

CONSTRUING PSYCHOSIS ONSET

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Abstract: First person accounts (FPAs) provide an insider's view into psychosis. Computerised textual analysis was used to explore how individuals construed psychosis development. Three broad categories of constructs were identified, pertaining to the self, onset and making sense of psychosis. Overall, an underlying dimension was absorption into an inner reality versus engagement in a shared reality. The findings have implications for understanding and assisting people who experience psychosis, particularly the importance of enhancing sociality. The paper extended the method to shorter texts by multiple authors. Elaboration of single construct poles was evident, highlighting the need to consider both contrast and likeness indicators.

Keywords: Personal Construct Theory, early psychosis, schizophrenia

Personal construct theory (PCT) approaches to psychosis, particularly schizophrenia, have broadly reflected contemporary themes of the time. For example, Kelly was concerned about the labelling of people into Kraepelinian categories, concretely seeing the individual as a diagnosis as opposed to construing them multidimensionally along axes of movement (Kelly, 1955). Bannister sought to discriminate individuals with thought disorder from others, through a repertory grid test designed to measure loosened construing (Bannister & Fransella, 1966), while later schizophrenia was rejected as a moral verdict (Sarbin & Mancuso, 1980). More recently, there has been an interest in intersubjectivity and the impact on the self (García-Mieres, Villaplana, et al., 2020), reflecting a phenomenological thread in the mainstream literature.

Kelly made only passing reference to schizophrenia not seeing a need for special constructs to explain or examine it. Instead, he proposed general “psychodiagnostic” constructs to facilitate construing a client’s construing (Kelly, 1955). These diagnostic constructs were conceived as reference axes to plot behaviour not to categorise it (Kelly, 1965/1969). Similarly, disorder was defined broadly, as “any personal construction which is used repeatedly in spite of consistent invalidation” (Kelly, 1955b), the focus being on the construction process and not pathology. While Kelly’s definition of disorder has been subject to elaboration and critiques (Chiari, 2017; Procter & Winter, 2020; Walker & Winter, 2005), a key focus remains on the difficulties resulting from not testing constructs and reconstruing experience. Within PCT terms schizophrenia has been conceptualised as an attempt to avoid invalidation of a central construct at a key developmental period through

loosening of construing which results in less precise predictions (Lorenzini, Sassaroli, & Rocchi, 1989).

Bannister concluded that the construct systems of his study participants were “dilute forms of construct systems which had been grossly distorted before they had weakened” (Bannister, Adams-Webber, Penn, & Radley, 1975). However recent reviews on the topic concluded that this low interrelation-ship could be better explained by factors, such as attentional mechanisms (García-Mieres et al., 2019). Recent empirical studies provide evidence that the construct system of people with psychosis may be rigid, simple and polarized, rather than loosened (García-Mieres, Usall, Feixas, & Ochoa, 2020), a finding replicated when this group is compared to other clinical groups and controls (García-Mieres, Montesano, et al., 2020). Further, this finding is consistent with the view paranoia is a tightening of the construct system, with unipolar construct elaboration which maintains internal consistency at the expense of considering alternatives or being open to possible invalidation (Lorenzini et al., 1989).

Interestingly, years after ceasing his repgrid test research into the impact of invalidation and the possibility of reversing it, Bannister was asked to identify and speak about a clinical dilemma. The dilemma he selected was how to respond to delusional content (Bannister, 1985). While the majority of George Kelly's 11 corollaries are concerned with an individual's construing, the commonality corollary proposes individual's may employ similar construction processes of events and the sociality corollary that “to the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person” (Kelly, 1955). Psychosis is an experience that challenges both commonality and sociality, notably the idea of a shared reality, being understood as well as understanding others and the world. In describing approaches to personal constructs Kelly noted, “The simplest, and probably the most clinically useful type of approach to a person's

personal constructs, is to ask him to tell us what they are” (Kelly, 1955).

