

**UAL Journal of Archaeology (est 1980)  
Psychological Supplement**

**2021 160 (Supplement 40):160-194**

## **A Non-destructive Archaeological Investigation into A Mind as Site**

Dr Emma Williams

MA Art and Science year 1  
Central Saint Martins  
University of the Arts London

© Emma Ruth Williams 7/3/2021

## **A Non-destructive Archaeological Investigation into A Mind as Site**

Dr Emma Williams\* (MA Art and Science year 1 at Central Saint Martins, University of the Arts London)

\* [e.williams1120191@arts.ac.uk](mailto:e.williams1120191@arts.ac.uk)

### **Abstract**

This mind (specifically the mind not the brain) was chosen as a site of interest as it has unpredictable weather patterns due to schizoaffective disorder and is a portable site. Philosophy of the mind and theory of the mind was researched. Also, underlying factors leading to schizoaffective disorder and psychosis were explored.

On-site and off-site diaries were recorded and weather maps produced. Word searches of the subject's, and others, view of the subject's mind were made and a word EEG trace produced. An archaeological exploration was made. Aerial survey, field walking, geophysics and excavation were carried out with an examination of finds. The area of psychosis was then explored with a taxonomy produced.

The author concluded that the subjects mind is unique, but not unique in having mood changes and 'unusual experiences'. Lots of people out there are having a similar experience. Research in this manner is a relatively new approach for the mind and so the study will contribute to the mind's body of knowledge. The strata does not look at physical or mental impact – devastation and bereavement and weight are not in the scope of this research paper.

### **Keywords**

Schizoaffective disorder, psychosis, delusions, hallucinations, paranoia, the mind, meteorology, archaeology, field walking, geophysics, excavation, word searches, taxonomy.

### **Abbreviations**

EEG: electroencephalogram. ECT: electroconvulsive therapy.

### **Acknowledgements**

This work was undertaken following the three briefs that were set by Susan Aldworth, Adrian Holmes and Heather Barnett.

### **Funding**

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

### **Ethics**

Ethical approval sought from the owner of the mind and granted.

### **Declaration of interests**

There was a pre-existing interest in understanding this mind by the occupier.

### **Possible bias**

There are limitations of the study as the site of the study is hosted within the researcher's mind and will introduce limitations and subjectivity.

## Introduction and objectives

This mind was chosen as a site of interest as it has unpredictable weather patterns due to schizoaffective disorder and is therefore like an outside site. It is also important that it is a portable site. The weather inside is unpredictable and a bit grey. The subject never knows what they will wake up to. The project is an opportunity to map experience through visual means. An exploration, externalising an internal experience with the representation of finds.

Psychotic disorders are major mental illnesses. The estimated prevalence across all ages and populations in the UK is 0.7%. In the UK the lifetime prevalence of schizophrenia and schizophrenia-related disorders is approximately 14.5 per 1000 people, although there is considerable variation between estimates (NICE, 2013). As can be seen from these statistics, the subject is not alone. The objective of this paper is to raise awareness of Schizoaffective disorder. Also, it is important to explore and normalise the experiences individuals have of psychosis when they are more aware and able. It can be of benefit both for the individual and society, to examine and discuss mental health problems openly.

It was the mind specifically selected as the site, not the brain, as it is not a physical tangible thing it is more of a concept. It is one's consciousness, thoughts, feelings and how they see and experience the world. How do we perceive actions or objects? Are they external to us? The eye is the interface to the world but is what we see in the brain? The physical organ, the brain, its serotonin and dopamine and other hormones and electricity, are they miss or over firing. Are these the foundation of the subject's conscious mind? Is it consciousness? What is the relationship between brain and mind and the language around them? Is the brain the foundation of the mind and does it affect the mind?

Brain structures with those with schizoaffective disorder or schizophrenia are different from those of people with bipolar (Amann *et al.*, 2016). Does the brain underly the mind? In reading for this paper, the author read a lot about the philosophy of the mind, the question of reality (which kind of messed with their site), what is reality and things like quantum biology. The mind is one's consciousness, thoughts, feelings, experiences and interpretation of the world... or is it?! Can the mind be explained by neuroscience? The author was thinking about where the mind exists? Where are emotions seated? The brain, the gut, or elsewhere? When we are anxious, we say we have "butterflies in our stomach", we feel sick, it can affect our bladder or bowels. We also say, "trust your gut feeling".

