First Person Account: Eliminating Delusions

by Robert K. Chapman

The article that follows is part of the Schizophrenia Bulletin's ongoing First Person Account series. We hope that mental health professionals—the Bulletin's primary audience—will take this opportunity to learn about the issues and difficulties confronted by consumers of mental health care. In addition, we hope that these accounts will give patients and families a better sense of not being alone in confronting the problems that can be anticipated by persons with serious emotional difficulties. We welcome other contributions from patients, ex-patients, or family members. Our major editorial requirement is that such contributions be clearly written and organized, and that a novel or unique aspect of schizophrenia be described, with special emphasis on points that will be important for professionals. Clinicians who see articulate patients with experiences they believe should be shared might encourage these patients to submit their articles to Schizophrenia Bulletin, First Person Accounts, EEI Communications, 66 Canal Center Plaza, Suite 200, Alexandria, VA 22314.—The Editors.

Stage I. Ordinary Life: 1960–1979

I came from very stable parents, married for 43 years until mom died in 1991. My parents had a grade 8 education. Mom worked part-time taking care of an elderly lady in her home. My father was a school custodian. Growing up, I had four brothers and two sisters. I was the youngest. I heard my mom had a fever while delivering me. There was a real sense of family, which I cherish tremendously to this day. There were no traumas in the family and we did not receive any verbal, emotional, physical, or sexual abuse or physical punishment. I don’t remember my mother or father ever shouting. We attended the United Church. I had nightmares for a couple of years at the ages of 6 and 7. The only thing I can remember at the time when I awoke was an image that I was too close to the sun and of being too bundled up.

After my having had schizophrenia I explored the ancestors and family members; none were identified as having had schizophrenia or similar type symptoms. In my immediate family a sibling has affected his health through overuse of alcohol, and an extended family member blinked a lot (almost constantly)—a tic disorder. Otherwise, all family members seem to be stable, everyone happily adjusted, married.

I grew up in a stable, mature neighborhood all my childhood until I left for college at age 19. My high school grades were average. I had part-time jobs during high school as a stock boy at a department store and another as a billboard sign painter. One of my interests was designing, and I designed yearbook covers. I played drums in my own band with friends and still do to this day. I had friends, but since I wasn’t into sports much and not as good-looking as others, I was less popular but still liked due to my sense of humor and being very good at visual arts. I dated some. My siblings went as far as high school. I was the only one to consider college. I wanted to be a graphic designer or a psychologist. Mom said that I was college material.

Stage II. Recognized First Signs: Preoccupation With Grandiose Ideas

After graduating from high school in 1978, I went in circles as to which talent to pursue. I knew I had many abilities—drummer, visual artist, graphic designer, writer, comedian, and more; it was hard to keep track of them. I felt so scattered. It was confusing. I decided to work for a year as a machinist before enrolling in a full-time college program. In 1979 I left home to take a room at the YMCA, living independently with my own free will. There I wrote a lot of poetry about life, as I had become very philosophi—
cal. All I wanted to do was to write out what was an unceasing stream of creative and deep thoughts. I continued to do this throughout my illness. Feeling responsible, I was glad to be working and often worked overtime. I liked my job, the pay, and the people I worked for. And I was going to college in the fall. In addition, I worked weekends at the Comedy Club doing standup comedy on stage. With friends I did use alcohol and marijuana occasionally but no other mind-altering substances. While working, I began to feel that I had such enormous insight into subject areas I hadn’t previously studied. I felt as if I possessed a deep knowledge of how certain things in life worked or could work. It was so tempting, so interesting, so captivating. To resist these preoccupying thoughts would have been to deny what I began to consider as my strengths and the future of my career.

The thoughts were so strong and seemed so unique, how could I ignore them? I did not know what to think of them except that, because they presented themselves, I thought I had to pay attention. I began to think of myself as being somewhat special and having a special mind to be thinking these things. I thought a lot about things—seeing in my mind’s eye how things were related to me. It was like I was trying to understand an object’s appearance and behavior from different vantage points. I was hardly ever bored because I constantly thought up problem-solving answers to things I saw around me or problems that I imagined. These ideas would capture my attention, forcing me to question in a profound way what was going on.