The first purpose of this paper is to extend a textual analysis method previously employed to analyse longer texts by a single author to the analysis of short texts by multiple authors, who have been diagnosed with a psychotic disorder. Secondly, the analysis of first person accounts (FPAs) written by these persons (subsequently referred to as a FPA author) was undertaken to explore their possible construct dimensions, at psychosis onset and during the formative years, so as to identify how FPA authors made sense of their experiences and what they perceived as the choices open to them: “*On the one hand, I thought they came as a gift from God, but on the other hand, I feared that something was dreadfully wrong*” (Anonymous, 1992).

1. METHODOLOGY

The Schizophrenia Bulletin has regularly published FPAs since 1979. A manual search of the journal website <https://academic.oup.com/schizophrenia> bulletin for published and-in press FPAs was conducted in February 2019. FPAs were downloaded as pdf files. Text file versions of FPAs published between 1979 and 2012 were obtained from an author who had previously analysed these FPAs (Fineberg et al., 2015). FPAs from 2012 onward were copied from the original pdf and pasted into text file format. Of the 208 FPAs that were identified, 37 (by 35 individuals) referred to psychosis onset and contained sufficient symptom or symptom sequence detail for the purpose of textual analysis.

The textual analysis method has been previously described in detail (Green, 2016). In brief, it involves identifying elements and constructs in texts by employing techniques from Corpus Linguistics (Gries, 2016), such as word frequency counts and key-word-in-context (KWIC) analyses. The method has two basic assumptions. Firstly, certain words are considered to act as construct indicators (Kelly, 1962/1996). These words indicate either elaboration of a construct

pole (e.g. and) or contrast (e.g. but) and hence bipolarity. Secondly, while a word may be a convenient label to describe a construct or a construct pole, a construct is not limited to a word or short phrase.

Analysis consisted of five steps: 1) combine the FPAs into a single “corpus”; 2) perform standard transformations, e.g., removal of unwanted whitespace, punctuation and changing text to lower case; 3) examine element frequency. An element is something that is construed by a person. In this instance elements were the self, individuals, entities or organisations referred to in the FPAs.

To identify more salient elements a threshold of 15 was used in preference to the higher threshold previously employed in the analysis of longer texts. Dropping the threshold to 10 resulted in only three additional elements being identified (speaker, aliens and controller), featured in only one FPA each. Elements could consist of a single specific word (e.g., I) as well as synonyms (e.g., psychologist, psychiatrist and counsellor), plural forms of these words as well as the names of persons who perform these roles (e.g., Dan, Liz).

Step 4 involved identifying constructs. As there were multiple authors, writing with different styles, a range of contrast or likeness construct indicators were employed in KWIC analyses. To enhance clarity of meaning a longer pre and post indicator word context was selected (e. g. 20 words). These were general contrast indicators (e.g., against, although, but, except, however, instead, nonetheless, not, nor, one hand, other hand, opposite, other, prefer, rather, this, though, unlike, versus, yet); indicators of comparison (e.g., alternative, alternatively, compare, compared, comparison, contrast, contrary, differ, different, difference, less, more); and temporal contrast indicators (e.g., after, before, earlier, later, previous, previously, was, were). In addition, the following words were employed as construct likeness indicators in KWIC analyses: and, alike, like, likeness, similar, similarly, same. Step 5 involved manual review of the KWIC analyses to identify constructs of particular relevance to the study purpose and identify recurring themes. A

selection of constructs was assigned to themes developed by BG, then independently coded by HGM and another coder, AG. A multi-rater kappa of 0.33 was obtained and three themes had non-significant *p* values. Two of these themes were inconsistently applied and dropped. Where two coders agreed this was accepted as a consensus coding. Where all three coders disagreed, a code was assigned after discussion between BG and HGM.

These themes and constituent constructs are included as Tables 2 and 3.

Statistical analyses were undertaken using the R textual analysis package Quanteda (Benoit K et al., 2020) and inter-rater reliability packages (Gamer, Lemon, Fellows, & Singh, 2019) within RStudio (RStudio Team, 2020). The study was approved as a low risk research project on 13/12/2019 by the RBWH Human Research Ethics Committee (RBWH HREC: EC00172).

