ABSTRACT This article traces my struggles with psychosis, arrest, psychiatric institutionalization, and recovery. Mobilizing a cathartic approach to autoethnography, I reveal my resistances, resiliencies, oppressions, nightmares, and recovery processes in the mental health system as I became entangled in another, darker reality and tried desperately to escape it. This work is a contribution to the emerging field of Mad Studies that seeks to privilege lived experiences with madness and the mental health system as a way of knowing. I found that doing an autoethnography of the mind helps recover the pieces of a fragmented identity and heals some of the visceral horrors that haunts us through and beyond experiences with mental illness.

KEYWORDS autoethnography, psychosis, mad studies, resiliency, agency

INTRODUCTION

Terror struck me in the fall of 2013: a psychotic nightmare that lasted many months, and which accelerated in intensity as the days passed. In September 2012, I had started a PhD in sociology on the west coast of Canada, and I knew after four short months that I would not survive the duration of the program. Many of the people there were toxic, embittered, confused, burnt out, and unwilling to change. I was an angry, passionate young man who erred on the side of principle, and in my own fury, I had made it my mission not to go down without a fight. Over the course of the year, I had many conflicts with others—some matters trivial, and others very personal. This was no place to pursue research, but it was the choice I had made, and I was determined to follow through with the commitment after having moved across the country with my fiancée. With very little in terms of an emotional support system, since many of my friends had moved on elsewhere and my family resided on the other side of the country, I went through much of my struggle alone and isolated. My mental health was slipping. I became very depressed, cynical, and infuriated. I was disgruntled and vulnerable. The next phases of criticism and unhealthy work relationships sent me into a rage. I stopped showing up to classes. I started to become paranoid of the many authority figures in my life, who seemed intent on bringing me to heel. And I was set to have shoulder surgery in October for repeated dislocations, intensifying my fears. Leading up to the surgery, I began hearing voices. I believed there were messages in the music I listened to—my own compositions, as well as others’. The surgery was successful but painful. I was prescribed tramacet for the pain relief, and I took every pill. While my physical pain eventually diminished, this period marked my entry into another reality.

Fast-forward to 2014. About a year into my recovery from a battle with psychosis, I was still very much at war with the stigma, trauma, regret, and utter loss of self-
confidence I felt as a result of being mentally unwell. My ontology had been struck; my entire sense of self and being was hidden in a place I could not find. I endlessly questioned how I should proceed with a life I thought was irreversibly ruined. But then I realized that if others could story their suffering in a way that showcases their capacity to survive abject circumstances, remain resilient, recover and learn, and then help others do the same—so could I. I began to look for ways that my own suffering might serve as a catalyst to regain all that I had lost. Since then, the power of the story has left me bewildered, grateful, and with many questions. Namely, what place do the mad have in society to resist those who conceive of madness as an ontology or space that must always be fixed and exited? How do we still acknowledge the “badness of madness” as a source of both ruin and enlightenment, and something we must recover from and move past in order to live a manageable and viable life? How do we identify the unstable boundaries between the livable and unlivable forms of madness? In the face of that knowledge, what are the best ways to respond?

In trying to uncover more about what this mystery has meant to me, and to better understand how stories can reshape lives and tell us things we do not yet know, I embark on this autoethnography. After describing the research design and phenomenological lens that guides this research, I trace my journey through madness and the mental health system through an analytic approach to autoethnography. I reveal my resistances, resiliency, oppressions, institutionalization, nightmares, and recovery process as I became entangled in another reality and tried desperately to escape it.

**DOING AUTOETHNOGRAPHY: PURPOSE, STRATEGIES, DILEMMAS, ETHICS**

Autoethnography is an approach to research and writing that rigorously analyzes the self and personal experiences in order to understand broader cultural experiences, systems of power, and wider political and social meanings. Autoethnography was inspired by the postmodern crisis of confidence in the social sciences to produce facts and truths out of grand and master narratives. Most writers in this tradition tend to write about recollected moments and epiphanies that are thought to have significantly shaped the trajectory of their lives, or “times of existential crises that forced a person to attend to and analyze lived experience.” By accommodating and recognizing the impact that degrees of subjectivity, emotionality, and evocative personal experiences have on the research process, autoethnography can deepen our concerns for social justice and empathies for marginalized populations. Doing so requires that our experiences demonstrate to readers how they might experience similar epiphanies or connect with the cultures being illustrated that traditional research tends to overlook. Most people in the world, at some point or another, experience a serious mental health issue or know someone in their personal network who has tried to navigate it. This research will contribute to the body of service user-centered literature by examining emotionality and surrealness during and after mental distress, tracing the feelings and sentiments that occur alongside recovery, and discussing how these experiences are connected to wider systems of psychiatric power, oppression, and institutionalization.
The phenomenological lens guiding this research privileges my lived experiences with madness and their relation to family members and other actors in the mental health system as a way of knowing. Phenomenologists capture the essences and structures of a phenomenon, or more specifically, the core elements that appear to consciousness and cause us to “question taken-for-granted ideas, assumptions, and presuppositions veiling a phenomenon.” Although my thick rich descriptions of the most memorable, heavyladen, and impactful events are both subjective and subject to interpretation, I intend this research to have generalizable meanings. This is why my approach to autoethnography is more analytical than evocative. While the point of evocative autoethnography is to bring readers into the lived experience of storytellers, who are often at the margins of society, in order to promote empathy and understanding and to develop community, the narratives presented in analytic autoethnography seek to make raw and sometimes widespread conclusions about the impact of institutional power, relations, and regimes of truth. My approach to this article is more traditional because the point of my claims is to go beyond the story itself and service, rather, a wider critique of the mental health system. When writing my accounts of living psychotically and then recovering, I drew on an ethnographic narrative form that is both poetic and story-like, and uses character development and plot description to illustrate points of tension and suffering that are difficult to put into words in everyday conversations or more traditional forms of academic writing. These supplementary, creative interventions in the self-narrative helps me reflect on the emotional dissonance that occurs when my perceptions and representations became at odds with, or conformed to those belonging to, medical experts who are in a position of authority and trust.