I thought about how physical objects would affect each other in a given spatial area and how color and light would affect people. I invented an intelligence test (not actually knowing how measuring is done by psychometrists). I would spend hours designing my own kinds of psychological tests with visuals and colors. At times I created new kinds of Rorschach inkblot tests. I thought I had some insight—an instinctual knowledge of what a person’s feedback to the tests would mean. There appeared to be some deep meaning in what I was endeavoring to do. I felt like I had been given a difficult problem to solve in order to make some major discovery. For example, I would think about physics-related concepts. Before, I was never interested, not even mildly, in physics! I did not try to avoid the realities of life by thinking these thoughts. Rather, they surprised me, making me think there was something special to be realized through these thinking excursions.

I can see now that the products I worked on were not saleable. That is, in the real world, such inventions and creations made for market go through (and rightfully so) a rigid feasibility test. My ideas wouldn’t have made it past the first phase of a market assessment. In retrospect, I feel I was sidetracked for years with unfeasible and unrealistic ideas.

These out-of-the-ordinary thoughts were the first signs of my illness (which I did not recognize at the time). I did not have the experience of this kind of thinking in high school or any other time. Because I now know that these thoughts did not let me advance in life, I feel somewhat ashamed to speak of them. What good did they do me or anyone? None. I became so preoccupied at times with these complex thoughts that they interfered with my ability to concentrate on other things. Looking back, I can say that this huge preoccupation meant nothing and robbed me of valuable time.

**Stage III. Finding Explanations for What Was Happening Led to Progressively More Suspiciousness**

Because I believed much of my thought-life was entertaining and inventive, I thought I was “chosen.” I thought I was becoming one of the next sprouting great thinkers endowed with important knowledge. I figured surely not many people get unusual, deep, and creative thoughts about products, literary pieces, concepts for movie scripts, games, musical compositions, and visual artworks.

Since I had such an inventory of what I believed to be ingenious ideas, I began to think that someone was interested in capturing them or me to profit from it. Because I thought my ideas could be worth millions of dollars, I wondered if highly positioned executives in the sales industry were spying on me or somehow devising a way to tap into and record my creative thoughts because I was important. This fueled my grandiose value of myself. It is true that I very much felt a need to be needed. The more I thought that my ideas were extraordinary, the more I began to think that others were going to try to steal my ideas from me. Then I felt afraid that my adversaries might disagree with my thoughts and understandings about life, be jealous of my creative ideas—wanting to suppress them or introduce them as their own. Thus, I wondered, too, if I was being controlled by my persecutors in their efforts to tap into my creative thinking process.

Being so creative was scary, to go out so far on an unexplored thought limb knowing that most other people didn’t do that. It was lonely mental territory. There was something very frightening about thinking I had “discovered” or was “endowed with” far-out thoughts. There was the fear that anyone could know where I had been in my thoughts and what those thoughts were, especially when I regarded the creative thoughts as “diamonds in the rough.”

On the job as a machinist, I began to be preoccupied with thoughts that others could somehow know what I was thinking, that my entire thought-life was made available to others, who were thereby stealing my ideas. Every day I
thought I was going to die from whoever was monitoring my thoughts. Some thoughts didn't seem to be my own. They seemed foreign, as though someone was putting them there. This, too, made me believe that someone was controlling my thoughts in addition to reading them. 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. Fearful of this, I couldn't help but suspect that some people (strangers mostly) in my presence while I was alone were knowing my thoughts; I suspected that those people were the ones inserting unwanted thoughts into my mind and making me think things against my will. I went to college for the first time, and the stress increased a lot.

One day, I saw glowing vertical gold bars all around me while standing at a bus stop. I interpreted this experience as comforting and that this was God's way of telling me that I was protected and would be okay.

