

A Philosopher's Madness

LISHAN CHAN

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Foreword

“There is no health without mental health.” (UN Secretary-General, Ban Ki-moon, 2011). The link between physical and mental health is inextricable and yet mental illness is very much misunderstood and misrepresented in our daily lives.

The recent Singapore Mental Health Survey identified that the onsets of mental illnesses will usually hit by the time one is 29 years old, yet only 31.8% of respondents with mental health issues seek help. It is paramount that all of us are aware of what mental illness is and ensure that mental health information and resources are readily made available.

In *A Philosopher’s Madness*, Lishan gives a vivid first-hand account of her experience with mental illness and offers intimate details by sharing her personal notes. She also relates her real-life concerns of someone who has gone through mental illness. Not only does she write in a fluid and eloquent style, she explores the theme of mind and body in more detail by philosophizing how they may be linked and the implications. One may think that philosophy is something abstract, yet Lishan has elaborated on these concepts in an easy-to-understand manner.

I would highly recommend this book to everybody, not only to people working in the field of mental health or suffering from mental health issues, but to anyone who is interested in this area.

After hearing so much about her book-writing efforts, I finally had the opportunity to meet with Lishan in person earlier in 2012. This was during an event organised by my department to raise awareness of youth mental health. Aptly titled “Burst The Silence”, we hope to encourage youths to come forward to burst their silence on their mental health concerns as well as the stigma surrounding mental illness. Lishan has done just that. Her passion in destigmatizing mental illness and interest in philosophy are palpable. I am heartened that she is able to fulfill them with this book and I applaud her courage to come forward to share her experience as well as dispel myths surrounding people suffering from mental illness.

Through this book, I hope it challenges the public’s perception of mental health as being an “all-or-none” phenomenon; it is, in actual fact, a spectrum on which all of us oscillate back and forth throughout various times in our lives. Not only should we learn to appreciate mental health, we should also accept that those who suffer from mental illness can recover and lead satisfying lives with the appropriate help. I end with a quote from Lishan’s book,

“I hope that I will one day rebuild and resume the life I have always wanted – a life that is challenging and enriching and where I can be intellectually fulfilled.”

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Prologue

In late 2008 a young woman wandered into a nursing home, gibbering and talking nonsense. The staff managed to establish that she was asking for directions to a church so that she could become a nun.

In fact the woman was an ex-Raffles Girls' School pupil, London School of Economics alumna and research scholar at the National University of Singapore. The only clue to her academic background was that she was clutching a thick manuscript which she had written. In it were her thoughts on the logical structure of scepticism and the nature of negation. Later, they were described by the university as 'using philosophical terms, but not in any recognisably intelligible way'.

The woman was arrested by the police as a trespasser and locked in a padded cell for several hours, possibly because she refused to allow her thumbprint to be captured on the computerised system in the police lock-up.

The next day, she was taken to the Institute of Mental Health. Over the next six weeks, her case was studied and she was eventually diagnosed with schizophrenia.

Her episode of psychosis – being out of touch with reality – involved her breaking a code and living among prostitutes.

That woman was me. Fortunately, I got better. Less than three years after that episode at the old people's home I was working full-time at Accenture, the world's leading IT consulting company, designing, developing and deploying training support materials for the mining giant BHP Billiton.

My employers never asked about my personal medical history and my job-performance was rated 'outstanding'. I feel I am living proof that when it comes to mental illness, there is no clear link between medical history and one's performance at work.

Preface

I would like to acknowledge how this book came into existence. It was all thanks to the encouragement of my ex-case manager, Ms Ang Suying. I had written an extended letter to my friends to explain what had happened to me. Suying had taken the initiative to show it to some of her colleagues working in the medical sector, and the feedback was very encouraging. This led me to turn the letter into a book.

I was probably very negative when I was writing this book but I am actually one of the lucky ones; I have been able to respond to medication and lead a relatively normal life. I have been stable now for an extended period of time. I have worked with large global organisations in industries like oil & gas and management consulting and, despite my illness, I think my life has not turned out too badly. In fact, I am better off than many people who don't have mental illness.

Alongside Suying's support, the actions of my mother were instrumental to my recovery. Not only did she encourage my friends to persuade me, during my period

of denial, that seeing a doctor was a good idea, she also did the unspeakable of mixing medications into my meals without my knowledge. Although some might say that this was unethical, since I personally refused my medications, this had the effect of making me clear headed enough to realise that something was indeed wrong with me and that I had to get myself to a psychiatrist.