As Marshall and others argue, doing first-person research involves a number of assumptions and dilemmas, namely, a stable and coherent self, questions over whether evocative ethnography is better than an analytical one, concerns that confessional tales are a practice of self-aggrandizement and indulgence rather than thick rich self-reflection, and an understanding that no biography or autoethnographic narrative is ever complete (or always coherent). Since I situate this piece along the spectrum of phenomenological inquiry, validity and truth in this context carry particular meaning. As Ellis and others note, the memory is fallible, and therefore it is impossible to describe what happened to me in a language that exactly represents how the events were lived and felt. Validity, under these circumstances, refers to my ability to evoke in readers a feeling that my descriptions are lifelike, believable, possible, and coherent. I am in control of the narrative, and as a phenomenologist I have chosen what minutiae to reveal to readers. The validity I try to achieve is one that denotes my story as being useful to my audience in such a way that it can be mobilized into a critique of the mental health system. Granted, I was psychotic, and writing about distorted imaginaries and delusions—things that sometimes were not true in the realist sense of the word—may raise questions about the truthfulness of the entire narrative. Indeed, I have had my own suspicions and doubts about the extent to which my own paranoia, break from reality, and interpretations of everything around can be conveyed. But isn’t that kind of thinking exactly what I am trying to challenge in this account? By articulating the lived experiences—and ultimately, a narrative truth (not to
be confused with a historical truth)\textsuperscript{18}—of a mental health service user thickly and descriptively, I resist conceptions of people who experience mental illness as utterly disabled and unable to make claims about their care better than clinicians or those who are privileged enough to live life sanely.

To achieve this kind of rigor and narrative realness in my own autoethnographic account, I drew on Marshall’s evaluative criteria for quality autoethnographic writing. While drafting and polishing my story, I aimed to write accounts that were “alive, rich, and multi-faceted but also succinct . . . [so as to] bring experience to the reader sufficiently well and not draw them into too much [unnecessary] detail.”\textsuperscript{19} Throughout the revision processes, I challenged my story to be appropriate to my research question. Specifically, I asked, does my story critically speak to resistance and suffering in the mental health system? Does it invite readers to reflect, challenge, and give lively feedback on my account? Do I strike a balance between attention on the self, my agency, and interactions between other agents of the mental health system, family members, and other spectators? All in all, do I tell a story that honors and keeps alive multiple connections and brings into focus a critique of the mental health system that is evidenced and not polemical?

That being said, my story is incomplete: there are darknesses and shames I am simply too fragile to share with others. Remembering to exact degrees what seas of voices were telling me, or what delusions I believed and engaged, is a difficult process. I had to access forms of meditation and prayer and listen to strange music to be able to relive (and then write about) some of those moments, and, still, I consider the narrative to be fragmentary. Moreover, most of us know that the repercussions of many forms of mental illness can be permanently damaging, life altering, and greatly traumatic to family members, communities, and those afflicted. Therefore deciding what to share and not to share was intrinsic to the ethics process. Writing about my battle with psychosis and recovery is traumatic. Just thinking about it causes me to suffer. There is no life ahead of me where I will not relive from time to time its horrors and nightmares. I accept that the worst of madness is a permanent haunt; those who survive it are chased by this ghost, and when it backs off, it is usually accompanied by the promise of return. Family members caught up in my struggle were left in dismay: they had to reconcile in their recovery how affliction can strike someone’s reality in such a way that the mind is turned inside out and destroys everything in its path. How do we pick up the pieces and move on? There is much literature on writing about trauma, doing sensitive research, and different techniques to make things more comfortable on the researcher,\textsuperscript{20} but in my case none of it mattered. There is no easy way of confronting the darkest period of one’s life and turning it into an article or dissertation. Making sense of my greatest tragedy and victory started the day I became psychotic, and will live on in the words and memories I choose to surrender.

I do not imply that I always have full control, or that doing a PhD has been easy. Despite my strength as a scholar, I have internal weaknesses and mental limits that grind my progress and grip on reality to a halt—limits that I did not become aware of until it was too late. In early March 2018, after what had been a remission of four years from brief psychotic disorder and about three years without the need of psychotropic medication, I experienced symptoms of paranoia and delusions all over again. Whatever was
holding together my mind during this period fell off the radar, and the world started to become against me all over again. Did the triggers cause it? Was it pathology creeping its way back in the lived world? Who knows? But the difference, this time, was that I got help right away and went back on medication, and within a couple of months I felt back to normal, in the strangest sense of the word. “Normal,” for me, means that I wake up unafraid, and that I can shrug off the occasional imaginaries that come over my presence. It is during this time that I write this article. I am medicated, but I am protected from the darkness that could lurk in my thoughts as I tell you about madness. Tears stain some of these pages, but this is something that must be done for the sake of obtaining closure from this dark time in my life, helping my own family members recover from the pain they experienced in trying to help me get better, making better sense of an experience that has puzzled and created in me a great sense of uncertainty over what reality is and how it can change, and doing justice to the stories of madness that are far more complex and ineffable than the established medical systems dictate.