I thought a lot about thinking. Although it seemed I had no choice but to think these "important" thoughts, I felt successful if I was in control of my thinking enough to perform mental feats. This meant that no one else was taking my thoughts or putting thoughts in my head or able to know my thoughts. I realize today that although that kind of thinking was unproductive, I needed to reassure myself that I was in control of my thoughts. By delving into the backstage, behind the scenes workings of my thinking, I was assuring myself that I was in control of my own thoughts. I had to reassure myself that I was not being toyed with telepathically by someone else—that it was only I who was minding my own business, that I really did have a mind of my own.

Stage IV. First Signs/Personal Recognition—Things Are Really Different Here

After only a few weeks into full-time college in fall 1979, these fearful, tormenting thoughts became increasingly distressing to the point where I was desperate. I went to the philosophy and psychology departments at the University of Toronto and asked professors there about what might be going on inside my head. This was an awkward and desperate thing for me to do. I was directed to the Clarke Institute of Psychiatry down the street. Considering that this problem was of the mind, going to a hospital was the only, and best, thing to do. I went there out of urgency—I couldn't take it anymore. I had to be seen by someone. At the Clarke, an interviewing nurse asked me if I believed others could read my mind. I lied, saying "no" because I thought she must have had mental telepathy to know that this was true to even ask such a question!

I left feeling extremely discouraged and without direction. Because of the intrusive nature of some people being privy to my thoughts, I could not help but conclude that my mind was going to die from a telepathic thrashing—that my mind would be left in ruin to the point of total insanity, that I would literally lose my whole mind. I believed I was being persecuted, plotted against, by telepathic means. I felt a strong need to hold on to my sanity. I did not want to have extrasensory perception (ESP)—to send or receive thoughts. This idea frightened me, and I struggled to believe that I was not telepathic. I didn't want to have anything to do with it at all. I wished more than anything that this whole telepathy thing was not happening and could not possibly be true.

I found myself staying up late into the night thinking out my ideas—not forcibly, but following a stream of racing thoughts. My thoughts were not frantic, nor did I have mood swings at all. My ambitions in life changed. I was going to disregard college classes and jobs and assume my now very important, geniuslike self, pursuing the development of new and inventive ideas that would make me highly successful. I thought that I might become rich as a result of my inventive ideas, though I wasn't interested in becoming famous. 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. 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. It was like I was compensating for the great interference the illness created in my life and I had to keep my ego afloat, though this assessment is not something I wanted to recognize at the time.

I'm sure my brain chemistry became more imbalanced through exhaustion. And as my thoughts consumed me, my ambitions in life were forced aside. I became preoccupied with dying. I was preoccupied with polar opposites and values (e.g., God/Satan, life/death). I withdrew from social contact, laughed out loud to what I was thinking about, felt emotionally flat. I often misinterpreted real-life occurrences such as the behaviors of others as somehow related to those conspiring against me. When people passed by (police cruisers, door-to-door salespeople), I thought they must be there to spy on me. When I half-heard a conversation in the distance or the honking of a car, I would think it held special significance for me. I would randomly open a dictionary and find a word ("die," "liar," "evil") and interpret how the word had special meaning for me. I saw Satan's face in an evil expression in
a knotty pine panel, in a wrinkled curtain, in a bedsheet. I heard radio messages and knew they were exclusively sent to me. One time, I became very anxious about the end of the world coming and so I prepared for it. People were plotting against me, announcers on TV and radio were referring to me, people were planning to make me go crazy and subdue me. I felt that I didn’t exist physically. I thought a celestial or psychic agent was after me. I received straight F’s on my college progress report.

Stage V. Recognition of Problem, Starting Treatment

Come March 1980, I knew something was terribly wrong and I needed help right away. After consulting the college nurse, I was advised to take a break. I admitted myself to a hospital psychiatric ward and started taking antipsychotic medication (trifluoperazine) for the first time to slow my racing thoughts. I was relieved to know that this problem was recognizable and treatable in a medical environment. I remember being interviewed for a long time by a nurse and a doctor. I felt comforted, as it appeared to me during this process that something was going to be done—that I was going to be taken care of. For the next few nights I was put in a private room for observation. This alleviated my fears of other people. On the ward, I saw other people, some of whom I learned had the same problems as I did. The only thing that freaked me out, as I recall, was another patient who came up to me and said he could see the colors of my aura around my head. But he was a patient and I thought he couldn’t be right about this and that this was probably because of his illness. The meds made me sleep a lot.