2. RESULTS

Table 1 indicates that the three most frequently occurring elements pertained to the self. Document frequency (number of FPAs an element appears in) indicates that these elements were not included in one FPA (Zelt, 1981). This FPA was written in the third person (e.g., “David”). Three broad patterns were identified. As noted, “I”, “me” and “my” were high frequency elements and occurred in nearly all the FPAs. Lower frequency elements, such as “friend”, are contained in over half the FPAs, but the low range indicates they do not occur frequently in any particular FPA. In contrast, elements such as spy related words, “God” and “Christ” are found in fewer FPAs, though the relatively high upper range indicates that in at least one FPA the element occurred frequently.

Table 1: FREQUENCY OF ELEMENTS

Element	Frequency	Document Frequency	Median	Range
I, I'm	2807	36	63	0-222
My	1209	36	31	0-112
Me	703	35	16	0 - 72
S/he	304	29	3	0 - 52
They	231	33	4	0 - 24
Her/his	198	26	2	0 - 58
People*	160	30	3	0 - 15
World	138	29	2	0 - 22
Them	123	32	2	0 - 12
Life	104	31	2	0 - 12
Clinician (Nurse*, psychiatrist*, doctor*, Ellen, psychologist*, counsellor*, Dan, aide* David*)	95	27	1	0 - 15
Myself	90	26	2	0 - 9
Parent*, mother, father, mom, dad	82	20	1	0 - 12
We	82	22	1	0 - 11
Him	71	17	0	0 - 23
Reality	63	18	0	0 - 11
Spy, CIA, secret service/agent*, KGB	61	8	0	0 - 30
Family, relatives, nephew, grandmother	53	23	1	0 - 6
Friend*	52	22	1	0 - 5
God*	46	11	0	0 - 15
Husband, boyfriend, girlfriend	41	10	0	0 - 13
Child/ren*/baby*, son*, daughters*	40	16	0	0 - 11
Someone	36	17	0	0 - 5
Teacher*, tutor, professor*, instructor*	33	15	0	0 - 11
Wo/man	33	16	0	0 - 6
Brother/sister	32	8	0	0 - 12
Student *, freshman	31	11	0	0 - 7
Our	30	11	0	0 - 11
Police/man, FBI	28	11	0	0 - 8
Christ/us	22	5	0	0 - 9
Dictator, nazi*/ism, Stalin, Hitler	19	4	0	0 - 8
Satan/devil	19	9	0	0 - 3
Wo/men	18	9	0	0 - 6

There was diversity in whom “he/she”, “his/her” and “him” referred to, with 23.2% of these elements referring to one FPA author (David) and 8.0% to another person, namely, the “Prince”(Anonymous, 1990b). Similarly, “them”, “they”, “people” or “someone” variously referred to people specifically, generally or symptoms. For example, 28.6% of the instances of “they” referred to hallucinations, delusions, strange

feelings or ideas and in 21.6% of instances, to unknown people who were sending messages, following or paying special attention to the FPA author.

In relation to how psychosis was construed, three categories of constructs were identified: constructs regarding the self, onset and making sense of psychosis. Regarding how the self was

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construed, one theme concerned construing personal attributes, such as sensitivity (Murphy, 1997; Wagner, 1996) or being afraid (Herrig, 1995; Jordan, 1995) as psychosis precursors or conversely, highlighting personal achievements and the absence of personal or family vulnerability (Anonymous, 2010; Chapman, 2002; Herrig, 1995; Hummingbird, 1999; Jordan, 1995; Yeiser, 2017). A second theme concerned how the self was construed. For one FPA author, psychosis was evidence that she had done something evil in her life (Jordan, 1995). More common, were examples of the self being construed as special (see Table 2 for examples). This could be linked to feeling singled out and being the source of particular attention (Zelt, 1981), making or potentially making a profound discovery (Anonymous, 1992; Chapman, 2002; Snyder, 2006), having special knowledge

