ALEXA WRIGHT

A VIEW FROM INSIDE

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This book accompanies a series of ten framed Lightjet photographic prints,
each measuring 76 x 100cm (30 x 40 Inches).

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INTRODUCTION

Alexa Wright

How do we define 'reality'? In order to explore this intriguing question, I have re-appropriated a set of pictorial conventions to represent some of the experiences of people whose sense of reality does not always coincide with that of others. The ten portrait photographs that make up 'A View From Inside' draw on the principals of eighteenth century portrait painting to give form to some of the unique realities encountered by different people during psychotic episodes. Whilst the people I have photographed here all appear entirely 'normal', their ability to function within society has, to varying degrees, been affected by the experience of a psychotic 'disorder' such as Bipolar or Schizophrenia. The visual, auditory and other sensory phenomena that occur during a psychotic episode contradict accepted notions of what constitutes 'reality', and yet for one person they are absolutely real. The disorder and disruption arising out of even a temporary detachment from consensual reality can be immense, as the first-hand accounts that accompany the images in this book demonstrate.

In making 'A View from Inside' I was interested in the challenge of creating believable, realistic pictures that reveal some of the chaotic and sometimes incomprehensible phenomena that are present for an individual during psychosis, but are not accessible to anyone else. In each photograph the external appearance and the internal experiences of the subject are depicted within a single, formally structured portrait. The aim is not to exoticise the 'unreal' or bizarre perceptual experiences of the people portrayed, but to find a visual language that will provoke discussion and add to our understanding of the experience of mental illness, and of psychosis in particular.

Historically portraits have been constructed as a celebration of the uniqueness of an individual and his or her accomplishments. Based on the physiognomic belief that a person's appearance mirrors his or her subjectivity or 'inner' identity, a traditional concern of portraiture has been to create an external 'likeness' of someone. In these photographs, however, the physical expression of the subject reveals nothing of his or her inner world. It is the (highly constructed) setting – which in each case incorporates a view through a window and an array of significant objects – that gives some clue to each person's private world.

Having visited many potential locations for these portraits, I felt most drawn to sumptuous but faded eighteenth century interiors because of their elegant symmetry and sense of order. Each of the chosen sites seemed to offer a suitable setting for the unusual array of objects it was to host, and at the same time to characterize the atmosphere of a particular psychotic episode, or series of episodes. Although I have digitally reconstructed most of the rooms depicted to create places that don't quite exist in the 'real' world, the components of each space were

all derived from the same location. Having viewed a number of different venues, the decision to restrict the choice of settings to those created in the eighteenth century was primarily a visual one. However, it is also perhaps worth mentioning that the late eighteenth century marks the very beginning of a long, slow, and as yet far from complete, move towards the social acceptance and integration of people with mental health issues.

Everyone involved in the project volunteered to participate, most in response to a call put out by the forward thinking charity, 'Rethink Mental Illness', which elicited nearly a hundred responses. Each participant has contributed a short written statement to this book. All of these reflect both rationally and creatively on a time when reality has taken on a very different, often confusing and sometimes terrifying form. In the words of one of the project participants, Julia Chambers:

> "Standing up, feeling pretty raw, signing a consent form that allows my image and admission of having experienced an excruciating and mostly misunderstood mental state to be made public was quite nerve-wracking. But it has also been liberating. Taking my ego out of this, I think that unless people stand up and allow their histories to be seen in this way, things will never change. Hopefully work like this will pave the way for a more general understanding of mental illness and will help to break down the culture of fear and mockery that surrounds people who have done nothing wrong."

On a personal level, I have been impressed by the courage and generosity of all the people who have worked with me on this project. The images have, by necessity, been arrived at collaboratively. In each case my visual interpretations were discussed with the person depicted, and then modified to arrive at a final image that characterizes his or her recollected experiences. The aim has been to find a form for the seemingly irrational events that people described, whilst retaining some sort of pictorial logic.

I hope that this book and the photographs it accompanies will help people to think again when treating someone with a mental illness differently out of fear, misunderstanding or simply ill-considered prejudice. By giving form to some of the fascinating psychotic experiences of a small group of randomly selected people, the portraits also aim to provide a stimulus for questioning our established, consensual understanding of what constitutes reality.

1 Schizophrenia is a general term for a group of psychotic disorders characterized by long term disturbances in perception, affect, behaviour, and communication. Bipolar disorder (previously known as manic–depression) is a psychiatric diagnosis that describes a category of mood disorders defined by the presence of episodes of high energy (mania) and extreme depressive states. Psychosis often occurs during the manic phase.

2 www.rethink.org

PLATES

Beth

In the year leading up to my illness, I had been experiencing a depression in which there was little meaning to my life. Eventually, put under the intense pressure of family bereavements during my final year of university, my mind broke and there was an explosion of meaning.

Boundaries disappeared. Past, present and future seemed to occur simultaneously. Fact and fiction were the same thing, as long as I felt they held emotional truth. God and man were no longer on separate planes. They collided, regularly. Boundaries are normally the anchor to which the mind clings, and I was cast adrift.