After 2 weeks there, I felt stabilized enough, was discharged from the hospital, and given medication. It was at this hospital where I was given an actual diagnosis: paranoid-type schizophrenia. From 1979 to 1985 I suffered from this. It was shortly after being hospitalized that my parents learned more about schizophrenia. My mom and dad were very supportive of me. They exhibited this support by establishing a local Schizophrenia Society (1980). Going to these meetings, my parents and I met other families who were just beginning to understand schizophrenia.

At this time it occurred to me that it was silly to be doing much of what I was doing about my “inventions” as a layperson. But their allure was so strong and enticing and the “high” of the excitement of my impending success at discovery and invention was so great that I set out to make this endeavor my career. I became irresponsible about time, sleeping in and staying up late. I stopped studying, which was something I couldn’t concentrate on anyway. I just went through the motions, though failing badly.

But no matter where I went, the tormenting thoughts would not cease. I felt powerless, horrified, and hindered now that my education was set aside. I would continue to feel this way for 5 years (even while on antipsychotic medication). My main feeling was paranoia—day after day—and every day I thought I was going to die from whoever was monitoring my thoughts and inserting unwanted thoughts into my mind. I felt so isolated, even when I was in a crowd. I thought that someone around me might be the one who was doing this to me, but I would never know who. It seemed the source was elusive. I didn’t know if a person was doing this or if it was some alien entity. It was surprising for me to ponder all of this because I had never before thought, or cared, about mental telepathy, ESP, alien beings, or the like.

Stage VI. Seeking Solutions—Trying Everything

Summer break 1980 came, and I took up summer jobs. But I realized I was mentally unemployable—totally preoccupied by fears of dying, fears of others. I couldn’t work at any of these jobs because I was too preoccupied with paranoid thoughts, so I decided to do a second year of college through 1981, even though I was hardly mentally well to do so. I tried to fix things, as these thoughts persisted, even when I was on medication. I thought I needed to try herbal medicines, becoming more religious, and taking anti-anxiety pills; I tried on my own to use visualization to melt away my stress in addition to taking my medication regularly. Experimenting to discover what works and what doesn’t led me eventually to discovering how to rid myself of the delusions.

Stage VII. Beginning to Question Delusions

Leaving college in March 1981 after failing to get a degree, I returned home. I was sleeping more than I was awake due to the medications. In 1982 I had a med change (to chlorpromazine) as I was too tranquilized. Figure 1 contains a Mental Health Center Note describing my status in May 1982. The medication did help slow my thinking down and allowed me to better think things through.

In 1982, while I was attending a day program at the local mental health center in my hometown, a counselor told me that my hallucinations and delusions were not external to me but were products of my own mind. This piece of knowledge helped me tremendously, although it took me about 6 months to believe this was true. Thoughts do, in fact, seem to just pop into our minds at times without
Figure 1. Mental Health Center Note, May 1982

The following was documented May 1982 on Robert Chapman (excerpt, actual wording):

Disability: Schizophrenic Disorder. Often has grandiose-type thinking, particularly of himself and his abilities.

The prognosis for Rob is not very good. Although he attends the Mental Health Center, acceptance of his disability is insubstantial.

In 1980, the year in which he was first diagnosed as being Schizophrenic, he felt that his life was beyond his control.

Rob is quite out of touch with reality.

He has very poor insight.

His present goals are totally unrealistic.

Feasibility: He experiences delusional thinking and has had visual hallucinations. He is a risky client.

Eligibility: The degree of this disorder is quite serious. He is presently unable to shoulder responsibility for himself, even taking a job. A lot of time will be required to assist Rob. However, I think he should be assisted.

