This is a commentary on a compelling personal account of what it is like to experience Schizophrenia.

https://academic.oup.com/schizophreniabulletin/article/32/2/209/1899556/Kurt-Snyder-s-Personal-Experience-with

A choice was made not to parse out the article in order to more closely align this commentary to specific passages as this did not seem to be a respectful thing to do. This commentary generally follows the progression of the narrative account. What this page on Psychosis intends to do is drive home the concept that psychosis is not a "psychological" problem as many people think it is. Psychosis is a symptom of an underlying medical disorder – which is called 'mental illness' when psychiatric disorder is considered to be primary.

The writer of this personal account makes some very important points in the opening passages. He makes it clear that there were no psychological triggers (such as stress or trauma). He had a wonderful childhood with a supportive network of great parents and friends. It is likely that the writer was fully aware of the trauma/"refrigerator parent" root cause theory of Schizophrenia and wanted to address that head on. This is not to say that trauma or stress does not play a part in SMI. SMI may make a person less resilient to the level of stress that a well person can absorb, or may exacerbate symptoms or may play some role in triggering risks factors.

Psychosis is not evil and Schizophrenia is not a split personality or personality disorder. Schizophrenia is a sort of generic diagnosis for a complex of symptoms and dysfunctions that afflict people in common ways, however, not everyone with this diagnosis has the same symptom profile or the same risk for some of the most grave consequences of psychosis (such as violence toward self or others). Psychotic disorders have an onset of symptoms just like other diseases and disorders.

The changes in the brain that cause Schizophrenia can begin long before family or friends begin to observe concerning or alarming changes in verbal expression or behaviors. The early stage of Schizophrenia is called the prodromal period (which the writer describes as starting in the privacy of his own mind).

The brain goes through some dramatic changes in adolescence, but this period can be treacherous. Researchers have observed abnormal synaptic pruning, loss of gray matter, and abnormal development of white matter in the brains of during adolescents who went on to develop Schizophrenia.

https://www.elsevier.com/about/press-releases/research-and-journals/development-of-psychosis-gray-matter-loss-and-the-inflamed-brain

https://www.sciencedaily.com/releases/2009/01/090116073803.htm

Paranoia

Some pruning happens as a normal process of maturation of the adolescent brain - a process that prepares human beings for higher-order thinking.

Discernment, for example, is a higher-order cognitive power that is characteristic of mature thinking - it can be a means of protecting oneself against people and conditions that should not be trusted. This cognitive power requires a type of problem-solving where the brain evokes and evaluates all sorts of subtle and overt, conscious and subconscious thoughts, feelings, memories, abstract and logical relationships, and so many other elements of cognition. The healthy brain is capable of abstract thinking and aspirational thinking (which came become delusions) and drawing conclusions about the intentions of others from subtle clues within the context of accumulated life experiences and memories. The healthy brain can freewheel, but it also has safeguards against freewheeling out of control. The healthy brain recognizes when the stream of consciousness, the thought, the suspicion, the belief or hope has gone too far afield or is illogical or unreasonable. The healthy brain audits itself with reflection, self-doubt, with logical processing. A brain in the state of psychosis begins to descend into an altered state of consciousness where those counterbalancing cognitive powers begin to flicker and finally fail. When those powers start to flicker, the afflicted person may still have some capacity to self-audit. The person may experience an internal struggle, within a disorienting whirl of confusion, against overexpression of this problem-solving cognitive power – where suspicion turns to full-blown paranoia, fear, and panic beyond the person's control. Delusion is a byproduct of disordered thought processing and malfunctioning cognitive powers.

The writer makes an explicit reference to insanity, as a progressive deterioration of capacity for rational thought: 'As one becomes more insane, rational thoughts fade away.' The experience becomes an epic battle where insight (awareness of illness) slips away and other serious symptoms of severe mental illness become prominent.

Anosognosia

Eventually, the insight that enabled a thin connection to reality was lost. Anosognosia is a condition that deprives the person of insight (or knowledge of) their disconnection with reality. This state of being is a neurological, not psychological. Lack of insight is not denial -or a defensive mechanism. Awareness of 'mental illness' means *knowing* that one's thinking and behaviors are disordered.

> *This absence of knowing should be one of multiple challenges to the legal definitions of insanity – where in M'Naghten's Rule, the legal test is whether the accused 'knew right from wrong'.*

It is common for people afflicted with Anosognosia, which can be chronic or transient, to refuse medication. The person is not in denial of illness, which would be psychological. There is a neurological blockade to knowing. However, this condition does not strip a person of executive functioning. A person can engage in mental processes of executive functioning even in a dream state and can form intent to act in such a state – while neurologically disconnected from a normal waking reality.

Remission of symptoms

This section intentionally uses the heading of remission rather than recovery. The “Recovery Model” has been used by advocates and state departments of human services in a very deceptive way in order to justify the mass closing of state hospitals and underfunding of supported housing for those who have persistent and serious disability from SMI. Recovery in SMI does not mean cure.

The writer credits his recovery exclusively to medication. Psychotherapy or other interventions that are applicable to psychological “mental health issues” were not indicated for his medical condition. The writer was fortunate that his psychosis was treated in a timely manner before more potentially dangerous thoughts emerged. Psychosis takes command and control, it is powerful. It does not just exist as an accessory condition. As it gets worse without treatment, it causes the brain to generate bizarre thoughts, even dark, dangerous thoughts that would not be generated in a healthy brain. The writer was fortunate in that his anosognosia was transient and responsive to medical treatment. Some people are not so fortunate in that (due to the particular pathophysiology of their primary disorder) do not stabilize well with treatment. Anosognosia is chronic in some people even when other symptoms improve with treatment. The vast majority of people with a psychotic disorder need to take medication for life to control symptoms and keep relapse at bay; and many are not fortunate enough to be freed of vexing symptoms even under treatment.

Without recovery of insight, a life of relapse, repeated hospitalizations, and possibly engagement with the criminal justice system is a likely trajectory for someone with a Schizophrenia Spectrum Disorder or Psychosis in general. Anosognosia is considered to be the most devastating symptom of SMI.

Psychosis is a horrible medical condition that can happen to a good person.