The theory of mind was then explored ('Theory of mind', 2021). Neurotypical and neurodiverse thoughts and behaviour were researched. Firstly, their definitions were explored and the author started thinking about empathy and about how we learn the development of empathy. The subject feels they definitely have empathy despite their schizoaffective disorder and probably altered brain structure. Sometimes with neurodiverse people, for instance, those with autism, one can have mind-blindness where an individual is unable to attribute mental states to others ('Mind-blindness', 2021). The author then started thinking about cultures. If we spoke in another language if we were born in a different country, would we be us? Culture is part of our upbringing. Settings such as family and being broadminded are also developed as part of our culture.

In the brain (if that is where the mind exists) there are various theories for the development of schizophrenia. There is a theory of dopamine but there is also now a theory to do with synaptic pruning. A gene for complement component four, which is part of the immune system, has now been found to affect brain development and increase schizophrenia risk with a particular structural form of the gene giving a higher gene expression of C4, leading to increased synaptic pruning around the teenage years when schizophrenia often becomes

evident. Over 100 regions in the genome carry a risk of schizophrenia but the gene for C4 underlies risk factors linked to specific biological processes in the brain (Goldsmith, 2016).

Psychosis is what is called a positive symptom. You get delusions and hallucinations. Delusions were taught at medical school as being, 'fixed false beliefs outside of a person's cultural norms'. Hallucinations can occur in all senses. You can hear, see, feel, taste, smell. This is not the same as synaesthesia where the brain can make it possible to, for instance, see sound or taste colours. In schizophrenia, there are also negative symptoms such as emotional withdrawal and a decline in cognitive function. These are not treated by antipsychotics.

Psychosis is a symptom; it is not a diagnosis. The author believes everyone is on a spectrum of unusual ideas so from 'have them but they don't bother me' to 'I have them and they have taken over my life'. It is defined as, 'a severe mental disorder in which thoughts and emotions are so impaired that contact is lost with external reality' (Oxford dictionaries) but it's not necessarily as straightforward as this. There is also something called insight which may be had to a greater or lesser degree. Psychosis can occur with quite a lot of conditions, mental or physical, for example, someone losing their sight may have visual hallucinations. They can be caused by drugs, Alzheimer's disease, Parkinson's disease and Multiple Sclerosis (Stevens, Rodin, 2001). It can be very scary.

Mental health problems have less stigma generally now in terms of depression, anxiety, bipolar and other mental health problems but schizophrenia, schizoaffective disorder and those with psychosis are still massively stigmatised. People are frightened although people with psychosis are more likely to be the victim of violence or abuse than they are to perpetrate it. We need to talk and be open. One friend of the subject said the subject should be, 'shamelessly psychotic at times'. She said it is courageous and necessary. People are either interested or judgemental, open to be educated, or not. There needs to be education and the stigma around conditions need to be tackled. Some people will have a closed mind. People with mental health problems may feel disappointed with what they have achieved, guilt (the idea having been picked up from somewhere) that they have let people down, that they are bad or wrong and that it is all their fault. This is not right. It is not fair. Do the guilt and blame come from the anxiety of others? So the guilt and disappointment come from experience, but what are the actual experiences? This is not a comfortable place to go.

## **Materials and methodology**

Data gathering for the study was done over one month starting on the 20<sup>th</sup> of January 2021.

*Part one of the study will look at:*

Initially, the impact that the subject has on the site and the impact that the site has on the subject will be explored. The mind will also be examined from the perspective of outside observers. Some of the effects of external factors (including other humans) on the site will be listed. The history of the site will be examined.

A diary of the site will be commenced looking at local weather patterns throughout the time period of the investigation. It is a single person investigation of a place, at certain times. The site (the mind) and its situation (where you find the site) in Bridport will be recorded daily. The map background is of where the subject's mind currently exists (if it does!) at the subject's parent's house. The author looked at weather patterns and forecasts on maps. High-pressure and low-pressure systems, cyclones and anticyclones. Cold fronts, warm

fronts, stationary fronts and occluded fronts were considered. Instead of those front symbols (the semicircles and the triangles) the author will frottage pill packets with different colours and use them. Yellow will represent an okay day, blue/purple for more difficult days and black when things are really bad and usually need extra meds. This is the key to the maps.