Stage VIII. Devising a “Four-Step” System of Recovering Myself

The degree of paranoia stifled my ability to live and think freely. False suspicions impeded my progress in going forward. Once I began to question, my suspicions could not be verified. Once I acknowledged that there were holes of uncertainty, I began to think that some of my thoughts might be delusional even though they had the appearance of truth and believability. As each day passed and I wasn’t killed, I dug deeper at my own scared pace.

Thus in 1983 on my own, I began designing a “four-step system” to question, recognize, counterargue, and replace delusions.

Step 1. Begin to Doubt—Question the Belief With “How” Questions. Out of all the kinds of questions—Who? What? Where? When? Why?—the question of How? has been the most practical, the most helpful, in my recovery (e.g., “How can this be possible?”). However, the usual question that one asks is, Why? The question Why? easily led me down the path toward thinking these amazing things were happening to me because I was so very special, because of divine intervention. Why? can easily be supported by ill-reasoning. A person’s answer to why he or she is being persecuted can itself be a delusional idea. Instead, one must explore How?—how he or she is being subject to others’ schemes.

When I started asking How? it helped me examine reality. For example, despite the profound conviction of my beliefs of being a victim of some parapsychical mind tormentor, I asked, How is it that those I believe to be following me never really give themselves away? How is it
that I don't know with absolute certainty that those I believe to be pursuing me are really after me? How is it that I never catch them in their covert scheme to persecute me? How is it that even though I have this strong belief that I am being controlled, manipulated, and influenced, I am still unscathed and safe? How is it that I feel extremely paranoid about being spied upon and manipulated, yet no substantial evidence for this surfaces? How is it that I am not killed in a cover-up manner? I believed for years that I would die at any moment at the hand of my unseen antagonist. Though delusions seem so true and explain everything, they have no veritable, substantiating truth when measured up against reality testing and a rational gauge of thinking.

How is it that I have been feeling very paranoid about being persecuted for so long, yet I haven't been killed, assassinated, kidnapped, or imprisoned? For so long, I have suspected that a plot is being undertaken to victimize me, but nothing along these lines has taken place? I have not disappeared.

How is it that even though I suspect that I am being written about in the newspaper in which my name is exchanged with a pseudonym, no one else I know has mentioned to me the parallel similarities? No one has even interviewed me! How is it that, although I believe that I have been mentioned on TV, no one else in my circle of friends and family has mentioned hearing this as well? How is it that another can be making me experience bodily sensations when I know that these sensations can occur on their own? How is it that others can be hearing my thoughts out loud when they don't seem to be doing anything with those thoughts? How is it that other people know my thoughts but none of these people reveal to me that they know something only I could know when I have not shared it? How is it that I believe that people are knowing my thoughts telepathically? Doesn't this make me telepathic in order to acknowledge this? It was paradoxical for me to realize that in order for me to have the notion that somebody was reading my thoughts, I would have to be telepathically inclined!

The presence of "doubt" became a welcome discovery. As I looked in the ceiling fan ducts, the cracks in the wall, and other orifices in my apartment, I could find no person and no recording equipment. On the way to a friend's house I had to stop at a doughnut shop to use the washroom. I still had the same feeling that I was being watched. I began to wonder how my pursuer could be so fast in setting up spying equipment when I didn't even know beforehand that I was to stop off at this washroom. For me to be "followed" by someone to the extent I believed, someone would have to be as close to me as I am to myself!

Doubting is constructive; the delusion is challenged. To doubt the validity of a delusion does not mean to doubt yourself as a whole. Doubting can be the gateway to truth. Without doubt, one's delusions are preserved. With doubt, one discovers. Embrace doubt to rethink and disperse fears. Doubt eliminates uncertainty. It is the seed of argument. The existence of "doubt" surrounding a delusion allows for reality checks.

I began to doubt and approach the various delusion scenarios one at a time at a crawling pace over a 3-year period (1982-1985) until they were gone. I worked on each one 100 percent until the delusions were not just diminished but totally eliminated.

