In this chapter, I examine narratives by writers describing themselves as experiencing schizophrenia or schizoaffective disorder. These accounts are taken from ten years (1997–2007) of *Schizophrenia Bulletin*, a multidisciplinary journal for clinicians and researchers that, since 1979, has included a ‘First Person Account’ from a patient in each issue. This ten-year period is a crucial one, marked, as I discuss in the Introduction, both by an intensification of research into genetic and other organic causes of mental illness and by the increased visibility of patient-run networks and programs. While these accounts use a range of formal strategies, they share important generic characteristics that may be attributed to their placement in the *Bulletin*. Unlike the writings I discuss earlier that represent and interpret psychotic experiences, these accounts are framed and contained by the specific editorial requirements of the journal. They are expected to be written in a unified voice from the standpoint of recovery, presenting delusional episodes as in the past and possibly in the future, but for the most part not active in the narrator’s present. This form fits in well with the scientific approach of the journal, which seeks to acquaint its audience with the experiences of patients but does not place emphasis on form, on the writing itself as contributing to the rebuilding of ravaged identities. The writers are given instructions ‘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 pro-
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professionals. The stories are not intended to represent schizophrenic consciousness so much as to describe, from the perspective of recovery, what it was like to enter psychosis, to live under its control, then to begin to take some of that control back. The writers thus construct, in different ways, a coherence of identity, a fraught continuity of self that runs from before the first psychotic break through the worst periods of the illness to the present moment of usually provisional and partial recovery.

In a sense the contributors are asked to write themselves up as case studies, constructing their stories in such a way that professionals can take away salient information. By requiring writers to describe a ‘novel or unique aspect of schizophrenia’ rather than, say, a novel or unique aspect of their particular experience living with schizophrenia, the editors ask that, on the one hand, the writers alleviate the overwhelming sameness that can be the professional’s experience of schizophrenia and, on the other, they present their uniqueness as an aspect not of their own personhood but of the disease itself.

Despite the fact that these personal narratives are included in almost every issue of Schizophrenia Bulletin, there is no dialogue with or acknowledgement of these writings in other sections of the journal. These accounts hold a different and separate ontological status; even though the schizophrenic writers appear as subjects giving voice to experience, their writings nevertheless hold the place of objects-to-be-studied within the larger text of the journal. This approach is in line with what psychologist Gail A. Hornstein describes as the dominant approach to the lived experience of psychiatric patients, especially in the United States. Hornstein writes of her astonishment at a Hearing Voices Network conference in London, where both clinicians and mental health consumers place patient experience and interpretation of that experience at the center, remarking that ‘the medical model is the sole viewpoint presented at American mental health conferences. There’s never any discussion of alternative approaches, especially those developed by patients themselves.’

In the actual execution of their assigned task of providing useful information about their lives to researchers and practitioners, the First Person Account writers often push the boundaries of the genre offered to them. Like the cancer patients described by Arthur Frank or spinal chord ac-