(Chapman, 2002) or a special role (Anonymous, 1990i, 2010; Reina, 2010), which over time fuelled feelings of being persecuted (Bowden, 1993; Meijer, 2018; Scotti, 2009; Snyder, 2006; Zelt, 1981). Construing the self was not simply a cognitive experience but also associated with strong emotions, feeling glorified (Zelt, 1981), being captivated (Chapman, 2002) and fear (Anonymous, 1992; Chapman, 2002; Payne, 1992; Reina, 2010; Scotti, 2009; Stefanidis, 2006; Weiner, S., 2018; Zelt, 1981). In addition to fear of harm there was fear of being labelled mentally ill (Anonymous, 1992; Jordan, 1995) which resulted in further isolation. The other reported aspect of self, concerned invalidation of the FPA author's sense of self and place in the world. This provided a context for the acceptance of new ways of construing the self and others (Sips, 2019).

Table 2: CONSTRUCTS RELATED TO EXPERIENCING AND EXPLAINING PSYCHOSIS

FEELING SPECIAL

During my adolescence, I thought I **was** just strange. I was afraid all the time. I had my own fantasy world **and** spent many days lost in it. I had one particular friend. I called him the "Controller". He **was** my secret friend (Jordan, 1995).

At first, the experience was mildly pleasurable: I "knew " that everyone was thinking and talking about me, **but** this seemed relatively benevolent and made me feel real (Wagner, 1996).

...the horde of Persians symbolized the world who was trying to kill me. Why they had not done so, I could not make out clearly, **but** it was clear that some vast power was on my side protecting me. Perhaps, it was God himself (Reina, 2010).

I was in danger **but** so was the whole world as far as I was concerned. I was convinced of my righteousness and of my vulnerability in this quest (Weiner, S., 2018).

The voices called me a "homeless hoodlum" repeatedly and insulted me, which was like a painful stimulus. **But** they also alluded to my bright future as one of the most powerful individuals on earth, as they confirmed my delusions were true. This was thrilling to me (Yeiser, 2017).

People of the postal service were ridiculed for this, and David felt sorry for them. **But** he developed a sense of power that was useful; people tended to listen to a person of power (Zelt, 1981).

He knew all the answers I thought. This was not just some answers to some things, **but** all the answers about everything to do with life! (Ganim, 1987).

I began to think of myself as being somewhat special **and** having a special mind to be thinking these things (Chapman, 2002).

ONSET MODE

As one becomes more insane, rational thought fades away, **but** it happens gradually. In the midst of irrational thought, there still exists some rational thinking (Snyder, 2006).

The first signs of schizophrenia may appear suddenly, **but** often, as in my case, the onset is insidious and gradual (Wagner, 1996).

...aha and anti aha experiences did not immediately result in delusional ideas, **but** led to a deconstruction of a personal framework first only after that serving as a matrix for delusions (Sips, 2019).

I was repeatedly, desperately looking for an explanation, **yet** at the same time, doubts began to occupy my brain, until it finally settled on a delusion. **However**, I must confess that the sense of perplexity and feeling threatened by others preceded the fully formed voices by just over 2 years even **though** subtle (almost unnoticeable) perceptual changes were present during that period (Humpston, 2014).

My illness began slowly, gradually when I **was** between the ages of 15 and 17. During that time reality became distant **and** I began to wander around in a sort of haze foreshadowing the delusional world that was to come later (Anonymous, 1992).

My shift from reality **was** nothing if not quick. What started with excitement, overwhelming chattiness **and** a feeling of "not being right" during the first few days quickly escalated from suspicion to paranoia and anguish (SA, 2018).

REPETITION AND INTENSITY

In a day there are so many things the mind relegates to background information. **But** suddenly, I saw it all... (Weiner, S., 2018).

My mind had become like a broken record, as I thought of nothing **but** international poverty. I could not leave my feelings behind, and these feelings turned into a cloud inside of my mind (Yeiser, 2017).