Step 2. Recognize and Identify the Delusion. The second step was to recognize the delusion scenarios and to identify delusions for what they were—false. Every time I compared reality to a delusion, I found reality to be the very opposite of what the delusional idea was making me believe. It became apparent to me that reality was something to be considered. This pet theory of mine was one I referred to as the "opposite principle." I believe a delusion can be eliminated with its polar opposite; the opposite of delusion is reality, rationality, truth. What a relief it was for me to discover that the opposite of what I thought was real, was in fact real, thereby making me aware of the falsehood of my initial perception.

How does one recognize a delusion in the first place? After questioning, I began to recognize areas of uncertainty, the next stage to recognizing a delusion. Delusional beliefs differ from nondelusional beliefs.

1. I came to realize that delusions were forced on me. They were unwanted, and I did not choose them. I did not choose to believe that bad people were pursuing me in such a disturbing way. I thought I "knew." Knowing preceded thinking. Beliefs (such as those we have about political parties, abortion, miracles and angels, capital punishment, past-life regression, whether real men cry, and so on) are not normally acquired forcibly and without choice. They are commonly accepted, shared beliefs with others. One chooses them. Starting from a point where they do not exist in the mind at all, beliefs are normally built—they are added to and sometimes decreased according to the weight of evidence, opinion, and so forth. On the other hand, delusions are in-your-face beliefs that bypass one's decision-making process.

2. Another difference is intentionality. Most of what we choose to believe contains a purpose or an intention. Although all beliefs (whether ordinarily accepted or delusory) have meaning, intention stems from choice. In delusions there is no choice with regard to theme, content, or intensity. Reality is something that is neither derivative nor dependent. It exists necessarily, independent of the
mind. On the other hand, delusive ideas exist only as much, and as long, as a person believes them. Because false psychotic beliefs can be proved to be misbeliefs, they can be canceled. Delusions, I believe, are modifiable.

3. Conviction, pervasiveness, intensity, obtrusiveness—these are powerful delusion characteristics that shield the person with schizophrenia from noticing a delusion’s false façade.

4. Political machination by powerful, ubiquitous groups believed to have skill in concealment is a common element of delusional explanations: the FBI, the KGB, the CIA, the Catholic Church, God, and Jesus are among the favorites. This kind of theory meets the requirements of explaining the invisibility of the agent (who is disguised) but makes it necessary to look behind the disguises. Thus, physicians, nurses, family members, and other patients may be hypothesized to be members of the agent group (Maher 1974). It is wise if these powerful groups are part of your belief to go to step 5.

5. Delusion and reality cannot occupy the same territory, but bits and pieces of reality and delusions can intermingle, making them harder to sort out.

6. Delusions and hallucinations are a product of one’s mind; they do not come from an exterior source.

7. A delusion is always an experience that is imaginable. It often reflects previous imaginative undertakings—pre-illness concerns.

To be rational means to perceive reality and to draw proper inferences from it.

Step 3. Examine the Evidence. Gather Disconfirming Evidence. Create and Write Down Counterarguments. The belief stayed fixed until I researched and found skeptical debunking counterarguments and disconfirming evidence. Overcome by the stranglehold of delusions, I fought almost unceasingly for the troops of reality to save me. If reality was a door, I could say that I knocked on it 10,000 times while I trembled in fear, unshielded from the barrage of imaginary horrors that surrounded me. Then I began to calm down more and more until I no longer believed in the ESP intrusion ideas.

Initially, I believed I was being persecuted by way of mental telepathic intrusions, having thoughts inserted into my mind that I did not believe to be mine, having my thoughts known by others. I believed someone was knowing what I was doing and thinking. I thought circumstances were contrived. The "implanted thoughts" were designed as a ploy to "get me" or try to make me go crazy. I decided, "If I’m going to die at any moment from this antagonistic source, I may as well investigate who it is and face my horror."

At my own pace, I investigated my delusions. Checking reality, I looked in wall vents and other areas that caused a large degree of fear and apprehension—places where I believed there might be a hidden camera or tape recorder. A belief, in and of itself, can’t kill a person; neither can a misbelief. What can confronting a belief do that is worse than what is involved with the belief itself? With trepidation, I began to read scores of books on ESP to see if I was really a victim of a telepath’s torment. I am comfortable in knowing that mental telepathy cannot work. When a delusion is stacked against a conscious awareness of reality and rationality, the delusion falls apart. While the delusive ideas disintegrate, their pretense is revealed.