The subject will look at the site from the location of their studio (the subject's brother's old bedroom and the subject's parent's kitchen). The site will then be investigated further by reflecting on the memories of the site from the studio. Friends of the subject will be asked how they would describe their mind. Wordsearches will then be created using the words the subject thinks about the mind and words others used about the mind.

EEGs will be looked at. Words will be transformed/translated into the EEG tracings of the mind. There are different neural pathways and structures within the brain. Does brain activity underly the mind? We say 'brain waves' when we have had an idea. Words will either follow the trace of the EEG or the letters could take the shape of the peaks and troughs. Each line is from one electrode placed on the scalp. Leads are localised to lobes and the side of the head. A normal EEG will be created. 16 traces with the words of the subject have been created. The subject was given 14 lots of ECT. This has definitely impacted memory and recall. The author then thought about memory. About empty memories not built on anything. Not layering up memories and struggling with temporal judgements. If one cannot remember events how does one know one can do things. Recall is difficult. The subject feels this a lot. They cannot access understanding and knowledge and therefore cannot anchor on prior learning.

#### *Part two of the study:*

As the author read the 'choosing a hat' brief they thought of archaeology and then saw it in the examples of hats. The site will be examined over a period of time from birth to the present day. Was the site possibly predetermined? The first stage will be an aerial survey. The author will then carry out field walking, geophysics and excavation.

#### *Part three of the study:*

To examine one aspect of the mind in more detail, the author used a quadrat. The quadrat to be used is an unusual shape and looks a bit like a cube. One can therefore contain a 3-D space or a 3-D concept. This cube will contain a part of the mind. A part better kept locked in a cube. The specific area of study is psychosis and is to be examined for longer than is comfortable. Samples will be taken from the site. A taxonomy will be created.

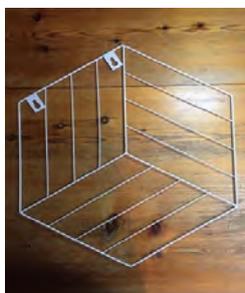


Figure 1. The quadrat used.

## Results

### Part one: The Human Factor.

Initially the impact the subject has on the site and the impact that the site has on the subject was explored. A diagram of this relationship was created (figure 2).

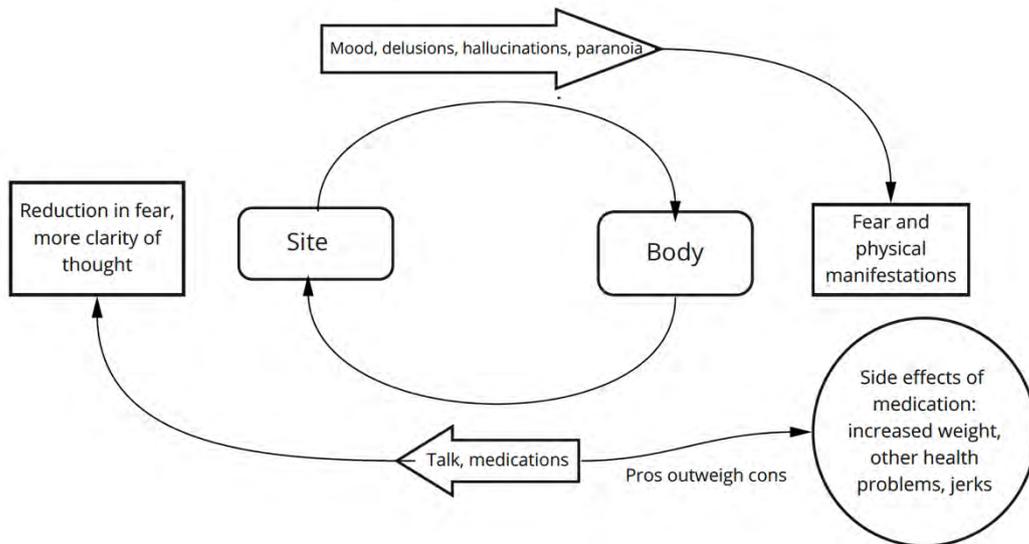


Figure 2.