The idea that THEY were watching me was irrational **but** persistent. The idea of who exactly THEY were, and why THEY were watching me, was an idea that evolved (Snyder, 2006).

By the age of twenty-six, the thought that I might be under observation **was** occurring to me more than a hundred times a day (Snyder, 2006).

I found myself staying up late into the night thinking out my ideas - not forcibly, **but** following a stream of racing thoughts (Chapman, 2002).

... who kept repeating my name. It **was** friendly, even kind. I thought this will be my secret. The child and the person who repeated my name belong to a world of freedom. A world where everything is possible (Blanke & George, 2016).

Schizophrenia is a disease of information. And undergoing a psychotic break **was** like turning on a faucet to a torrent of details which overwhelmed my life (Weiner, S. K., 2003).

I proceeded to make a habit of such prayer. Each time characters were more intense, voices more discernible, **and** conversations were more complex. Finally, one evening the voice of God intervened told me what to do (Anonymous, 1997).

CONTROL

To be honest, from the beginning I didn't want to be there, **but** that didn't seem to be an option over which I had any control (Weiner, S., 2018).

My shame at even hearing these words in my head ran deep, **but** I couldn't make them stop (Weiner, S., 2018).

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I made a decision on the bus to duct tape the journal shut and enjoy the rest of the tour **but** I could not stop the stream of consciousness that was invading my brain with thoughts of waves and the meaning of life (Anonymous, 2010).

...I became fascinated with drawing weird, disconnected monsters. I carefully hid my drawings, because I **was** certain I was being watched. Eventually I became aware of a magical force outside myself that **was** compelling me in certain directions (Payne, 1992).

GENERAL EXPLANATIONS

I became silent and withdrawn, not my usual ebullient and smiling self. I did not think I was sick, **but** that these things were being done to me (Anonymous, 1990a).

At first, I just thought that it was different moods, **but** now it's more than that. I feel like my personality is somehow unravelling, and each mood takes on its own personality (Fowler, 2007).

Initially, thinking this way was beneficial to me in my architecture classes, where one analysed every little detail, **but** it soon led to great distortions when I began applying it to everyday life (Reina, 2010).

It seemed that my mind had two parts. One part was the part that had always been there, **but** the other part was filled with voices that talked in the background of my thoughts (Herrig, 1995).

I know this sounds very strange, **but** I am sensing something awful in the shadows at night (Fowler, 2007).

...I notice black cars with no license plates are taking turns driving behind me. I am not alarmed. I attribute the sights to fatigue, **and** it makes sense to me that the FBI is tailing me since I am going to a high-security school (Anonymous, 1990a).

I felt I was being tested, **and** assumed that he was working for the secret service in order to determine if I was suitable to fill a position in Dutch national politics. (Meijer, 2018).

At first, I thought they were spirits; I thought I heard angels **and**, later, demons. Upon their arrival I felt no surprise; it seemed natural to me (Murphy, 1997).

I followed what I thought were the rules in excess, shattering my life and destroying my understanding of my place in the world. **This** is because I believed it was my duty... (Weiner, S., 2018).

...voices can become part of a person's whole world. They may seem flighty and bothersome to a professional, **but** voices of God are not flighty or bothersome to your average person (Anonymous, 1997).

I believed that somehow I had managed to send out my astral spirit and **was** unable to get it back. I thought I'd somehow managed to become psychic and could broadcast my thoughts (Bowden, 1993).

"So your husband used to be a minister". I had not divulged that information to him, **but** because I had recently told my babysitter that, I felt the incident was more than coincidence (Anonymous, 1990a).

Regarding onset itself, three themes were identified and are listed in Table 2. FPA authors broadly construed onset as gradual versus sudden. The second theme concerned the intensity and repetition of experiences, which were additionally construed as either positive or negative, though this changed over time, with voices particularly becoming construed as more negative. Together, these first two

themes represent changes that would have required significant loosening of constructs to accommodate new elements and constructs as FPAs attempted to adapt and anticipate an uncertain future. Such intense, repetitive experiences were also associated with a shifting focus from external reality to an inner world. The third theme concerned control. Not surprisingly, FPAs described events as happening to them and

as feeling controlled or not having control. A number of the FPAs contained general explanations for changes associated with psychosis onset and development. These were very individualistic, but could be broadly labelled as internally versus externally caused factors and secondly as related to specific life events versus not-related to specific life events. Feeling special is an example of the latter type explanation, e.g., I must be special to be having this happen.