Last, I should note the gratitude I have for family members mentioned in this narrative. They helped save my life, and I have worked hard to capture their heroic efforts and resiliency dealing with a psychotic body. To help ensure that their side of the story is somewhat captured, I had my wife read this manuscript several times and help edit some of the events. She had ongoing contact with many of the figures depicted in this story. There were times when my perception of what happened conflicted with hers, and after careful discussion and editing, we came to an agreement over how the narrative should be depicted to capture both my social constructions and the realities experienced by onlookers.

It is now time that I show you madness in all its distinct phases. Now, I will show you madness in a handful of dust.

LIVING PSYCHOTICALLY

The bus door flies open, and I look straight into the driver’s eyes. He has no smile; he stares at me as he waits. And I know he wants to take me to my end. I take one step onto the ramp, and I sprint backward and run away from him. I will go elsewhere today.

I am lost. It is raining, and I am getting cold. My feet are getting soaked. It’s November. I go from street to street, the men in my head point me to the next turn, and I take it. Follow this street. Now turn here. I hang onto their every word. It is the only thing I can trust now that the physical realm has turned evil. I see a car parked by an apartment building; seated in it is a young man. “Travel with him,” the voices urge me. I open his passenger door and get in. He is wearing a cast and texting on his phone. He looks at me in dismay and anger and curses at me, telling me to get out of the car. “What are you doing? Get the fuck out of my car!” I am puzzled—is this not what I was supposed to do? I listen to him and continue on my travels.

I am too afraid to look at my phone. It will tell me the wrong thing; the secret services have a wire on it. So I just follow the voices. I have no idea where I am. Soaking wet, I ask a woman I pass by for help. She just looks at me. My wife is at work, so I call my mother.
I explain to her the circumstances. She is confused. She asks me why I can’t just use my GPS on my phone to find my way back, and I tell her I can’t get on the bus with “those people.” Now I suspect she is against me. She, too, wants to lead me to a certain death. I fight this perception as I talk to her, but it is difficult. I try to take a cab back home. I call one and I think it comes but I can’t see and it looks like a dark van. I am afraid of it, and I do not take it. Finally I use the remaining life on my phone to activate its GPS, and I find my way home. The path is clear now. The good forces have battled to take control of my phone. I get home, draw up a bath, and lay there. My wife comes home and asks me if I am all right. My mother has called her and told her something isn’t right. I fight the voices in my head and tell her everything is fine. I drift off into nightmare and insomnia, voices waking me up at every minute, and my hungry cat swatting me for food. He is becoming less and less real. I am caught in a chasm of voices; I cannot sleep and have little perception of what you see.

I walk along the entrails of the promised land and all I smell is sewage.
I hear the faint echo of the unimaginable,
The tumor of war, all coming from the inside.

The flesh cut limb by limb in the pot. The snakes, the acid, the inescapable. The entire human race thrown into hell on my cold, miscalculating behalf.

And only I can’t see,
Except in my dreams.
Death is everywhere, the threat of perishing.

This is life, I thought.
A sniper’s aim, a grim smirk,
And every retort sounds the same.

Who is anyone? Even myself. You all should die for what you never did. For what I don’t do is what you believe, I believe.
The carpet is mustard yellow, your loved ones are in your mind, and they hate you,
Because you hate yourself and what you never did.
The guilt of thought is like a poison, but not in so many ways. Because you still live, wondering why you didn’t die, and now it is forgotten by the people who never knew.
But the pot still grinds, and you continue,
Knowing only the capacity for yourself
Has been tested.

Poem written November 12, 2015

I go on like this for weeks. After my wife leaves for work every morning, I close all the blinds around me. I set out a row of cups on the kitchen counter for my protection when they barge through the door. I search for the cameras in the room. I taunt them with faces
and foul imagery. I play my guitar loudly in corners to send them shockwaves of noise and hatred. I use every moment to fight against the spies. I await their eventual collapse into the physical world. I will win this, but this spectacular victory never comes, as the intensities build higher and higher in my mind. I keep the blinds closed but put away the weapons before my wife returns home. I take baths to ease the psychosis. I drink sedating teas. Each bath I draw, there is no empty silence. I hear birds chirp. That is Them. I hear children’s voices. That is Them. I hear cars accelerate at the intersection. That is Them. Every noise affects me, digging into my guts and piercing what is left of my life. There are razors on the side of the bathtub. I look at them, and they move. The voices tell me to kill myself, and I fight for my life.

Every day goes something like this, and I am afraid to leave the apartment. I see ghosts trapped in fire, and a merciless figure pissing acid on their skulls. My body quivers at every thought, and I open my eyes screaming inside from these dreams. But there is no more dreaming, no pause of reality. I can’t shake this, I can’t shake this, I can’t shake this. I must plot my revenge soon, and take them out before they take me. But do I even care enough? Do I have enough in me? Oh, will my body ever fail in this state? What more can a man take?

GETTING ARRESTED UNDER THE MENTAL HEALTH ACT AND RELEASED

Weeks later, I search my body and apartment again for cameras. I find nothing. I take my keys from my wallet and lick them. I start to become ill, and a voice tells me to immediately call 911. I nearly faint on the floor and awaken when paramedics and police enter my apartment. I ask the paramedic several times if he is truly a paramedic, and he laughs at me and says yes. The police try to convince me to come to the hospital, and I refuse to do this. So they arrest me. They are large men, one hailing in at about 6’8 and the other about 6’3, both well over 200 pounds. I grip my couch tightly, panicking. I say no, no, no, and they lift my scraggly, 160-pound body from the couch and turn me around. The larger cop lynches my left shoulder, the one that was recently surgically repaired, and I yelp and writhe in high-pitched pain. I do not fight them back. How can I? I tell him not to pull it, I just had surgery on it, and he tells me, “Just don’t fight it.” This all happens in a blink of an eye.