Reverting to a primal state, I found alternative ways of comprehending the world. My mind began to work differently – logic and reason gave way to sideways thinking, like a crab. The idea of chaos theory made perfect sense. I experienced a constant, spontaneous stream of associations. It was crippling. The smallest action I might make would have global consequences. The time at which I left one room and entered another would determine the outcome of uprisings abroad, altering the future of mankind. I could read meanings into coincidental happenings, such as the wind turning a page of my book. When I looked into the eyes of my doctor, I saw not the person, but only the reflection of myself, and the entire room behind me.

My personality broke apart and a deeper self rose up. I was unable to interact with the world in a normal way. I struggled to communicate with others. My emotions ran wild, untempered by reason or fact. I was in an almost constant state of terror – it was possible for the devil to reach me, in a very real way, at any time. At my worst moment, I was so far from myself that I didn't even recognise my own hands.

Julia

My experiences of psychosis all occurred some time ago, but memories of them and their aftermath have helped form the person I am today. I have had to work hard on challenging preconceptions, both my own and those of other people. Being laughed at, being ostracised and being made to feel ashamed about situations over which I had no control have left a scar, which I do not believe will ever quite heal. I am no longer ashamed of those times, but a feeling of humiliation and indignity still haunts me, both during waking hours and in nightmares.

Delusions are part of a process of hope. Mine were all about the realization of a romantic fantasy that was projected onto people I had never met, particularly celebrities. This was done in an attempt to keep a semblance of normality. I was the subject of violence in a locked hospital ward and I felt I had to defend my brain from fear. I focused on Gordon Ramsay, who I had never particularly thought of before and certainly didn't know much about, apart from watching his programmes. I bought all his books, adding and amending recipes almost religiously as part of my attempt to focus away from the other people in hospital. For me, reading and revising cookbooks was part of the fight to keep some thread of painlessness amidst the madness that was all around me, and the loss of control in a part of my head.

In psychosis there is a sense of parallel reality. The psychotic behaviour is often hidden by layers of 'normal' behaviour. For example, I bought myself a necklace for £860 (on my credit card), and a £500 bracelet for Gordon (later sold for cash and to try to erase the memory). I experienced a loss of my sense of self, but also exhilaration, pleasure and fear simultaneously. When you are in that state you don't know where you are going next – you are not in the driving seat. You think too much, it is unstoppable. When an episode is starting there is a higher level of perception that feels positive. Then during the episode the world is more exciting and more colourful, but the flow of life and its expectations and achievements are disturbed.

During mania the screens in my head blew and I was on a rollercoaster over which I had no control. There is a moment of realization when 'coming down' from that state which feels acutely embarrassing and shameful. Then I would hide. There was a comfort in the delusions, especially since mine were so often to do with the realization of a romantic fantasy, albeit a distorted one. Returning to reality becomes a kind of grieving process, you feel a horrible and abrupt loneliness. The realization that the sense of someone benign watching and loving you is all 'in the mind' is utterly crushing. Although most people never reach the depths of manic psychosis, it is important to realize that we all exist somewhere on a mood/reality/normality continuum.

Chas

Since first coming into contact with the mental health service in 1993 I have had several bouts of being in 'non consensual reality' or 'psychotic and delusional', depending on your preference of terms. Some of these episodes have been pretty close to each other and almost continuous, whilst others have been separated by many years. I have experienced these states in psychiatric hospitals, on the streets, in hospitals, abroad – pretty much everywhere, really.

Over the years, the general trend has been that when I lose touch with 'normal' reality the spaces I go into become darker and nastier. Initially these realities were quite interesting and almost a bit of a high, especially when accompanied by 'delusions of grandeur'. I felt I was a very important person. As the years progressed the experiences felt more painful, harder to endure and I sought a way back more urgently.

Perhaps as a result of this, my attitude towards mainstream psychiatry has softened over time. I was once radically against any medical intervention, but now I have become resigned to taking medication to maintain my quality of life and that of those around me.

During the last episode I ended up in hospital, almost sectioned again, with several extreme realities running concurrently. The ingenuity of the mind can be extraordinary in its ability to conjoin fantasy with concrete reality. What people are actually saying and what is presented in the media, especially TV and radio, is mixed up with auditory, visual and tactile hallucinations. I have had the experience of living in a post-apocalyptic anarchic society, with a fear of aliens and a sense that I was living through archetypes. A feeling of persecution was linked to the sense of being in a video game. For me this demonstrates the pervasive nature of contemporary media and information technology.

Luckily I came out of that state fairly quickly through a resolution with my partner, the re-introduction of medication, some outstanding occupational therapy and a return to the discipline of work. Although I wouldn't give these experiences to my worst enemy, I am still glad that I have had them. Being 'mentally ill' has taken me to amazing places, given me rare insights, introduced me to fantastic people and helped shape a very interesting life. I have learnt to value the dark, which balances out the light.

Theresa

I entered a world, a dimension of intense perceptions.
Every flicker and flutter contained meaning.
Every thought was an event.
There were no boundaries and I was swamped by energies.
I floated out of time and my demons became realities.
They call it madness but there was still a part of my mind questioning, 'what is this?', 'why is this?'
I had been driven by a passionate desire to challenge the world at war and yet also by a yogic philosophy to abandon desire, constantly searching.
I didn't know what to do ... so I began to paint.