I put on my detective cap. I would test out arguments. I tried to develop the strongest arguments possible against the falsehoods. I made a list of all the rational alternatives that I could think of. I looked for evidence for what really was happening and what really wasn’t happening. I asked myself, "How do I know this?" Did I actually see it or just a "sign" of it? Did I really hear it, or could I have misinterpreted what I heard? Did I smell, taste, or feel it? Did someone tell me this? Is most of my evidence beyond my senses or interpretations of signs and symbols? I tried to test reality in terms of the here and now transactions with other people rather than assuming what their supposed intentions were or predicting what would happen. Since I realized I had a bias toward thinking meager evidence confirmed my false beliefs, I looked particularly hard for disconfirming evidence.

To rethink my belief system, I compared the way things really are with what my delusions claimed. Over time, I repeatedly found nothing that would substantiate the convictions of my delusions. I viewed each delusional experience objectively from a reality standpoint. As I grilled my false beliefs under the examining light of truth, they failed. Nothing could support them except coincidence or further misinterpretation on my part. I developed counterarguments and explored alternative interpretations.

If I tended to rebelieve a delusion, I decided I hadn’t argued and investigated enough. It can take years to dismiss a belief altogether. Since I guess I had a tendency to jump to conclusions or make thinking errors, a delusion would sometimes resurface after I had thought I had worked on it enough. I investigated further, developing counterarguments at my scared, crawling pace. It took time to get over the shaky thought that a delusion might still have life.

Step 4. Replace Delusions With the Objective Truth. The last step was to replace the delusions with reality, truth, and rationality. To replace a delusion may simply be to totally believe the delusion is false. The truth, for me, was that mental telepathy does not work. I began to realize that there is a big clue to recovery in all of this—delusions are opposite to reality. To prove to myself that something is false, I had to prove that something else is
true. For me, replacing a delusional belief simply meant not believing it anymore. The emphasis is on consciously replacing what is recognized to be false with what is recognized to be true. I assertively convinced myself, saying, for example, “There is no one after me. I will not allow myself to be misled and deceived anymore. As much as these strange beliefs seem awfully real, I will continue to investigate them.”

Here is an example of how I used the steps on one delusion:

1. Doubting/questioning: Are people really spying on me with monitoring devices?
2. Recognizing delusion: Can I find clear, tangible, evidence to indicate that I am being spied upon? No. This paranoid thinking must be delusional; it does not agree with reality.
3. Counterarguing/finding disconfirming evidence: I look into walls, floor radiators, ceiling ducts, and other orifices where I suspect a spying device is hidden, but I never find any. I can’t identify one specific person following me and spying on me as I have suspected.
4. Replacing the delusion: I replace this paranoid delusion with objective truth and reality: truly no one is after me in a conspiring way.

This belief modification illustrates a cognitive change toward my environment and people around me.

After implementing this method of four steps starting in 1982, my delusions stopped one by one in the course of about a 3-year period. My counterarguments had worked. I recognized the first delusion was gone in 1984. After that I began weaning off medications (chlorpromazine) S-L-O-W-L-Y for about a year and a half until I went off altogether. I have not been on any medications since 1985. From 1985 to 1987, I recovered from the trauma of having this illness. I continued to check my thinking and made self-assurances that I was okay. I was able to do this successfully without further medications. From 1985 to 1990 I continued with vocational rehabilitation/work assessment. It was not until about 1986 that I was able to get a part-time job. I began writing up my ideas around 1987 and reading journals in the therapy field to support my method and discovered that others, primarily in England, were using similar ways called cognitive therapy to help schizophrenia patients rid themselves of delusions. I returned to college in 1990, graduating in 1992 in graphic design. In 1994, I finished my book, On Second Thought—Eliminating Paranoid Delusions in Schizophrenia (unpublished), which contains the Delusion Elimination Equation (figure 2).