I am pissed off and terrified. This is it. They place me in handcuffs while the other male jokes if they should double-cuff me. I beg the larger man not to take me alone in the elevator with him but down the stairs, but we go in the elevator. But he doesn’t kill me—he just waits patiently for the elevator to come to the lobby floor. They place me in the back of the police van and take me to the hospital. A man in a Canada Post van laughs and signals at me. When I exit from the back, the cop tells me I am under arrest in accordance with the British Columbia Mental Health Act. I wait in the lobby room and plead to see my wife. They keep me in cuffs. I go to the Psychiatric Emergency Unit.

There are bodies lying around everywhere, and the first thing I am told to do is piss in a cup. I wait on a chair while a middle-aged woman, a patient in a gown, makes cry-baby faces beside me. She taunts me. I am crying, and see this all in my peripheral vision, but
I refuse to make eye contact with her. I have more to worry about. I want to leave this prison soon. I can’t survive here long. There are no beds, and half the population looks dangerous. Finally, my wife enters the room and hugs me. A good sign. I tell her I am feeling better, and she doesn’t ask too many questions.

A psychiatrist introduces himself to me. I ask him if he is a real doctor, and he says yes. My wife knows the depths to which I despise and fear psychiatric incarceration. She will not let them keep me. We explain to him how stressed out I have been with school and that I have been having a bad reaction. He asks me some questions. I answer them politely. He asks me if he can let us out of here now, and we say yes. And off I go. The voices haunt me again that night. My life is on repeat.

Into the chaos, the empty cans run against my cylinders

Like the sea,
I breathe in, fight the air, take one last dive,
And so I swim a little dim,
Which car do I take?
No wings on me, the airplane bleeds
Or do I? Where are my eyes? What’s left of the song? So many wrongs.
To writhe and agonize, to scatter yourself everywhere. There’s nowhere to go. Beg, be consumed. Slow down, consume me.
Or to slowly await a pause in time. Realize that final shiver. I can’t...feel. Now make it quick.
Wake up.
Go to the door, nothing is there. Wait. Go to the door, nothing is there. I said wait, wake, wake up.
(You’re never dreaming)

Now the window, the birds speak. Crows? Throw a knuckleball. Gibberish. 3. 2.
The seagull flies over the tree of life. Just like the last thousand times. I wasn’t counting.
The man with his hands in pockets. He has a gun. 2, 3. The numbers of torture.
The birds chirp by the window. The children are brainwashed. Corruption, giants, men in buildings.
Resist. Make noise, turn into a monster. Get them all back. It will all be over soon. Keep telling yourself that. It’s not over. Go for a walk. Taunt the snipers.
Then listen to what the songs say. The dead still speak.
Take a bath. The razor falls into the tub. You wish. I’d rather go down blazing. Pot, smoke pot. Suffer, be silent, hear, hear what you hear. See what you see, see. Think, thought, “Throw them all into the Pot.”
Snakes and machines, grinding, blades, fire, acid, they’ll never die. Who are you talking to, Commander? And why?
Dream it’s your turn. The world smirks. Everyone, sooner or later, smirks. Exactly when you want Them to.

I’d rather be frozen.

Until you’re cold. And it’s all for nothing.

*Poem written November 21, 2015*

**RESISTANCE TO THE PSYCHIATRIC SYSTEM**

As the days pass, I am taken to another doctor at a walk-in clinic. He clearly identifies that I am stressed and refers me to the University campus to see another doctor there. I am taken to the University doctor, and she wonders about my thyroid. She has me fill out a psychological questionnaire, weighs me, and then I leave. At this point, everyone around me is a robot. Everyone around me wants to kill me, a circus from the inside-out. I eventually see the psychiatrist on campus. All my hatred against the mental health system has boiled to this point, a toxic stew of the hundred indignities I witnessed in the past. All my distrust goes into that room, and I am ready for the fight of my life. The voices in my head tell me to have fun.

I sit in her office and immediately begin drawing. I take notes. She asks me later what I am drawing, and I do not show her. I ask her if she has any of my history, and she tells me no. She asks me questions about my state of mind and my family, and I barely answer them. I interrupt her; I take bathroom breaks every 3 to 5 minutes. She patiently allows this. I make faces in the mirror. I re-enter the room abruptly, and one of these times I watch her read something on the computer screen. I ask her what this is, and she says it was a report from when I went to the hospital. I confront her, saying, I thought she didn’t have this information, and she tells me that now she does. I continue drawing and sketching, writing dark images all over the pages in front of me. This wasn’t fair to her, I think now. What did she do? But I am angry that she did very little to help. I ask her, what in the Diagnostic and Statistical Manual of Mental Disorders (DSM) would she categorize me as based on her assessment, and she responds immediately: Bipolar I Disorder. I tell her I cannot accept that. She asks if I would take some medication to help, and I refuse. And then I leave the room. I tell my wife nothing, but later on the phone, I admit to my mother that the psych said I was bipolar. My wife then convinces me to go back and grab the prescription. I agree to begin taking 1 mg of risperidone, even though I believe it will poison me.