I wrote this poetic text seven years after my initial experience of being 'not in consensual reality' (meaning not in a reality that bears any resemblance to, or consensus with, anyone else's). Something these words do not describe is the sheer terror of being plunged into the unknown with no reference points, no anchor and no preparation for the eeriness of feeling, the despair of the mind, the psyche and the soul.

As I reconsider these experiences once again I believe that at certain times I can enter places in my consciousness that are a kind of faithless existential void, where I am constantly questioning, analyzing, cursing, criticizing or damning (usually self-damning). When I am in this place, I think too much about Capitalism and I feel guilty about money. I toy with spirituality, and I obsess about dead people. Instead of just being or living, I scrutinize the minutiae of emotional interactions, or I simply wonder what to do with my life. There is no structure or sense of direction. There seems to be no limit to the openness of possibility.

The one thing that is certain about these experiences is that they generate never-ending multiple perspectives. Must I therefore place limits on myself in order to experience 'the good life', happiness and a peaceful existence? Is the notion of limitless freedom an illusion, or is it a curse?

I am certain that however much my mind may try to grasp at things, there remains that which is unknown and unknowable. When I remember this, I feel a sort of gratitude for all the wonderful things that have happened as a result of these experiences. I appreciate the fragility of those moments of peace and happiness, that along with the moments of terror, ebb and flow with the passage of time.


LIBERAL
WHORE

Denis

My reality is based on the fact that I was incarcerated for most of my adult life. I was in a very real world, waking up every morning being scrutinized by those in authority and by my peers. So I isolated myself. I wanted to keep away from the other inmates and the officers, to distance myself from rumours and hearsay.

I was there longer than I should have been because of mis-communication. I wasn't easy to get on with. You have to keep a barrier. They said that I was saying and doing awkward things, but I was with a bunch of people that I didn't like and didn't find interesting. I didn't want to be influenced by them, so I became more anti-social as the prison sentence went on.

I was in prison for seventeen years before I was diagnosed with schizophrenia. Then I was released, but sectioned. I am at loggerheads with the label, I don't agree with it. I am a cool, calm, collected and down to earth person. Without medication I do speak in a fast and erratic way, but only because I am trying to get my point of view over. The anti-psychotic drugs are supposed to make you more laid back, but I like to keep fit. I don't want to be lazy.

I thought I would never get out of prison. I was unable to express myself in there. People perceived me as an empty individual – wasting time and daydreaming. Sometimes I want a private life with the door shut, but in prison people were always intruding to because they wanted to search the room or something. Now its better, my world is very musical and the door is half open.

Lucinda

I was twenty-three when something happened. I didn't know what it was. I had cheated on my partner with another woman and I felt I wasn't a good person. This was the trigger for the first episode. I left my job and ran away – just me and my things and my car. Six months later I was in a locked room with just a mattress on the floor in the most secure place possible. I was not sleeping at all. Reality was starting to become mixed. One night my mum was lying beside me to try to help me sleep, and her ears turned into fish ears.

In hospital each door was locked after me. I still don't know whether this is true or not, but at one point I was on the floor and I was completely bare. I could hear voices that could have been psychiatric nurses talking, or they might have been in my head. I instantly knew what kind of people these were. The psychiatrist that admitted me to the Intensive Care Unit asked me such absurd questions, like 'would you like some hot milk?' His behaviour grated against me – he was very rat-like. He had a dangling watch. I felt I was going deeper into an abyss. I couldn't stop it, I couldn't get out of it. It was getting darker all the time. In the ward I was left in complete darkness and I felt that I was laid bare, emotionally as well as physically. To start with I was fighting it. I knew that I had to make people understand the things that I was experiencing, but every time I tried to explain, it got worse. I felt that I was not in control of what was happening to me.

The last episode was about eight years ago. That was totally different. At first I couldn't move from the couch, I couldn't function. I was comatose, there was nothing there. Things were quite uncertain. Then I was walking everywhere. I went from total immobility to constant mobility.

At the time I didn't think 'is this real?' – it was only going through the medical system and being evaluated that made me decide that my experiences were not 'real'. It has taken a long time, but looking back now I wouldn't change anything. It is a part of me. Now I am on medication and I am fearful if I don't take the medication for a day or two and I start to feel the symptoms again.

Name not disclosed

The so-called 'normal', everyday activities that we take for granted, like working, sleeping, eating and conversing with others keep us anchored in the 'real'. Behaving 'normally' we become players in the perceived reflection of the 'real' in the eyes of others. But what if some internal deterioration, perhaps triggered by an external event such as a stressful situation or by an internal, organic disease, should fracture or damage this 'reality'? In this fracture the affected person is left to discover a changed world, unaware of his own altered state. For him, the external world is disfigured, moving at a pace that he cannot keep up with. He is left unable to function normally in the everyday world and therefore seems to become less 'real'. He is labelled psychotic.

Rarely does one ever get full insight into distortions of the real whilst in the distortion itself. How can something that seems so real not be real? It is only after the fact, when in recovery, that we can come to some sort of reconciliation with the events that have occurred, and their interpretations.