The third category of construct themes concerned how FPA authors made sense of their experiences and included three broad themes: loosening of construct systems, seeking alternative explanations and validation (Table 3). Loosening of constructs occurred in FPAs where core constructs about the self and the world shifted or were invalidated. The development of overt symptoms in some instances was foreshadowed by growing preoccupation with idiosyncratic theories (e.g. about colour (Reina, 2010), telepathy (Zelt, 1981), mathematics (Snyder, 2006)), which became all-encompassing ways of making sense of events. Paralleling absorption in these theories was the withdrawal from the world of others. One FPA likened this to

being “persuaded by a cult” (Ganim, 1987). In another account, “a deconstruction of a personal framework” served as “a matrix for delusions” (Sips, 2019).

Loss of established meaning and contact with a familiar world was accompanied by the process of trying to make sense of what was happening. Meaning making employed reasoning processes, which likely, had been previously employed successfully to make sense of experience and generate and test hypotheses (Fleshner, 1995; Reina, 2010; Stefanidis, 2006). For some FPA authors symptoms were accepted because they seemed believable or plausible (Reina, 2010; Timlett, 2013). Other construing reflected more intuitive or non-rational construing of experience, rather than a process of deliberation. These constructs were derived from sudden insight, feelings or a sense of conviction about the veracity of experience (Anonymous, 1990a, 1990i; Herrig, 1995; Meijer, 2018; Payne, 1992; Reina, 2010; Sips, 2019; Stefanidis, 2006; Wagner, 1996; Weiner, S., 2018; Weiner, S. K., 2003; Yeiser, 2017; Zelt, 1981) and were also experienced as validation evidence.

Table 3: CONSTRUCTS REGARDING VALIDATIONAL EVIDENCE

DESTABILISATION/ SEEKING ANSWERS
Yet, it was not a matter of hallucinations or delusions but implied changes in my lived world as a meaningful whole: the perspective I held on things and people (Sips, 2019).
This process, in my experiences, was wrecking what I considered to be my "personal worldview". Like a conviction proven wrong , it felt as if evidence kept piling up against my entire view of the world (Sips, 2019)
It would seem at least in this case this delusion was a direct result of the voices. Once again there was a paradox: I was repeatedly, desperately looking for an explanation, yet at the same time, doubt began to occupy my mind, until it finally settled on a delusion (Humpston, 2014).
I was taking a walk down a city street trying to figure out what was happening to me. I passed a Macy's store. It held a banner on the lintel on the doors ... (Weiner, S., 2018).
PLAUSIBLE
Of course , this idea was completely irrational, but I thought somehow that it could be true (Snyder, 2006).
...The puzzle is why their extraordinary implications didn't lead me to reject them straightaway as outlandish. I don't know why this is, but one thing that seems clear to me is that perhaps because I found them believable... (Timlett, 2013).

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...because I found them believable I also didn't notice the precise content of their extraordinary implications focusing **instead** on the belief and immediate meaning of the communicative act... (Timlett, 2013).

They arise seemingly out of nowhere when a person knows the difference between sanity **and** insanity and emerge initially as small ideas. When I first began experiencing insane thoughts, they seemed normal and plausible ... (Reina, 2010).

CERTAINTY

...and resigning myself to what seemed a problematic marriage; I came home in despair. It was on this ride home that I first heard messages over the car radio that I **was** sure were meant for me (Anonymous, 1990a).

I did know all the logical limitations of my ideas, **but** I was also receiving such intense messages that the rats and my regenerating brain were also true. So I rationally concluded that the one superseded the other (Stefanidis, 2006).