Further, my mother was determined that I should become as independent as I was before my descent into madness. To this end, I was not allowed to move back home but was forced to live by myself. My parents paid for my rent while I searched for a job to begin supporting myself. Although I was somewhat unhappy with the decision of my parents to throw me out, this strategy of my mother's to get me back to my former self was probably the most effective course of action that resulted in my speedy reintegration back into society.

The only difference between me and 'normal' people is that I have a strong desire to banish the stigma attached to mental illness – I am always conscious of being an example to other sufferers. I want to show others who have endured mental illness that it is possible to rise above debilitating circumstances and tell the world that I have done so, and that therefore no discrimination is needed.

I am often asked by others how life is different for me, as a person with schizophrenia living in a society in which mental illness is seen as a taboo subject. Two experiences demonstrate this. The first is that a few weeks after I was diagnosed with schizophrenia, I received a letter from the National University of Singapore terminating my scholarship. I had failed a taught module. It was the first time I had ever failed in university and I see the poor performance at that time as a result of my acute illness. Later, when I recovered, I wrote to the university asking to resume my studies in philosophy. The university was aware

of my illness (as well as of my progress in controlling it). However, the head of department wrote back saying that resuming my studies was not possible, and that I should think about doing something else, which effectively terminated my academic career.

After this rejection I put in several applications to work in the public sector, including the Ministry of Defence, the Ministry of Information, Communications and the Arts and the National Library Board. In every case I was either rejected or not considered.

I also had a job interview for relief teaching at a local elite school. Prior to my interview, I was not asked if I had a history of mental illness. When I admitted that I had had an episode of psychosis, I could feel their attitude towards me change. I didn't hear from my interviewers again, which was rather disappointing to me. After all, I do have a master's degree and so am well qualified to teach at the secondary school level in my subject matter. But it seems as though I don't have a chance because of my past illness. It seems as though, in becoming ill, I have become part of a shunned minority of the population.

Thankfully, compared to the public sector I have had less difficulty in getting a well-paid contract job in private companies. But even here I had some frustrating experiences. For example, I had a positive job interview and was verbally offered the job. Later on, they did a double-take when they realised that I had declared my condition on the job application form. They decided to ask me not to come in for work after all.

From these responses, it looks as though I am being discriminated against on the basis that I had schizophrenia. It makes me wonder if people with mental illness are assumed to be heading towards failure and hence not given the opportunities they might otherwise have had. It makes it pretty clear to me that succeeding in our society

is extremely difficult if you allow it to be known that you have a mental illness.

Would an employer not hire someone because he has diabetes? I do not think so. Yet, I hear that a diabetic person can spiral out of control and his health can severely deteriorate if he is not treated. On the other hand, if his condition is under control, the diabetic person should be able to function well and work well. Likewise for the person with mental illness. If one's condition is stable, then one should be able to work and to function well, just like everyone else.

So I think people with mental conditions are often unfairly stigmatised. Mental illness does not necessarily mean being incapable of working, or of making a decent living for myself. Yet this is how people with mental conditions are being treated, it seems, disregarding the state of control they were able to establish in their condition. We are not given job interviews. We get fired from our existing jobs, with little chance of returning after recovery. It all seems a bit unfair.

As I recovered over time, I started to apply for jobs in order to reintegrate myself into society. On an internet job search website, I saw a post for a job at Accenture, so I applied and to my surprise, was offered the position immediately following the interview. This led to a happier period in my life as it consisted of working regular hours, interspersed with opportunities to socialise and to relax as well as to exercise. If I had been discriminated on the basis of my condition, as has happened so often, then I would have lost yet another chance of leading a 'normal' life. But surely, leading a normal life is not too much to ask?

As long as one's condition is stable, it does not affect one's performance at work. From my experience, it is perfectly possible to work just as competently as others, with no way of telling that one has a mental illness, short

Introduction

of admitting or revealing it to others. As such, social stigma concerning people with mental illness may be unwarranted.

There are two obvious causes for me developing the mental illness – the combination of stresses in my life, and the genetic predisposition I was born with. We can speculate that I would neither have developed mental illness if there had been no stress in my life, nor would I have developed it if there were no particular disposition in my physical constitution towards mental illness; probably the two factors together caused the illness. The genetic causes of schizophrenia are not well understood yet; it may be a matter of inheriting a combination of disease-promoting genetic factors or even the susceptibility of contracting a disease-causing ‘schizophrenia-virus’.