How can someone look into a mirror and actually see Jesus? This externalization of an internal image of self seems all encompassing and utterly significant at the time it occurs. Why? Is this a default image that Christians subscribe to at a time of great suffering or elation? Is it simply a recognisable symbol of a pre-linguistic creative force? Or does it represent an absence of the rational in a godless psychiatric discourse? Whichever framework is in operation there is definitely a loss of self in psychosis.

What does an infant see in the mirror before it can recognize its own reflection? Perhaps what many psychotics see – God, or perhaps what others see as the creative force – a projection of the self onto a perfect other. With paranoia the basic building blocks of the interior are revealed and the mirror becomes the ultimate point of reference.

Amanda

As a child I suffered with a range of physical ailments, but far worse for me was the growing feeling that I didn't belong anywhere. As a result of abuse in early childhood it was easy for me to believe that I was different from all my peers, in both actions and thoughts. By the age of fifteen I was seeing the first of many psychologists. I was offered counselling to help me deal with the after effects of rape and long term childhood abuse perpetrated by my father, who was arrested that year. Whilst awaiting trial, my father was diagnosed as a psychopath by the court psychiatrists. I was treated as a young person with unusual thought patterns. I was a popular child and my family never stayed anywhere long enough for anyone to discover the real me. I'd learned how to play my part, I soon told the professionals I felt better and was discharged.

Now, at almost forty years old, I am still getting to grips with the real me. I struggle with my constant companions, the voices in my head. The first is a child who whimpers to the rear of me, begging me to listen, begging me to turn around and comfort her. I have come to accept and believe that this is my inner child, who wants to be understood and comforted. She wants someone to remind her that it was never her duty to hide secrets, or to smile through it all and say everything was okay. I have even written to this child to tell her that it is over now, and that she is safe. I was inspired to do this by the second voice. I recognize this voice as my Nan, who when alive was my closest friend ever. Her voice is loving and reassuring, she tells me that it is safe here, and that it is okay to be me.

The third voice I grew up with was that of an angry man yelling, reminding me that I will never be good for anything other than the gold mine I am sat upon, and that I would lead a sinful life. This voice tells me I have crocodile skin that will never be smooth to touch, that no one would want to get to know me as I am nothing but the filth of the earth and that no one cares. He tells me to shut up, be quiet, control myself, get a grip, show strength not weakness. This voice, which I have heard since the age of eight, finally stopped speaking to me so much as I began to experience a sense of relief in speaking out about him without being judged.

On the exterior you would not be able to tell quite how ill I have been nor that I was trapped in my own life term prison cell. But I am lucky, my medication and support have meant I have grown to cope with and to disguise my illness, almost to the extent that I could have lost my life because of undetected physical ailments.

Name not disclosed

When it first happened I was living alone and feeling very isolated, even though my family were not far away. I became more and more deluded when I was on my own. I felt strongly about having my own space and I wouldn't open the curtains. I didn't want to know about the outside. I felt I could only rely on myself.

I am a totally different person when ill – I look different and I am gaunt because I don't eat. I lose my appetite for everything. I can shrink to dress size eight and then balloon up to size sixteen when my medication kicks in and I eat compulsively again. When I am ill I really want to shut the door and keep people out. I stay in bed, keep covered. I want to be invisible. I am a shell of a person and nothing 'reaches' or 'speaks to' me. I don't understand how other people are behaving – it doesn't seem right. Things happen in slow motion. I get stuck. I can be standing looking out of the window for ages, oblivious that people are looking in. I often strike unusual postures, which I hold for inordinate amounts of time. I feel I have an objective that I have to fulfil, so my head feels busy and stimulated even though I am motionless. It is as though I am taking part in a series of plays and I feel important and therefore I am willing to be slow and patient.

When I am in this state I feel a lack of sovereignty over myself and the space around me. I long to be safe and secure and invulnerable. I only feel comfortable in a dark place, so the curtains are always closed, even in the day. Light suggests probing and exposure and this is the opposite of what I need. I can remember a time when I felt that I had to keep out of the light when the sun shone into the room. I believed I was following the rules of the game and I wasn't to move. I would hear voices from the past – friends of friends and people I knew. Once I stood still in the bathroom for two days. Walking past my flat my partner could see the bathroom light on and could see my silhouette through the frosted glass. He could see that I was still in the same position the following day. At times like this I feel fearful, but I can't break the rules. I have to ignore the dialogues that play out in my head – I can never voice them because I am so very, very frightened.

Sue

I'm standing here in a beautiful house posing for a picture, I am looking down the lens of a camera. With me are Bob and Andrea and Wolf. Bob, Andrea and Wolf are my three constant companions, always there and always with something to say, like a panel of judges. But this isn't the X Factor. As I am sure you will have gathered these companions are the three voices that I hear, and I hear them all the time. Bob is the loudest of the three. He is a man in his forties with facial hair and a deep booming voice. He has been with me for nearly ten years and I have grown accustomed to his presence. When he first arrived and took residence somewhere in the vicinity of my right ear, he was a very angry and critical man. My every word, my every action made him angry and he sure as hell let me know about it. He would shout at the top of his voice 'YOU STUPID, STUPID BITCH, WHY DON'T YOU DO US ALL A FAVOUR AND TOP YOURSELF!!!'