When we get back home with the drugs, my wife hands me a pill to take. I look her in the eyes, understanding that this is it. The onslaught of voices tell me to take it, taunting my imminent death. I don’t respond in my mind to Them this time. I have accepted my fate. This has gone on too long, and there is no way back. It’s over. I take the pill, lie down on the bed and close my eyes, and I feel an effect. Suddenly, the darkness in my vision turns to light, and I am guided by a tunnel. I believe I am dying. I stop breathing, I cannot move. All of the voices turn off but one. I see a man whose face is pure light, and he says to me, “Son, what has the world come to?” He extends his arm and asks me, “Will you take my hand”? I answer him: yes.
The light turns back to darkness, and awaiting me are dozens of figures in my head, angrier, infuriated, and more certain than ever of my imminent demise. The next morning, after my wife leaves for work, a voice tells me to pack a bag and get on a plane and fly home to Prince Edward Island (PEI). This is my only chance. I pack my bag lightly and leave the apartment. I fear the taxi driver on the way there; I fear the airline attendants trying to get me to layover in Calgary. I refuse every suggestion, and I get a ticket with layovers to Vancouver and Montreal. I navigate the circus of the airline. I get through security clearance. My wife finds out my plans after I texted her that I was going. An airline attendant approaches me as I wait for the plane and informs me that someone is very worried about me flying home. He tells me I am an adult and still have the right to fly, and I exercise this right, since I know the people trying to keep me behind are after my life. He leaves, and I board the plane.

Many people sitting beside me on the flight want to kill me. At the layover in Vancouver, I am told by voices not to budge an inch, lest the young man in front of me takes me out. I am told I am being protected by counterforces who are relying upon my movements to rescue me. I make it to Montreal and decide I cannot fly any longer. I take a cab to the bus station and purchase a ticket to PEI. I wander around the streets of Montreal looking for a hotel. I call my mother for help; she talks to me as I search for a place to stay. The first three hotels have full bookings, but then after midnight I find a room. My mother convinces me to just use my plane ticket and fly to PEI, as a storm is likely in the Maritimes. The next morning I refund my bus ticket and go back to the airport. I eat and drink very little, and I feel my body beginning to shut down and grow weary. On the plane to PEI, the man besides me makes a noose around my head on and off during the whole flight, foreshadowing my execution. I ignore him the best I can, and scoff at the smell leaking from his armpits.

When I greet my father at the airport, he barely recognizes me. I soon realize he too is a robot. I meet the dogs at home and my mother and brother. They are robots also. Where is my family? Am I really in Ottawa, not PEI? The street names trigger me, and I have no sense of place. I am taken to see a physician, who prescribes me a sedative and more risperidal (1 mg). I grow more paranoid and confused at my parents’ home. I refuse to talk to my wife any longer because I do not believe it is really her. She becomes distressed. My mother gets me another psychiatric appointment, which I attend. Following my meeting, my doctor writes:

Matt Johnston is a twenty-five-year-old married man, who was studying in [the West Coast of Canada] to gain a PhD in sociology. He and his wife, who works at a veterinary clinic, were married in August.

Matthew was referred to see me by [doctor], who saw him at a walk-in clinic. Matthew’s mother, who works as a nursing supervisor, contacted the [mental health clinic], hoping that he would be seen quickly. [Nurse], intake worker at [mental health clinic], had spoken with Matthew and his mother briefly and asked me to see him on an urgent basis, which I was able to do by moving some patients today.
Matthew reportedly was doing fairly well up until September of this year. He was at home, recovering from shoulder surgery and began speaking about wanting to move out of [Western city]. Over the next month or two he became convinced that there were cameras placed around their apartment and he started ripping apart the walls to find them. His wife called an ambulance, who called the police, who took him to a hospital.

I understand from Matthew’s mother that in the hospital he was diagnosed as having a stress reaction and not admitted, but given a prescription for 1 mg of risperidone nightly, which he only took briefly. He did see a psychiatrist again after this on one occasion, but then abruptly made the decision to leave his wife and fly to PEI, which he did approximately nine days ago. He reportedly was quite disorganized at times and called his mother once, as he was lost in [Western city]. He explained that he did not want to get on the bus with “those people” and subsequently became lost. He would not call his wife for directions, as he did not trust her. Similarly, when he made the decision to fly to PEI, in [Canadian city], he planned to travel by bus, though he had a plane ticket for a “backup plan.”

Since Matthew has been home, his mother reports that he has been very suspicious and guarded and at times irritable, though he generally has a good relationship with her.

Aside from the shoulder surgery this fall, Matthew’s mother reports that he has had no medical problems. His medications presently are quetiapine 25 mg am and hs and risperidone 1 mg q supper. His mother states that he reportedly smokes some marijuana but knows of no other drug use.

On mental status exam, Matthew appeared his stated age, somewhat disheveled and gaunt and wearing a knit toque through the interview. He was initially guarded and reluctant to speak, particularly about his wife. There were some electricians doing some work in the building, and we heard the sound of wires running through the walls. He suddenly became very paranoid and refused to talk to me anymore and rapidly left the room and the building. Before he left, he did state that he believed that his professors and his wife were doing things against him and that it was not safe to remain in [Western city], though he would not elaborate on this. I was unable to elicit any hallucinations. Matthew’s affect was restricted and anxious. His cognition was not formally tested, and his insight and judgment were poor.

Diagnosis: Undifferentiated psychosis, likely schizophreniform psychosis.