I knew she was sent there by the princess to deliver a message to me. **But** I was not yet knowledgeable enough to understand the message (Anonymous, 1990i).

...the sense of being controlled is not necessarily delusional ideation **but** a phenomenon, in which the individual feels he is indeed being controlled, whether he actually believes it or not (Humpston, 2014).

The message was received loud and clear. With some confusion **But** with clear certainty I entered the department store and bought some very pretty items believing it was a duty imposed on me (Weiner, S., 2018).

But I knew that this was not the whole truth. After all, I could see the hidden messages behind things (Reina, 2010).

It was so real. I felt as though I **was** a demon and a saviour, holding the key to all these people's lives... (Fleshner, 1995).

TESTING/ NOT TESTING

I craved rationality, and rationality to me was taking all evidence **and** making conclusions. Even if they didn't conform to everyone else's ideas of what **was** rational... (Stefanidis, 2006).

...I looked for confirmation that they were true **and was** able to find subjective evidence. When I looked hard enough, with a little imagination... (Reina, 2010).

I was confused and bewildered by the dreams and illusions I was experiencing, and mistrustful of this man who said he had them too. **But** I withheld judgement, tested him with questions, and, finally believing that he was authentic, became something like his apprentice (Anonymous, 1990i).

Because the ideas were so prevalent and there **was** meaning in exploring them for some special purpose, I felt that to check them with reality would've been unnecessary (Chapman, 2002).

I think also that I was afraid to check with reality for fear that my ideas might be deflated **and** my sense of having a useful and meaningful direction in pursuing these might be demolished (Chapman, 2002).

I wondered if others had unwanted thoughts inserted into their minds, **but** there was no way I could possibly find out. My anxiety and panic grew as I believed my mind was being controlled (Chapman, 2002).

SYMPTOMS AS EVIDENCE

...I determined the Aliens were involved in a huge conspiracy against the world. The thought of going back to Dan appealed to me. **But** I held back because the Alien Beings were gaining strength and had given me a complex set of rules. The rules were very specific and governed every aspect of my behaviour (Payne, 1992).

David began to suspect and then perceive that a federal agency **was** observing him. From a moment of insight explaining many peculiar, recent events in his life, he knew that he had been accused... (Zelt, 1981).

...I felt no surprise; it seemed natural to me. I was not shocked, **but** was in awe. What sounded like baby angels was soothing; they sounded sweet and loving. They comforted me (Murphy, 1997).

My logical mind gave me these possibilities, **and** then the Deep Meaning proceeded to inform me which was true (Stefanidis, 2006).

The content of the constructs employed to make sense of the world, were initially anchored in a shared reality or in terms understandable to others (e.g. fatigue, stress, life transition). In contrast, with increasing absorption into an inner reality, psychosis became the basis for validating personal construing (e.g., the soothing content of voices (Payne, 1992), rules provided by alien beings (Payne, 1992) or revealed messages and insights. These experiences seemed real (Anonymous, 1990a; Ganim, 1987; Lovejoy, 1982; Snyder, 2006) or more real than everyday experience (Anonymous, 1992; Weiner, S., 2018) and thus not requiring other validation. In some instances it wasn't the case that psychosis was remarkable, but voices seemed "natural" (Murphy, 1997) or the focus was on immediate meaning and not "the precise content of their extraordinary implications" (Timlett, 2013), while one FPA author suggested a person may feel something is happening, irrespective of whether they believe this to be the case (Humpston, 2014), an example of seemingly incompatible constructs, co-existing. One FPA reported not testing experiences because of the perceived consequences of finding that they weren't true (Chapman, 2002). While the constructs in Table 3 could be considered evidence of reasoning biases, such as a bias toward only seeking confirmatory evidence, more fundamental existential issues were also at play.