This and other similarly unsavoury communiqué were directed into my ear on and off for the next three years. This was some kind of hell. I tried to rid myself of Bob by consulting with various doctors, psychiatrists and nurses, by taking a multitude of prescription and illicit drugs and by using alcohol. None of these worked for me on a long-term basis. Extensive counselling, Radio 4 and sobriety have helped me the most. I have taken control of my voices and luckily for me, Andrea and Wolf are a lot easier to deal with. Andrea is softly spoken and of a caring nature, whilst Wolf is full of strength, honour and words of encouragement. I now give them half an hour a day when they can ramble on as much as their hearts desire. Who are they? What are they doing talking to me? These are questions I constantly ask myself. I see them as restless spirits, and yet also a part of me.

COMMUNICATING THE EXPERIENCE OF PSYCHOSIS

Graham Thornicroft

A few days ago, as a psychiatrist, I was asked to make a home visit to assess a woman who was unwell. She had the belief that her bed shook and vibrated at night and that a neighbour upstairs was using some kind of witchcraft to disturb her in this way. She was so upset that she had moved her bed into a different room, to no avail. She then started to try sleep on the floor on a blanket, but still she could not sleep properly. The woman was so distraught that she was considering pouring bleach through the neighbour's letter box to decontaminate this threat. Although where I work in London we have home treatment teams to help people in mental health crises, she wanted to leave her apartment for a while to escape this torment. I offered her a voluntary admission to hospital. She thought about it and said that if she accepted, and if her family found out about this, it would bring great disgrace upon her and upon her whole family. So she declined the offer. My colleagues and I were left to consider whether, for her best interests and for the safety of her neighbour, we should arrange for a compulsory admission to hospital. In an effort to try to help her, we thought that this would be the least restrictive option.

This story illustrates the fact that stigma and discrimination are common, often severe, and can profoundly jeopardise the social inclusion of people with mental health problems.[1] In this case, for example, the expectation of disgrace, dishonour and reputational damage led the woman, not unreasonably, to refuse the offer of treatment in hospital on a voluntary basis. Ironically though, in the longer term, if she were treated on a compulsory basis in hospital, then the stigmatising consequences may be even more severe for her. Such 'Catch 22' situations are indeed common. For a service user, the offer of psychiatric help can be seen as a mixed blessing where the harm may outweigh the benefits. Indeed, stigma also raises challenges for health professionals, who can often feel caught in a dilemma about how best to provide treatment and care.

Recent research, carried out by interviewing people with a diagnosis of schizophrenia in 27 countries worldwide, has shown that 95% report experiences of discrimination, for example in applying for a job. Stigma was present and damaging in all the countries assessed.[2] One toxic aspect of stigmatisation is that over half the people interviewed said that they had not applied for a job, or had not tried to initiate a close personal relationship because they expected to encounter a stigmatising reaction – because they expected to fail.

If we consider schizophrenia, one of the family of conditions that are called 'psychotic disorders', what does this diagnosis mean? To debunk common myths: it does not mean a split mind, or 'Jekyll and Hyde' split personality.

Nor does it mean that the person is 'mad' in terms of a traditional stereotype of someone who is incompetent and out of control. What it does mean is that the person has unusual experiences in thinking or in perceptions, for example beliefs that they may have special powers (such as being close to God), or may be under some threat (such as being followed or persecuted), or can hear voices that other people cannot hear.[3] These experiences are as real as any other, and they are relatively common. About 5 people in 1000 have a diagnosis of schizophrenia, but some of these individual symptoms or experiences affect many more of us. For example, hearing the voice of a recently deceased family member during bereavement is relatively common. So, whilst such experiences are not completely alien to many of us, it is their intensity, persistence and distress which are such challenges for people with a diagnosis of schizophrenia.

The promotion of greater public understanding of psychotic disorders is one of the most important and pressing issues standing the way of better mental health care and preventing social inclusion. This is why this work of Alexa Wright is so important. She has succeeded in something very difficult – conveying to others in the outside world the inner turmoil (and sometimes delights) of having psychotic experiences. In these compelling images Alexa inverts our expectations. We see individuals of great dignity portrayed in a respectful way, indicating the strengths needed to cope day by day with these conditions. Alexa's portraits are both sensitive and unsentimental. They depict complex individuals coping with the challenges of having psychotic symptoms. They show us, in clear and revealing terms, one aspect of an exaggerated state of being that is a part of the human condition.

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1 G. Thornicroft, *Shunned: Discrimination against People with Mental Illness*. Oxford, Oxford University Press, 2006.

2 G. Thornicroft, E. Brohan, D. Rose, N. Sartorius, M. Leese, 'Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey', *Lancet,* 2009, 373, pp.408–415.

3 J. de Jesus Mari, D. Razzouk, R. Thara, J. Eaton, G. Thornicroft, 'Packages of Care for Schizophrenia in Low- and Middle-Income Countries', *PLoS Medicine*, 2009, 6 (10).

