Psychosis, Disturbed Thoughts, Light, and Hope" poem: "That thought was delusion, I've nipped it in the bud." In fact, I have three categories: (1) delusion, (2) neurotic, and (3) normal. I identify and nip off thought trains that fall into a negative category.

In this way, my historically muddled thought processes are being unraveled and I am finding a path back to good mental health. My insight poetry acts as a practical tool to help and guide me.

Conclusion

In conclusion, insight poetry and other tools of psychology have helped me to overcome my illness. I hope that this article has been both interesting and useful and that it will in some way help other sufferers of serious mental illness.

Examples of Insight Poetry

Psychosis

Your delusive way of thinking,
Makes you behave eccentrically,
And you just don't know you're poorly,
Hypersensitivity.
When you act on disturbed thoughts,
To your cost you may soon find,
That such disturbed thought process,
Is a dangerous, state of mind.

The pace of life

Physical and mental,
Treat your body and your mind,
In ways that are quite gentle,
And hopefully you'll find,
That you won't wear out so quickly,
Or suffer burnout stress,
Both physically and mentally
Subject, yourself, to less.

Psychosis, disturbed thoughts, light, and hope

That thought was delusion,
I've nipped it in the bud.
I can recognize thought rubbish,
And split factual from the dud.
I can separate the nonsense, from reality and fact,
From my muddled past existence,
I am finding my way back.