3. DISCUSSION

George Kelly developed a theory that proposed people make sense of the world through the use of systems of hierarchically organised bipolar constructs. Kelly, however, also described construct dimensions to construe the constructs of others, including psychotherapy clients. One of

these 'diagnostic' constructs was termed preemptive construing and refers to the idea that some constructs are of the "only but" type, e.g., "...and causes me to come to the only possible conclusion that God, Himself, has come for a visit". When considering the causes of psychosis, a more propositional approach is required that recognises multiple contributing factors. Irrespective of the aetiology, the current fundamental question of interest in this paper was how do individuals make sense of the significant alterations in perception, cognition and emotion associated with psychosis?

The FPAs contain a diversity of experiences that were not readily be accessible to external observers. Kelly's conception of constructs as channels or avenues of movement (Kelly, 1955) offers an alternative perspective with which to view the FPAs, recognising the active process of construing and reconstruing of experience. Across the FPA a recurring construct was elaboration of/involvement with an inner reality versus engagement with a shared external reality. Although the FPAs were mostly written several years after psychosis onset, after treatment or other strategies had been instigated, one author kept open the possibility of being psychic (Bowden, 1993), whereas other FPA authors reported living in two worlds (Anonymous, 1992; Ganim, 1987).

Absorption in an inner reality was a hallmark of the experience of psychosis, whereas engagement with a shared reality offered the possibility of recovery. For one FPA author this was an explicit choice, between the "World of Death" where voices were believed and the "World of my friends"; "I was certain that the pills would not work, in fact I thought it was poison. Yet I took them for him, because I loved him. He

would have left me had I refused to take my medicines. I made a choice: I chose him” (Blanke & George, 2016).

Even when in close contact with others, the personal isolation of FPA authors was profound. At the most extreme end, as noted, some feared for their lives or the felt responsibility for the safety of humanity. In other instances, a perceived consequence of revealing symptoms was personal harm. Seeking help or even speaking of their personal experiences, was not considered an option for some FPA authors (Payne, 1992). This has implications for how mental health professionals engage with people, who present or who may be taken to a mental health assessment. An understanding of how an individual construes their safety is an important starting point in establishing a therapeutic relationship or rapport.

The constructs related to onset mode, intensity and control provide a useful lens for understanding differences between FPA authors' experience of psychosis. Where psychosis onset is gradual, an interest becomes a preoccupation or theory, applied to one field, then over time applied to more and more fields or involving more and more people. In the earlier stages, the constructs employed to make sense of the FPA's worlds, were of a more general nature, reflecting constructs others could readily relate to. This could be likened to a progressive loosening of an individual's constructs, with validation evidence anchored progressively less in a shared reality. The opposite situation may be the person who experienced massive invalidation as their understanding of their place in the world was overwhelmed by the experience of psychosis. For example, one FPA reported that all sensory data suddenly became imbued with personal meaning (Weiner, S., 2018). These disruptions of one's usual place in the world have parallels with the process of tragic loss and subsequent efforts at reconstruction of meaning (Neimeyer, 2016).

This study extended a method employed to identify constructs in longer texts, to shorter

FPA's of psychosis onset. These previous KWIC analyses could be readily based on construct indicators pertinent to a single author (Green, 2016, 2017). With multiple texts, a range of indicators, including high frequency words (e.g. and or was) were included which produced a lot of output, requiring manual review. The use of such terms was required because clear bipolarity was less frequent compared to elaboration of a single pole. This is not surprising given that the FPA's largely sought to describe one pole of experience, namely, psychosis.

In terms of other limitations, issues around generalisability need to be considered. The FPA's were retrospective, written by a relatively small sample of people who submitted an article to a professional journal. On the other hand, being able to articulate one's experience of psychosis is a positive factor which others may be unable or want to readily do. Similarly, the retrospective nature of the FPA's lack contemporaneity but have the advantage of distance for reflection. However, some FPA's quoted notes taken at the time. Another issue is that the FPA's may have been edited for publication. Communication with the journal editor indicated that FPA's are generally published with minimal editing.

Regarding future directions, the research could be extended to other FPA sources to examine the validity of identified themes. Secondly, this study did not attempt to report how individuals coped with their symptoms nor what was considered as crucial to their recovery. This would be a fruitful direction to explore.

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