FRAGMENTS FOUND BY AN ARCHEOLOGIST OF HALLUCINATION

Jeanne Randolph

hallucination and surrealism

> ... What fascinated us was the possibility offered of escaping the constraints that weigh on supervised thought.[1] ... There are *logical* obstacles (The deplorable inspectors who pursue us ... make sure that we always call a cat a cat ...),[2] moral obstacles (in the form of sexual and social taboos), and, perhaps worst of all, obstacles of taste, governed by sophistic conventions of "good manners."[3] The essential thing was that the *climate* of automatic productions made itself felt ... The hard part was to get people to try this recognition for themselves; to convince them that this land was not *elsewhere*, but *in themselves*; and to make them discard all their baggage so that their step would be light enough to cross the bridge leading there[4] ... [where] every idea in the world would be shattered.[5]

The Freudian theory of primary process was an inspiration to the Surrealists. Yet pure Freudian theory put primary process in the unconscious, from whence it corrupts pragmatism. The visionary André Breton knew primary process was a poetry of liberation. Surrealists would prolong their submission to it. Freud proudly awoke from this poetry. To Freud primary process disrupted good sense. Surely Breton the doctor knew that primary process can also be the royal road to hell. Even today's bourgeois neurochemists who speak with the most logical and moral words, and always in good taste, know this.

hallucination and DeChirico

I have seen De Chirico's 1927 lithograph "The Archeologist." There I saw numerous shades of blue, all of which the sky has displayed at some time or other, even though two ribbons of blue alluded to the Tiber, which is never blue. Another shade of blue suggested shadows cast on snow, though these were shadows caught within folds of a white linen cloak. I saw a cavalcade of browns: auburn brown, beige, bistre, bole brown, bronze, buff, burnt sienna, burnt umber, chamoisée brown, chestnut brown, chocolate brown, coffee brown, cordovan brown, ecru brown,

fallow, faun, fulvius brown, lion, liver, mahogany, ochre, raw umber, russet, rust, sienna, sepia, sinope brown, tan, taupe, tawny brown, umber and wenge brown. I would not have expected to see beaver brown, seal brown, redwood brown or khaki brown. Yet, according to Wikipedia the name of the colour *khaki* coined in British India, is a Hindustani word borrowed from the Persian word *khak*, meaning dust. Yes this brown was also there. A figure unfolded across the foreground. Its faceless khaki head droops apathetically. The exhausted figure lounges alone in a polished stone corner. Reclining on the dull marble floor the figure displays all its guts and innards; instead of internal organs its abdomen is clogged with ruins of Ancient Rome, shards and monumental fragments mired in chaotic dark rubble.

Personal insides that were once impersonal outsides are exhibited in the moment before disemboweled release, when insides will become outsides again, abject this time, not really "the grandeur that was Rome." Whether the kapok-brained manikin is an idiot, a Romantic or a scholar its obsession is now its sickness.

Was this de Chirico's theory about obsession – obsession as malignancy, as virulent pagan plague?

In theory creativity and hallucination are the same

> This confusion between self and object, which also leads to a confusion of reality and phantasy, was accompanied by a difficulty in differentiating between the real object and its symbolic representation.[6]

> This intermediate area of experience, unchallenged in respect of its belonging to inner or external reality … throughout life is retained in the intense experiencing that belongs to the arts …[7]

Theory is a shimmering net
trawling for the body of experience,
Theory is the bottle that holds
the intoxicant of experience
but only for a time.
Theory is a corset that shapes experience
to the fashion of the day,
Theory is the glove whose contour
isn't the whole hand.
Theory is a troop of metaphors
camouflaged as reason.
Theory is a Ulysses who never reaches home.

Theory is poetry that likes reason
without rhyme,
Theory is a score that likes music
without an orchestra,
Theory is beauty
without being truth,

Theory is a language game,
Theory is a plaything of thought,
Theory is an art,
Theory is a praxis,
Theory is only human.

hallucinations and the death instinct

> I hold that anxiety arises from the operation of the death instinct within the organism, is felt as fear of annihilation (death) and takes the form of fear of persecution. The fear of the destructive impulse seems to attach itself at once to an object – or rather it is experienced as the fear of an uncontrollable overpowering object. [8]

Melanie Klein's invocation of the death instinct is confusing. Does she mean to say that the death drive itself inherently provokes anxiety? Or does she mean to claim that anxiety is really the fear of annihilation? Or does Klein mean to say that the death instinct is actually the impulse to destroy and could be displaced onto something or someone(s) in the material world? Klein knows that the destructive impulse (including when attributed to something in the material world) is frighteningly powerful.

By Melanie Klein's logic as offered here the death instinct is really "the destructive impulse," and presumably can be turned upon one's own self. Which, in a roundabout way, is tantamount to saying there's no such thing as a death instinct latent in the human organism, only a wish or impulse to kill oneself, manifest in some people but not in others.

As an idea, death itself is ordinarily characterized as indifferent, natural, unavoidable and grossly unwelcome. As such death is presumed to be uncontrollable and overpowering. If something or someone in the material world is experienced as the embodiment of death, this something or someone becomes uncontrollable and overpowering, and normally would be terrifying. Otherwise, as already noted, it could be an uncontrollable and overpowering suicidal impulse projected onto someone or something in the material world.

