Even though I couldn’t go into town, I used to force myself to go to town. You sort of like throw yourself in the deep end. I thought, ‘well, if I get a taxi, end up in town, get out of the taxi, then there’s nothing I can do – I’m in town, so I’ll have to face it’. I’ve always been like that you know, pushy you know, trying to push myself forward.

(Tony)

### 7.1 Summary

Chapter 6 surveyed the descent into illness and psychiatric interventions experienced by the users. It was shown that a variety of socially focused factors are usually involved in bringing about a crisis, yet treatment is biomedically orientated towards a control of symptoms. But how do users explain their illness experiences themselves? This chapter explores further illness meanings from the narratives collected. It will be demonstrated that users can develop different understandings of their crises depending on the psychiatric treatment received. The narratives will also demonstrate a range of self-coping techniques that promote recovery and well-being, in turn, offering the hope of a future without biomedical treatment and further psychiatric intervention.

### 7.2 Current state of being

There are general – if sometimes overlapping – differences in current states of being between clusters of users which I have called the ‘unwell’,
those ‘getting by’ and those who are ‘well’. As far as possible these are self-defined by the users. It does not refer to a stage of their supposed psychiatric illness but rather a ‘state of being’ within their total life experience (whether work, relationships, leisure, illness or whatever). These groups are described below.

7.2.1 The ‘unwell’

Patrick’s narrative is one which emphasizes a kind of melancholy and sadness which appears to engulf his life. ‘Look at me,’ he says, ‘I’m at the wrong side of sixty but I still, it still doesn’t depress me in that respect. I thought “I’ve had my life and that’s it”.’ His life encompasses over 30 years of psychiatric hospitals and treatment, as well as 15 years in the marines which he joined when he was 15 years old. Apart from talking about his time serving in Korea and the Middle East, he mentions the strict discipline he experienced in the marines:

They built this new depot down in Deal in Kent. And we were on the parade this morning, we had this old DI, you know, drill instructor. And he come from the old school, you know. He’d joined up about 1930 or something. He says, ‘now’, he says, ‘I’m gonna show you some discipline’. He says, ‘I’ll pick any squad,’ he says, ‘I’m gonna pick 672 squad’. He said, ‘second from the first rank, pace forward’. So this was the squad behind me. So this junior marine steps forward, he says, ‘turn left, double to the wall and bang your head against it ’til it bleeds’. And I’m not joking. And the kid done it, he went bong, bong, bong. There were blood all over the place. That was the sort of thing in them days. You see nowadays, this is why, I know you can’t compare A to B, and the sort of thing that sticks in my craw because it’s there at the back of my mind all the time.

After being raised in an orphanage and serving in the marines, Patrick found decent employment and bought himself a house. He married soon afterwards and had two children. As he says, ‘we had everything going for us, but it just seemed to, seemed to get to my head. I don’t know why but it did. I couldn’t cope with it’. Despite continuing his work, he began to drink heavily and experienced his first periods of hospitalization. He shows me some of his scars from suicide attempts. His wife later died of cancer. Patrick tells me he gets bad asthma attacks which results in mobility problems, though he has some friends who visit him regularly.