I feel certain that delusional thinking cannot occur in my mind anymore. The delusions are stopped and I believe will not occur again. Carlson (1998) writes, “Knowing is more powerful than believing” (p. 35).

Figure 2. Delusion Elimination Equation

Recovery included a number of things:
- acceptance of diagnosis (I was relieved to learn that what I was experiencing was medically recognized.)
- medication (I weaned off my medication slowly over a 2-year period.)
- faith in God
- living-skills group
- trust in counselor
- externalization and organization of my thoughts on paper
- focus on an awareness of reality (reality monitoring)
- focus on rational and objective thinking (cognitive therapy)

False paranoid belief (delusion)
+ doubt
= alternative explanations/disconfirming evidence

Becoming a detective, researching one’s thoughts/beliefs:
+ connecting skills (trust, believability, nonguardedness)
+ finding nonconfrontational counterarguments
+ exploring disconfirming evidence
+ exercising awareness of reality
+ developing objective thinking
+ focusing on rationality
+ finding truth
= 0 percent delusion
know that the paranoid beliefs I had were delusional. I know that I don’t have to believe them. I have known this to be true for about 12 years.

**Stage IX. Getting Help**

I do not make schizophrenia a purely cognitive illness. I accept the physical component (including genetic predisposition) to this illness, namely the role of dopamine receptors in the brain triggered by stress. In reviewing my recovery, I came to ask myself, “How can my mind, my nonmaterial rationality, affect a change in my brain’s (the material’s) chemistry and thereby correct an imbalance?” When I first wondered about this “mind over matter” dilemma, I also wondered if this idea had a psychotic background. I had been hesitant to share this mind-chemistry inquiry with health professionals lest the question itself stemmed from ill-thinking. I asked myself, “Is this the kind of thinking that is typically born out of schizophrenia?” Successful cognitive restructuring and belief modification efforts may realign or bring into balance the neurochemicals involved. Thus the processing of information in one’s brain can then be filtered correctly. With less confusion concerning delusive convictions, my stress level and subsequently my brain chemistry could shuffle into proper balance again. Franklin (1986) writes that this new discipline is based on the perception that human emotion, thought, and behavior are the result of the interplay of molecules across the surface of brain cells. The scientific premise here is that mental processes are therefore measurable in chemical terms. Backus and Chapian (1980) confirm what I have believed all along:

The state of your biochemistry can affect the way you feel. There are ways to change your biochemistry: one of the ways is through drugs. Another way to change is to begin maintaining an adequate nutritional base, exercise, and a properly-functioning body. Your thoughts, too, can change your biochemistry. That’s right; what you are thinking right now can actually change the chemical composition of your brain cells and the rest of your central nervous system. (p. 26)

**What Are We Doing To Help People With Schizophrenia Lessen the Impact of Delusions?**

Resource opportunities such as I have presented to diminish/eliminate delusions ought to be accessible to consumers. I believe that not all of the consumers’ thought-life is ill and that they can learn objective thinking skills and to exercise an awareness of reality. Certainly, counter-arguments and disconfirming evidence against the concept of mind-reading ideas must be made comprehensible and be specifically tailored to a consumer’s delusion scenario. I believe that consumers can adapt my strategies to their delusion descriptions. Working on these at one’s own pace is best. Recovery takes time, and relapses may occur. I emphasize the importance of medication that allows the consumer to learn strategies when ready.

Consumers, I have been told, feel encouraged by my recovery, but I am quick to extinguish any false hope. Certainly, there are some consumers who may not be able to eliminate their delusions. But I maintain that a chance to diminish a delusion by a nonconfrontational belief modification approach is better than unnecessarily living with lifelong paranoid fears.

**References**


**Acknowledgments**

I wish to thank Juanita N. Baker, Ph.D., for contacting me and encouraging me to write this article so that others might benefit. In addition, her many questions and suggestions after reading my story has allowed me to express it in a way that might be more helpful to professionals as well as to family members and those who have experienced schizophrenia.

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