By the end of the twentieth century scientific psychology was definitely teaching that belief in the death instinct is irrational. The methods of scientific psychology have reclassified – or is it merely renamed? – the death instinct as a combination of two states of mind: apathy and exhaustion. As symptoms these states of mind are claimed to be the result of involuntary biochemical reactions.

Apathy and exhaustion can readily be pictured in the imagination. Many artists as well as medical illustrators have depicted apathy. They offer a certain facial expression. To distinguish apathy or exhaustion from sleep or death, the eyes are usually depicted as open. The face is pale and betrays no emotion. The eyes have no sparkle. The mouth may be subtly hanging open. And an apathetic body is without gesture. Exhaustion is evoked with the same features upon a limply supine or sagging seated body.

Apathy and exhaustion eventually will be presented as digital images of distinct region(s) in the brain. Still it is not as though there is evidence the death instinct isn't the result of involuntary biochemical reactions. In theory experiments or devices may eventually detect a death instinct in a distinct region of the brain. For the time being, however, no scientist admits they are attempting to develop a digital image of the death instinct.

Either the death instinct is a grand theory or biochemistry has not yet progressed as far as it someday might.

What about the death instinct, or the fear of death, or the fear of annihilation displaced onto figures imaginatively designed by *oneself* and manifest as hallucinations?

If this horrifying experience is the manifestation of a unique person's death instinct could it ever be meaningless? Even if this horrifying experience is the result of a biochemical reaction is it necessarily meaningless?

hell and hallucination

> *As I was walking among the fires of Hell, de-*
> *lighted with the enjoyments of Genius; which to an-*
> *gels look like torment and insanity. I collected some*
> *of their Proverbs, thinking as the sayings used*
> *in a nation, mark their character, so the Proverbs*
> *of Hell, shew Infernal wisdom better*
> *than any description of buildings or garments ...*

among which

> *Everything possible to be believed is an image of truth ...* [9]

Only functionaries or torturers ask someone to "Tell the truth, the whole truth and nothing but the truth, so help you God." If a monk was asked this question would he reply "God will help you know the truth, but first you must learn humility." If a blasphemer was asked the reply might be "I shit on the nails of the Christ-cross." If a philosopher was asked would silence be the most honest reply? If a pedant was asked would the response be a lecture on Heidegger's 1944 speculations in his course on Parmenides regarding the pre-Socratic understanding

of the word αλήθεια? If a poet was asked the question would “Use your imagination” be the most likely reply?

When a hallucinatory image is believable, Satan, according to Blake, insists truth is visible. Satan is, however, quite the sadist. “The truth hurts” sounds delightful to Satan. The more pain and terror the better. Satan no doubt would be giddy with pleasure watching someone suffer hallucinations in utter loneliness. No decent human would. To alleviate a fellow citizen’s suffering is second nature. Twenty-first century Westerners, especially with our anxiety about discomfort and truth, want to immediately relieve a person of their hallucinations.

In a technological society if suffering can be ended does that mean that the truth of it has ended also? In a technological society when suffering has been stopped does that mean there was no truth in it to begin with? In twenty-first century Western medicine if hallucinations can be rendered invisible are we to assume that their truth was not worth knowing?

Afterwards, what if an artist took the time for conversation about a person’s experience of hallucinations and the personal truth thereof? What if an artist listened when the tales of the hallucination were told? What if an artist took the time and effort to create a version of the psychotic images for all to see – and to wait for audience to imagine how the Proverb of Hell was itself true in some way.

1 André Breton, *Conversations: The Autobiography of Surrealism, with André and others*, trans. Mark Polizzotti, Paragon House, New York, 1993, p.62, (Italics in the original). [NB uncorrected page proof].

2 André Breton, ‘Introduction to the Discourse on the Poverty of Reality’, trans. by Eugene Jolas, *Transition 5,* Paris, 1924.

3 *Conversation*s, p.63.

4 *Conversations,* p.65.

5 *Conversations*, p.66.

6 H.H. Rosenfeld, ‘Notes on the Psycho-Analysis of the Super-Ego Conflict of an Acute Schizophrenic Patient’, *The International Journal of Psycho-Analysis*, 33, 1952, pp. 111-131.

7 D.W. Winnicott, ‘Transitional Objects and Transitional Phenomena’, *The International Journal of Psycho*-Analysis, 34, 1953, pp.89-97.

8 ‘Notes on Some Schizoid Mechanisms’ in *The Selected Melanie Klein*, ed. Juliet Mitchell, Harmondsworth, Penguin Books, 1986, p.179.

9 William Blake, ‘Proverbs of Hell page 8’ in *The Complete Illuminated Books,* Thames & Hudson and The William Blake Trust, New York, 2000, p.114.

BIOGRAPHY

Alexa Wright is an artist who works with photography, video, sound and interactive digital media. Most of Alexa's projects involve collaborations with medical scientists and/or people with medical conditions or disabilities. Her work explores philosophical questions concerning human identity and its boundaries, but it also aims to raise public awareness of the conditions it references.