Plan: I will admit Matthew directly to [Psychiatric Ward] after discussing with [doctor], who is on call. He will need to be medically cleared and reasonably settled first. I discussed with his mother my intention to treat him with risperidone 4 mg at hs and olanzapine 10 mg bid as a prn, which she readily agreed with. I will add quetiapine at bedtime for sedation, as needed. I will not order more blood work at the present time as he has had blood work done last week, which showed an elevated bilirubin.

Yours sincerely,

[Doctor]
I storm out of the doctor’s office. I’m leaving this place. I rush back to my parent’s car, and my dad follows me. My mother bargains with the doctor about what hospital I will be taken to. A cop shows up. Oh great, this again. He tells me I’m coming with him, and I tell him that’s not happening. He says I don’t have a choice, he’s just the taxi. There is a long silence while the cop waits by the passenger door. I try to close it, and he throws it back open. My dad tells me softly to try and stay on the voluntary end of things. There is another pause. Begrudgingly, I go with the police officer.

The cop escorts me to the emergency department, where I wait in a hospital room. It is sterile, and less triggering. The table is small and uncomfortable, but I am used to sleeping in stillness from my airplane travels. A physician enters with wide eyes, sizing me up closely. He shows me my psychiatrist’s notes about our meeting and tells me I am going to have to stay. He examines me. He presses hard on my stomach as I lie down. A security guard waits outside my room. I know his job all too well.21 I have to defecate, so he shows me the bathroom. After a minute he bangs on the door. I tell him I am going to the bathroom, irritated. He tells me it’s time to get out. I wait longer in the hospital room. A nice woman eventually enters with a wheelchair. She wheels me over to the psych unit. She tries to talk to me on the way there. The door closes behind me and there is no exit. I have come to the white walls, indefinitely.

The place looks nothing like the hospital where I worked as a security guard. There is a living room with a television, a table for activities, and some open space rather than hallways to wander around. People seem to be coping here somewhat. But knowing there is no way out makes it clear it is no holiday camp.

I am shown my room, where a middle-aged man who coughs a lot in the night sleeps in the bed beside mine. I already feel the boredom weighing me down. I have worn the same clothes for a few days now and I am sweating. What horrible experiments await me here? I am becoming a Messiah. I am trapped in a delusional world, yet also I am trapped here. I wait it out. The next day a doctor greets me and asks for information. I tell her very little. She is a robot. She wears keys around her neck and surely this is a sign. She holds the keys to my freedom and somehow in my delusions I know I must play nice with her. I change my demeanor and try to tell her everything. I admit I hear voices. It is clear I am paranoid. She tells me the medications I will take. I forget what they are. Every night at bedtime I take the pills. I get up for breakfast. I get up for lunch. I do jumping-jacks and push-ups in my room to pass the time. I routinize myself. I bathe two times a day at precisely the same time. Play solitaire. I speak very little with the patients, who annoy me.

I have night terrors every night. I awake one night to an orderly flashing two fingers at me. Is this real? Have I really lost it? Is what I see not even real? I can’t make sense of it to this day. I call home occasionally and my parents’ voices frighten me. I tell them I am doing better, and my mother asks me if I will be let out for Christmas. I say I don’t know. The doctor agrees to give me a pass. Hallelujah. I still haven’t called my wife. I missed her birthday, and I am angry with her. Not her, but who or what I think she has been replaced with. It is terribly hard on her. She moved back home with her mom, waiting
and praying for my recovery. Our dreams of the west coast and sunshine and mountains have been utterly crushed into oblivion. I have ruined her life.

As we open gifts at Christmas, all I can wonder is how crazy my family thinks I am. Their passing glances, their pretending to make this all better for me. I am nuts and there is no hiding this. I am ashamed. I have been reduced to nothing. I have nothing. I have no freedom. I have lost my family. I have no job. I have no sense. I am not here. I have become a child all over again. I have a long road ahead of me, and it is far from over. I play video games like I am doing drugs. I eat and sleep and make use of every minute I have of freedom. But then it’s a day later, time to go back to the white walls. And there I enter again, and there I kill time.

The glorious day comes when it is time for me to go back home. I have lived in the asylum for a few weeks. My parents come to pick me up. My dad has brought my phone. I play on it in the waiting room while I wait for the paperwork to be completed and my medication to be drawn up. I go to urinate and an orderly opens the door while I am still going and tells me to give him my phone, since they are not allowed on the ward. I frown, scramble to zip myself back up, still dripping urine, turn and hand him my phone. When I get out of the bathroom, a nurse lectures me again about having a phone. After my family exchanges some words with the doctor, I am let free, into their care. And therein my recovery begins.

THE LONG ROAD TO REGAINING SANITY

The side effects of madness do not simply disappear. The risperidone hit me, hard, over the following year. While it allayed my paranoia, I gained about sixty pounds in a couple of months, lost the ability to have or express any emotions, and appeared to be someone else. It was better than the crazy self; but I was not the man my wife married, and she was patient with this. My entire sense of being was struck; I was transferred from the inferno to an ice-cold lake, and my thoughts were frozen in its deep stillness. The auditory hallucinations continued to trouble me for quite a few months following my exit from the hospital. I kept silent about this because I could manage them—they were more friendly now. I knew that if I told anyone, I would be taken back to the hospital.

My psychiatrist was convinced at the end of January I had been brought back to a normal state, and he didn’t need to see me again for a few months. He even lowered my medication, which was somewhat of a relief.