The mind was examined from the perspective of outside observers

Some of the effects of external factors on the site were listed (table 1).

History	Impact of others
Value of family	Bullying+++
Little money	Other's care
Academic studies	Other's love
Sports	Other's friendship
Work	
Stress	
Creativity	

Table 1. External factors impacting on the site.

From the subject's on-site traces diary below, the weather maps were created for every day of the project (Wednesday 20th of January to Saturday 20th of February 2021). The maps are situated over the site currently located at the subject's parent's house.

<b>Date</b>	<b>Entry</b>
<b>Wednesday 20/1/21</b>	Several stressful things to sort so mind feeling stressed. This has an impact on the body, the feel of the heartbeat, the gut feeling unsettled. Some bits I have sorted but some things cannot be resolved, cannot be reassured, lingering stress and discomfort, rumination and doodling.
<b>Thursday 21/1/21</b>	Spoke to a friend this morning. This was helpful. Had more positive things to say about my mind than I did. Not always a bad weather forecast. Social on teams great to see everyone but at the dentist I had too much time to dwell on the pain of a revised filling.
<b>Friday 22/1/21</b>	Really good meeting with other students interestingly about the emotional side of well-being. FaceTime with a friend. Very positive for the mind. Sun!
<b>Saturday 23/1/21</b>	Quite a productive day. Would've liked to have got more done on project. Feeling quite stressed all day. Post didn't bring the forms I'm waiting for. At least the Sun is shining!
<b>Sunday 24/1/21</b>	Stressed but good to be in touch with friends.
<b>Monday 25/1/21</b>	Positive crit with Susan and group A. But then scammed very stressful to sort out.
<b>Tuesday 26/1/21</b>	Stressful at home. Some shouting and swearing - really upsets me I struggle with this environment. Mood a bit down.
<b>Wednesday 27/1/21</b>	Really interesting lecture with Nathan. Contributed a bit but felt bad about Nathan's email. Managed to sort part of a walk with Kelly but technology failure. Got shouted at.
<b>Thursday 28/1/21</b>	Stressing about phone call from consultant but did get it. Lunchtime social quite helpful. Filled out an awful form that was quite an achievement.
<b>Friday 29/1/21</b>	Stressful, raised voices, printer not working.
<b>Saturday 30/1/21</b>	Printer working yay! Printed off emojis and did some geophysics. Gathered some 'finds'.
<b>Sunday 31/1/21</b>	Gathered more 'finds'. Did excavation.
<b>Monday 1/2/21</b>	Felt really stressed doing presentation and worried said the wrong thing during the morning session.
<b>Tuesday 2/2/21</b>	Spoke to Toby - very upset with 'unusual' ideas. Spoke to mum and dad - really upset.
<b>Wednesday 3/2/21</b>	Awful day.
<b>Thursday 4/2/21</b>	Difficult day. Feeling down. Stressed.

<b>Friday 5/2/21</b>	Some difficult conversations but helpful. Extra meds. 'Unusual' ideas +++
<b>Saturday 6/2/21</b>	Popped into town to post form. Post office was shut. Nothing going right. Working on projects.
<b>Sunday 7/2/21</b>	Working. Managed to get mind map on workflow.
<b>Monday 8/2/21</b>	Really stressful day. Form posted. Stood up for myself in zoom meeting then felt so stressed that I was rude. I was told I wasn't and that if I hadn't stepped in someone else would.
<b>Tuesday 9/2/21</b>	Stressful and a bit down. Head messing with head. Spoke to Kate who was duty. Interim show is just more stress on top.
<b>Wednesday 10/2/21</b>	Interesting lectures. Love alchemy. Went for a walk with Avril. Got my meds. I really needed them.
<b>Thursday 11/2/21</b>	Had to go to town which is really weird. Spoke to Toby about some thoughts I'm having. He was helpful.
<b>Friday 12/2/21</b>	Stressed and upset.
<b>Saturday 13/2/21</b>	Doing workflow. Really stressed. Head not right.
<b>Sunday 14/2/21</b>	Stressed but good to speak to Holly.
<b>Monday 15/2/21</b>	Stressed +++ Tutorial helpful but it's difficult to focus.
<b>Tuesday 16/2/21</b>	Really busy day. Struggling. Feeling really inarticulate but interesting session with Sabrina. Spoke to mentor Sharon and duty. Really upset with head.
<b>Wednesday 17/2/21</b>	Difficult day especially the interim show. I was being discussed and laughed about. The print workshop was great though.
<b>Thursday 18/2/21</b>	Really hard. Managed open studio event. Spoke to Toby and duty. Head doing head in.
<b>Friday 19/2/21</b>	Spoke to duty and had an email from Dr Rodin. Take olanzapine extra to Clozapine. Can't focus.
<b>Saturday 20/2/21</b>	Managing some work. Less Lorazepam.