Alexa's recent photographic works include *Opera Interna*, a series of digitally manipulated portraits of opera singers, selected for the International Women Artists' Biennale, Korea (2007), and also shown in *El cuerpo (con) sentido*, Centro the Historia, Zaragoza, Spain (2008). Her video installation, *Cover Story* (2008), which investigates the functions of the human face, was part of DaDa International, Liverpool, in 2010. The interactive installation, *Conversation Piece* was shown at Ormeau Baths Gallery, Belfast as part of ISEA 2009 and in *Like Shadows, An Exploration of Shyness*, Phoenix Arts Centre, Brighton (2011).

Alexa's photographic works have been shown in a number of other prestigious contexts, including Powerhouse Museum, Sydney (2006); *FILE '07*, SESI Art Gallery, Sao Paolo, Brazil (2007); *The Naked Portrait*, Scottish National Portrait Gallery, Edinburgh (2007) and Compton Vernay (2008); and *The Definition of Self*, 21_21 Design Sight Gallery, Tokyo, Japan (2010).

In 2011 Alexa took part in a residency at The Banff Centre in Canada, where she developed the photographic series, *All That's Left Behind* and the video installation, *Heart of the Matter*. She is involved in an ongoing interdisciplinary project based in Toronto to investigate the psycho-social effects of heart transplant.

To see current projects and for more information about the artist visit:
www.alexawright.com

CREDITS

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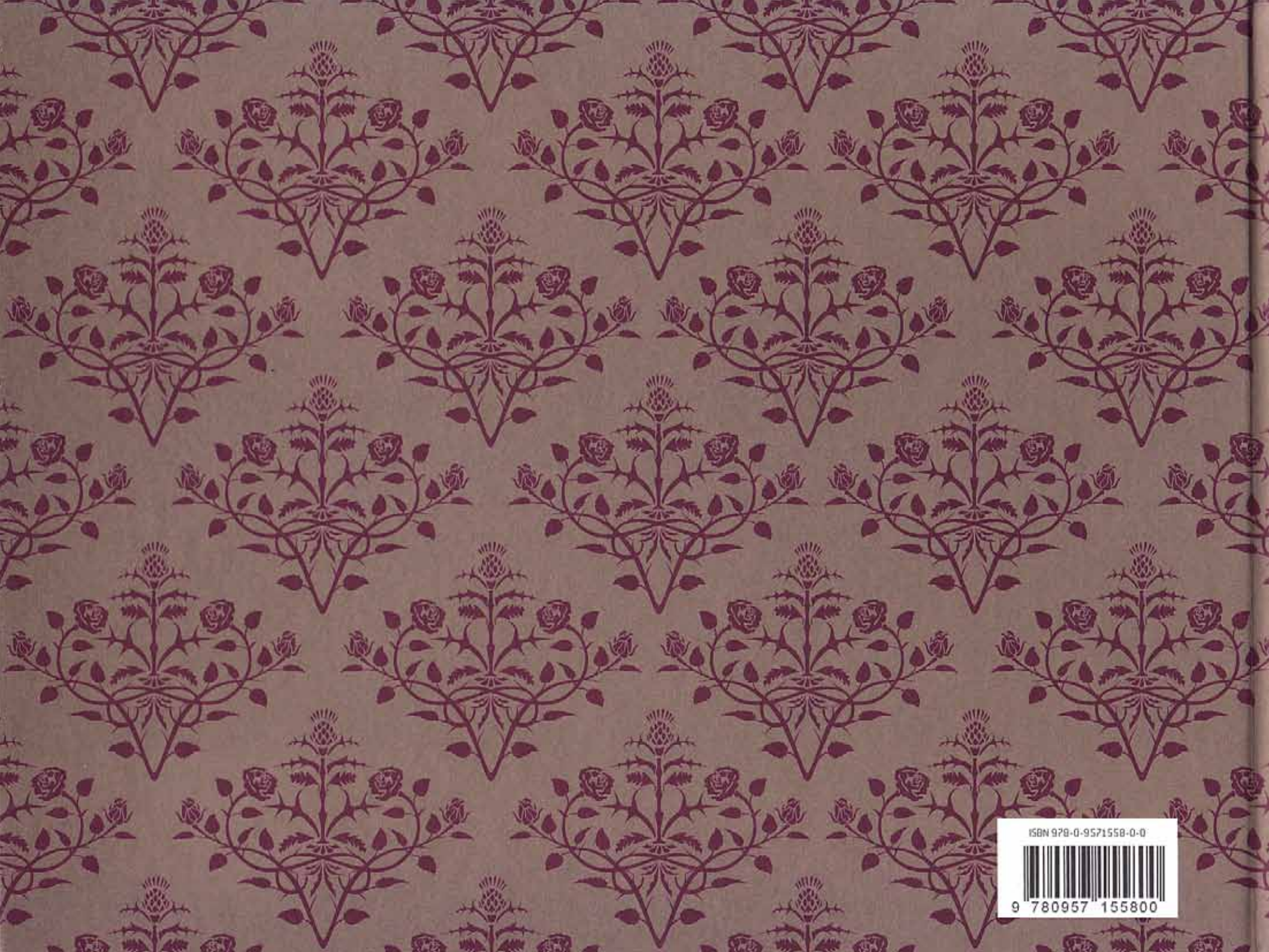
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