Several months later, we moved to Halifax, where my wife began her Masters degree. I worked part time as a patient attendant after getting turned down for other menial jobs. At various hospitals in the city, I gave conversation and love to the dying, and cheers to the sickly. I found this rewarding, but I also knew it wasn’t what I wanted to be doing for the rest of my life. It was hard. I was an up-and-coming PhD student with a huge scholarship, reduced to a recovering madman hanging onto a thread of life, with a hope that I could do it all over again, someday. I applied to Carleton’s sociology program in the fall of 2014, and started publishing several articles off my MA to pass the days. I could
barely feel anything except when I wrote. For my birthday in February, my wife made me a diary to start getting my feelings out. This is the first entry I wrote on February 21, 2015:

The last year has probably been the hardest year of my life. I still feel like I am trying to regain everything I lost. I worry more than I show it. Throughout my life I always felt like I grew and moved forward. Now I feel stagnant, like a flower without any roots. Lost. There is a lot to live for, I’m just tired of waiting. Tired of my situation.

Nowadays I hide a lot. I hide from confronting the deep insecurity I hold about myself. I worked so hard at school and got through so many challenges and now what was it all for? I got sick at the worst possible time. Some days I feel like I don’t want to feel or express myself to prevent myself from having a depression that could make me sick again. I have been getting better, but my dreams scare me sometimes, my mind is too out there and I still feel like I’m healing . . .

Where is my passion, my drive, my ambition? Why do I feel like I lost my spark for life?

I can never stop judging myself. When I do this, I feel others around me are judging me. And then I get angry at them when it’s really just my own anger at myself. When you hear voices, you wind up confronting your conscience and the part of your mind that argues with you and makes you feel bad for being who you are. What was hard about [the west coast] was all the time I spent alone at the house . . . I think the solitude drove me crazy.

. . . Everyone knew how sick I was but in actual fact I was living in hell . . . afraid of everyone and everything. To believe every person, family member, animal, artist, politician is part of some conspiracy to kill you or save you from being killed . . . to have violent thoughts towards people because you think they are going to torture you. And to feel this for so long that reality no longer exists. All that is left is a memory of you. In some ways, you are dead. Because you’ve forgotten who you are. God allowed me to live, though. I never stopped wanting to stay alive even though I felt surrounded by a dark evil cloud . . . I just want things to be alright.

My doctor’s instructions in January 2014 were to take the medication for a year. He believed I had an acute psychotic episode, and that eventually I would return to normal. There were no guarantees, though, and if I did not return to normal, this meant I probably had some form of schizophrenia. This terrified me over the course of that year, because the medication was so horrible that I couldn’t imagine living that way forever. I can’t live psychotic, but I can’t live without feeling who I am. What a bargain. The months passed on, nearer to the date when I could wean off the drug, and my anxiety was high. I just wanted so badly to get back to normal. When I got off the risperidone, it was like the best drug trip I ever had. I laughed for three straight weeks at just about everything. I had enthusiasm to work, enthusiasm to go out for walks, to tell jokes, to enjoy life. It was pure bliss, and the hallucinations barely came back.

We moved back to Ottawa in late August, 2015, where I started the PhD program at Carleton. I felt so energetic about the prospects of a new life, but also deeply afraid to fail again. I wanted to do a PhD right, but I wondered if I had the coping mechanisms to manage the stress. Also, my wife was pregnant, which was a joy but also something to be
nervous about. I told people I met here very little about my experience. I found it hard, still, to trust anyone. I suffered from flashbacks and nightmares about being psychotic from time to time. I was especially afraid of people in positions of authority. And since I left the west coast so abruptly, I wondered if word had gotten around about my story, if people knew of my tale, if I was still a living spectacle.

DISCUSSION AND CONCLUSION

Mental illness can strike anyone, and the degrees of severity in which it manifests are endless. It can take you and everyone around you down with it. It can also enlighten us, and show us a better path. Psychosis can be defined by “crucial changes in thoughts and perceptions as well as in a person’s emotional and social life.”22 As my tale demonstrates, this is putting it lightly. Most research involving people with severe mental illnesses focuses on the development of theoretical and clinical frameworks23 or alternative approaches to help people,24 such as music therapy.25 There is somewhat of a dearth in the literature documenting first-person, subjective, critical voices of mental health service users,26 and this silence allows the perspectives of others to dominate understandings of how madness is experienced corporeally.27 While generalist knowledge about mental illness provides us with some of the story, it hides the fact that some mental health experiences can only be known, to a certain extent, by the person experiencing them;28 thus my tale contributes to broader literature on severe mental illness and recovery, hearing voices, and mental health narratives.29

While it did not kill me, mental illness reduced me, for some time, to nothing. I ran away from my wife. I stopped trusting my family, and my livelihood was crushed. I became broke, with a great deal of student debt, and I questioned if my mind would become strong enough to continue my studies. I had to endure much trauma. I have been made into a ghost, my very self disappeared into a vacuum, and my spirit lifted away into an otherworldly realm, more evil than it is unreal. And I lived there for months, dragged by the throat, so far down and away from the life I had built for myself. Words collapsed into chaos; I became a body without organs, speaking and hearing without coherent articulation while still functioning as an assemblage made up of deteriorating parts.30 We can label this process alienating and sickly; therefore, critical psychiatric research cannot deny the existence of mental illness31—it can only deny the extent to which the mental health system can help those in despair.