Table 2. The subject's on-site traces diary

Either the weather patterns affect the site and the ability to explore the site, or the site affects the weather patterns (figure 2).

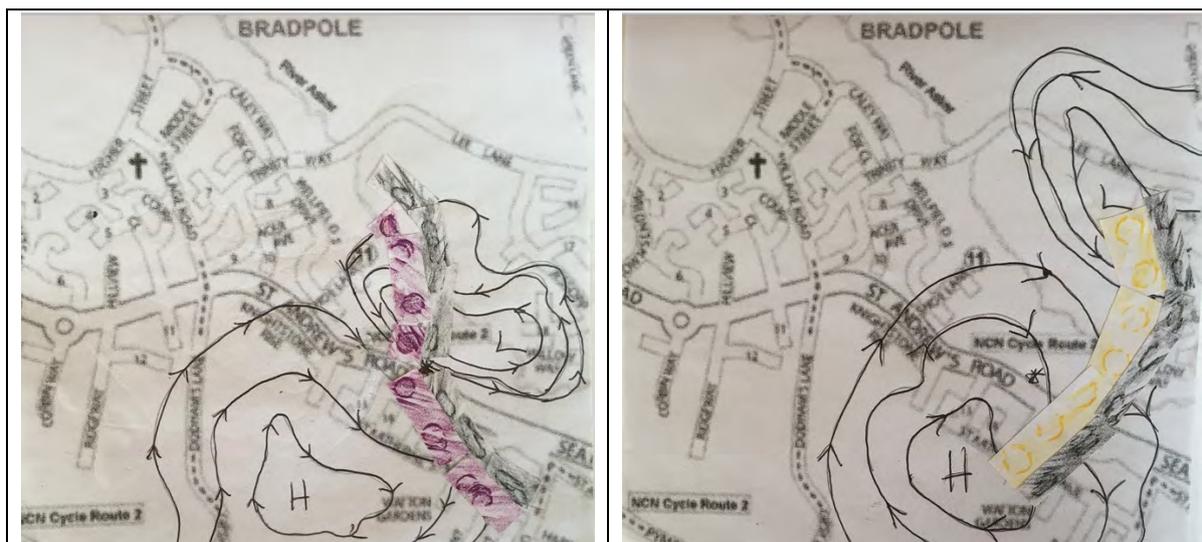


Figure 2. Wednesday 20/1/21 and Thursday 21/1/21. (For full weather maps, see appendix) Yellow = okay day, blue/purple = difficult days, black = really bad and needing extra meds.

Memory traces in the studio. Below is the diary of the subject's memories of the days spent working from the mind at the studio site. This diary was kept for five days.

Date	Entry
Wednesday 20/1/21	Feelings of anxiety predominate. Also ruminating and guilt not working on the front line with my friends and former colleagues. Watching the news increases this. My mind a difficult place to be today and accept. Paranoia an ever present company in today.
Thursday 21/1/21	More positive mind today. Dentist unpleasant with half an hour wait to dwell on the pain to come with replacement filling.
Friday 22/1/21	Positive feel to the site today. Looking to it, it was filled with social interaction with other minds. External factors lead to positivity. The weather, the sun is out and other's comments.
Saturday 23/1/21	Feelings of anxiety and paranoia about the mugs. Too convenient. A delusion I'm aware of. Guilt and loss.
Sunday 24/1/21	The sun and more positive words from friends. I should believe them more than I believe the bullies and my mind.