However, what really concerns me is the possibility of relapse. Initially, I understood that medication was alleviating my symptoms, and there was the possibility of relapse if their effectiveness wore off. I wonder what I will do if that ever happened...

This is the story of one woman’s experience of mental illness. At the age of 25, I went mad and was hospitalised for six weeks. Thanks to medication, my condition is now fully under control, but since it is in my genes, it cannot be cured. I have to live with it, and will perhaps never be able to live a ‘normal’ life.

Why did I go mad? I believe that in part it was because I was chasing success too obsessively. Overriding ambition and pushing myself too hard drove me over the edge.

In writing this book, I hope to raise awareness of psychosis – a form of mental illness – and the harm it can do. I am aiming it at the general public as well as patients and their families. I also hope to give valuable information to medical staff and social workers who work in the field of mental health.

There are many books on mental illness. In particular, there seems to be a large market for inspirational first-person accounts in which the protagonist transcends his difficulties and overcomes obstacles. But I feel it is important not to hold back when describing the

experiences of a person diagnosed with schizophrenia. I want to openly tell the truth about schizophrenia, as it really is, warts and all. I hope to provide an accurate and uncompromising picture of what it is like to have a psychotic episode. So, rather than focusing on the journey to recovery, as many books do, I am focusing more on the hard, gritty reality of schizophrenia. I want to tell the truth about chronic unemployment, a not-uncommon situation for schizophrenics. I want to tell others that I have schizophrenia, and not have to hide my 'dirty linen' away from the public eye.

I want to give an honest and personal account of my experiences, not just write a 'feel-good' story from which others may derive inspiration. I do not promise to write an inspiring, happy story of recovery. Even as I write these words, I fear relapse.

Ultimately, I hope to provide a first-hand account of the subjective experience of madness, which strikes a chord with those who have experienced it or encountered it in one way or another. In reading this account, I hope that some might find consolation and solace similar to the catharsis that I have found in writing of my experiences.

This is not a book which seeks to educate others about what mental illness is. A doctor may be able to educate others on the symptoms and treatment of mental illness. In contrast, I can only hope to contribute to our existing knowledge on mental illness by giving a descriptive account of what it was like for me to experience madness.

Mental illness is commonly viewed as a problem that can be solved through treatment and medication. However, this neglects the picture of mental illness as a string of vivid impressions. To me, mental illness has been part of a fascinating life, not a thing separate from it.

Given my philosophical background, I also hope to raise some interesting and fundamental questions about

madness: What is the nature of madness? How do we distinguish between madness and non-madness? Along with the story of my schizophrenia, I attempt to address some of the pressing questions that have been asked in contemporary philosophy and psychiatry. I want the reader to be drawn into my world, a world in which I try to make sense of my illness by philosophising about it.

There is something very interesting about the relationship between philosophy and madness. Philosophy is the study of reason, while madness is often thought to be the antithesis of reason. So, how does a philosopher – a person who is preoccupied with reason – come to be in a mental state that lacks it?

In discussing the link between philosophy and madness, there have been many attempts to draw connections between the philosophical state of being existential and the psychological state of being depressed. However, few have written about a possible relationship between the philosophical state of being sceptical and the psychological state of psychosis.

I want to know – is it true that I am mad? The lines between madness and non-madness are blurred and I am unable to see that I am truly mad. By challenging my assumptions to the furthest degree, I withdrew into isolation and became further removed from the tenets of everyday reality. As an extreme sceptic, I was perceived as mad and diagnosed as mentally ill, my experiences being taken for symptoms of psychosis.

On the other hand, madness can also be viewed as rationality taken to extremes. In philosophy, philosophical problems are often taken to their logical extremes. In madness, real-life issues are taken to their logical consequences and acted upon. So, is madness simply an extension of philosophical reasoning? And if so, could it be that philosophy and madness are somehow inextricably linked?

I know only of very few philosophical discourses which address this link. This book may be uniquely driven by the idea that there could be some connection between philosophy and madness.

CHAPTER 1

The journey begins

Perhaps I should blame Descartes. As a result of taking his advice in *Meditations* to ‘doubt as much as you can’, I attempted to do exactly that; doubt as much as I could. I questioned every statement, challenged every perception. It was the beginning of a relentless road to mental illness.