My narrative demonstrates that the mental health system does make mistakes. It did not take me seriously at first, and what treatment it gave me was not always appropriate or effective. I escaped adequate intervention multiple times, while my mother and my wife tried over and over to heal and rescue me from the pit of my mind. Even when I could literally no longer see or understand them, my family was still there. Family members and peers can provide critical support to people living with serious mental illnesses, and in some cases their involvement can decrease the likelihood of suicidality, increase chances of receiving adequate mental health services, and partially alleviate some symptoms such as depression.32 My family saw me through the torment in the “here and now,” and also oversaw my mental
rehabilitation. They very much shape the production of this text. They could stay angry at the unnecessary indignities I experienced, such as police violence and mocking, and routine infantilization during my hospitalization. But it must also be said that the mental health system eventually saved my life, and this truth gives me a sense of hope that we can achieve a system that rescues more people and gives them a better quality of life.

Was madness just torment, or did it give me something else? Most of what I felt, saw, and heard was not real to this world. I have to deal with that. But one event I hold onto is the experience of the divine, the outstretched hand of pure peace, unconditional love, and healing: that moment in psychosis when I felt loved and free, and how that pushed me to live even when I had accepted death. From madness, a faith grew within me that has strengthened and been tested ever since, and it is that faith that allows me to live joyfully today, even when the memories seek to overwhelm me. While the voices played with me, taunted me, turned me inside out and scarred my brain, some voices were not malevolent. Whoever told me to get on that plane made the right call, and whatever carried me home in those days when I was in a completely desperate state, saved my life. I had agency in an uncontrollable state—something that most people pinned with a psychotic label are not usually afforded. The road to hell may have been dark, but it led to an experience with a deity, and while I count most things as unreal during that time, that experience has become the cornerstone of my Christian faith, which helped restore my life and identity, and helps give me the will to live and move forward. And nobody can take that away from me. Madness gives pain, but deals knowledge of spiritual dimensions otherwise inaccessible in the realms of normality.

Alongside this faith, however, I still must grapple with the darker side of the spiritual realms I encountered. For some time, I discounted the devils I struggled with as fabrications of my mind: hallucinations that served no real purpose. But to disqualify those experiences as unreal and my experience with a deity as real masks an illogic and evokes the question: How does madness reveal the Real in a world of utter fantasy and delusion? I argue that madness, therefore, as an ontology and radical departure point for praxis, is the uncalculated break from fixtures of Truth and Self to the occupation of the ethereal chasms between such territories. In varying intensities and degrees of liminality, this vacuum can push, pull, and jerk around its subjects as far as the supernatural outskirts of total darkness and bliss. Sadly, close enough contact with the shadowy and mysterious caverns that govern ineffability and crisis can leave survivors paralyzed and unidentifiable, just as the life, meaning, and glory that accompany surreal existences are sure to leave others wanting more. Even if resolutions of the Spirit occur in these descents and ascensions, those of us returning, in some form, to the sober and realist terrains of consciousness cannot provide others (let alone ourselves) with a finite sense of comfort. For the future of madness can never be predicted or stabilized: that realm has always run parallel to the world; nor can we claim the worthiness of knowing truth the way madness does.

There is a relatively large body of work that engages first-person narrative as a strategy to preserve and explore self-identity when illness threatens to fragment it. Existing first-person narratives of madness confront its triggers and symptoms in ways that look to rebuild, strengthen, and reinstate self-identity in the face of its disintegration. This work
places understandings of madness in the control of the authors, and often challenges the
more pathologizing narratives of madness and its reactions in the mental health system,
which sometimes work to condemn other-minded people.⁴⁰ These understandings can be
in juxtaposition to the social realms and “interpersonal networks of others” that en-
tangled, threatened, or nurtured life and identity.⁴¹ By sharing the work, it becomes
a public exercise where narratives build an audience through vulnerable speech and hostile
energies.⁴² My artistic writing was certainly an escape from the scars of madness, and
a way of putting into words the ineffable—the mysterious life forces to which language
bows and holds silent.⁴³ I experienced relief and a sense of victory in these moments, and
displaced myself from the nightmares that would return to me in my lack of sleep. Art, as
a medium to madness, now tells the story of those traumatic excesses. I am pieced together
again in this story; the sounds and words hold me back up. I am coherent again, and even
if madness returns, madness will not remain, but these words and sounds will remain.

Mental health recovery in a general sense is less about symptom remission or reduction,
and more about being able to live a manageable life under stigmatizing conditions and other
problems that illness creates.⁴⁴ Further, “the process of recovery is linked to a higher degree
with contextual and social aspects of a person’s life, where social relationships, social roles,
and social inclusion are seen as crucial elements for a better life.”⁴⁵ Alongside varying degrees
of assistance, most of us eventually have to steer the ship of our own recovery with the hope
that we will gain self-determination, community inclusion, and hope. Recovery, for me, is
still not easy, especially since I still suffer trauma from these events. The medications hit me
hard and unraveled my sense of self, my affect, and my livelihood. Thinking psychotically
can be dangerous, but removing the ability to think, laugh, rejoice, and express these
experiences is a different kind of nightmare. This was the option present to me when
I faced this kind of distress, and very quickly life stopped feeling livable. I was afraid to stay
on medication, and afraid of what would happen when I got off of the pills. This is the pain
I must navigate. Well, life is tough, I tell myself, this is part of the healing process. But
recovery, in this narrative, is not finite. There is no true coming back from the blackest of
darkness. But if these shadows follow me to death, it was never without a fight. Let the
resiliency of this narrative empower others and join forces with other tales of psychiatric
survival as we work to build a deeper and better knowledge of mental health suffering,
resistance, and navigation in a messy yet positivist mental health system that is sometimes
willfully ignorant of the screaming humanity of those it claims to serve.
NOTES