When I was younger I never expected life to turn out this way. I had completed a Masters degree when I was 23 years old. I travelled to Europe, North America and Africa. I used to think of myself as a young person with a promising future.

I no longer think like that. After I returned to my home in Singapore from the UK, my life started going haywire. I became progressively ill, to the point where it drastically affected my studies. Finally, I was forced to quit studying to rest and recover from illness. I was hospitalised. I was in a bad state.

It has been three years now since it all happened. Although I have recovered I continue to feel ill because of the side effects of the medication, as it slows down my

thinking process and makes it hard to learn new things. This could give employers a reason not to hire me. It is not just stigma and prejudice; there is good reason for caution in employing the mentally ill.

My main limitation is that I constantly feel tired and sleepy. I feel envy when I see how my peers have progressed in life. I feel as though I have been left to sink in a deep pool of mud while others have continued the trek up towards the mountain peak. There is nothing I can do but try to change my perspective.

Because I can no longer view life as a race I run with others, I have to see it as a personal journey which I struggle to complete by myself. Along the way, there is no one else but me. I move on when I decide to move on, I stop when I decide to stop.

In a sense, this is a good thing. After all, I have found a way of escaping the rat-race. I am resigned to giving up the Singapore dream of cash, car, credit card, condominium, and country club.

However, living alone and outside the community is very difficult. I need others who share the same concerns with me to be part of my life. I am looking for others in this deep mud pool. We shall help each other not to sink.

I go to the hospital once a month to see my psychiatrist. It makes me very sad when I go to the hospital. It is so distinctly a hospital; the smell, the white fluorescent lighting, the nurses in their white and pale-blue uniforms. Every time I go, I am reminded that I am a sick person, that I am not healthy, like other people. I generally feel a great sense of self-pity.

I am also worried about having a relapse and going out of my mind again. It would mean once again displaying the symptoms of a diseased mind – doing something other people would call crazy.

Nobody wants to be out of their minds. To those who have never experienced madness, it is the saddest thing.

It is sad to them that someone else thinks differently, so much so that they may harm themselves.

It is as if mad people are a group of aliens, beings from another world, who cannot be understood. People do not know what to do with mad people, except to put them in a hospital or a safe place where they will not harm others or themselves. That is the best they can do.

I would rather be sane so that I can make myself useful in society. Mad people are not useful people and they are very much a burden to others who have to take care of them. I am careful to take my medicines regularly so that I do not have a relapse; I do not want another psychotic experience.

When I am going through psychosis, what I say makes perfect sense to me but sounds like nonsense to others. Madness is not contagious, yet I am afraid to tell others that I am unwell. Some people I know avoid me because they are frightened of me, as though one could be contaminated by visiting me in hospital.

Jane (not her real name) was a friend, or someone I had imagined was my friend. I would have liked her to visit me in hospital, but she didn't want to. Even so, I still consider her my friend. After all, we've been friends for so many years now. They say that a man learns who his true friends are in times of adversity, so I suppose she cannot be a true friend. But I don't bear a grudge against her. I might well have done the same, if I were in her position.

I have lost many friends because I have been constantly moving from place to place, rather than because of my illness. When I speak to my friends now about my illness, they seem to be more encouraging than anything else.

Then again, they have not seen the worst of it, as my parents have. If they did see me when I was really ill and displaying the symptoms of madness, they might have reacted differently.

From external appearances, I look like an ordinary person. But I am not an ordinary person – I am not ‘normal’. Apparently, one in six people in Singapore have some form of mental illness, so I am hardly alone. But neither am I part of the majority.

Since I started taking medicines, I no longer suffer from delusions. They prevent me from having a relapse, but they make me slower than I should be. I forget things more easily. My mind is often a blank. So the medicines cure one problem but cause another.

I do know that life is short and that I want to make the most of mine, for myself and the people around me.

CHAPTER 2

Crossing the borderline

The process of thinking is not dangerous in itself. To say that would be to perpetuate a myth about madness. The process of philosophising through things is rewarding, but there is a fine line one can cross over, after which one is seized by madness.

There appears to be a link between madness and creativity. According to a BBC news report, scientists have found that the brain scans of those who are highly creative are strikingly similar to the brain scans of those who have schizophrenia. But no link has been established between madness and philosophising. Naturally, there have been mad philosophers. Nietzsche stands as one of the more notorious; he was known for writing mad letters to his friends.

But the existence of mad philosophers does not mean madness is a natural extension of the thinking about fundamental questions. On being seized by madness, one