Table 3. Subject's studio memory traces.

The subject finds memory very difficult. The author went back to an idea they had to make a word search with words, emotions and thoughts the subject had and a second with other's words. A word search because these things are somewhat hidden from the subject.

As previously stated, the subject feels their mind is unreliable and changes like the weather. A friend asked the subject, "well what else is there about your mind?" The subject got stuck. The friend then said some things that they felt were applicable to the subject's mind: Curious, interesting, interested, creative, fair, attracted to justice, repelled by injustice, appreciative, thankful, grateful, fascinating and unique. The subject was told to respect and love their mind. The subject then decided to ask other friends and family about their mind and will record these as they come in.

The subject was overwhelmed by the responses they received. All were so generous and the subject found it difficult to think of themselves as these things:

- 1 Bright, a survivor, can get distracted (problems hearing/observing)
- 2 Loving, kind, affectionate, generous, human rights mean a lot, politically aware, clever but frustrated with memory, funny, worries, stresses, says sorry too much when not needed, hard-working when can settle, ideas and speech falls over to get things out, good listener.
- 3 Thoughtful, curious, warm, puts other's first, gentle, humour, perception, creative.
- 4 Inspirational, inquisitive, daring, caring, scientific, encouraging, artistic, poetic, friendly.

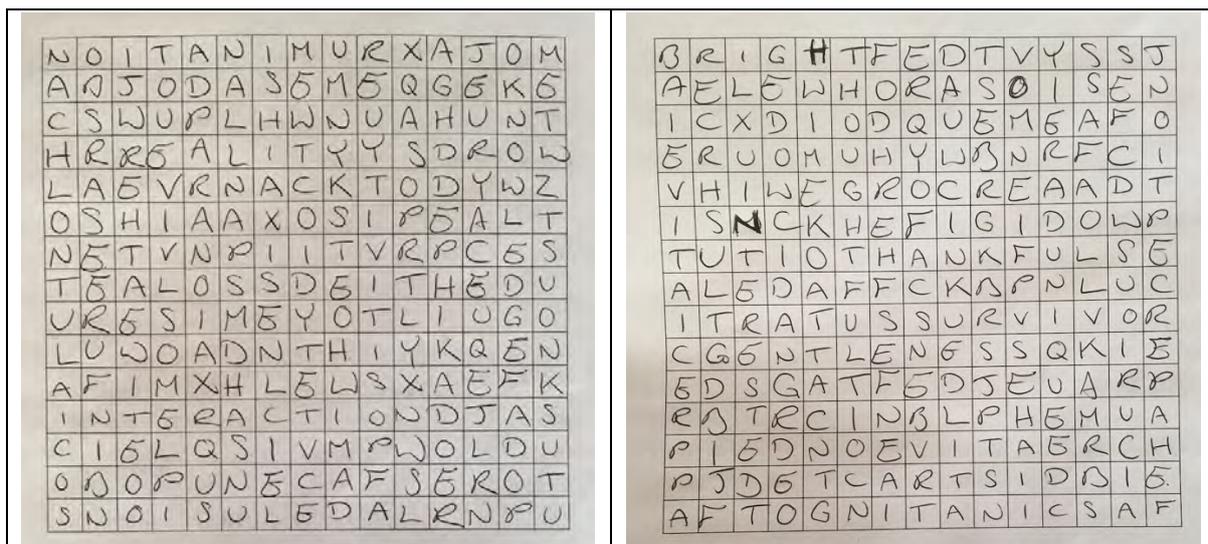


Figure 3. The subject's words (left). Other's words (right).

1<sup>st</sup> wordsearch: Paranoia, anxiety, positivity, guilt, loss, words, knowledge, delusions, reality, rumination, interaction, social, weather

2<sup>nd</sup> wordsearch: Bright, survivor, distracted, curious, interested, creative, fairness, appreciative, thankful, fascinating, unique, thoughtful, warm, gentleness, humour, perception

The author flew over the wordsearches with unpredictable weather patterns. In certain lights and with harvested fields and with snow, a second flight gave more clarity to the words.

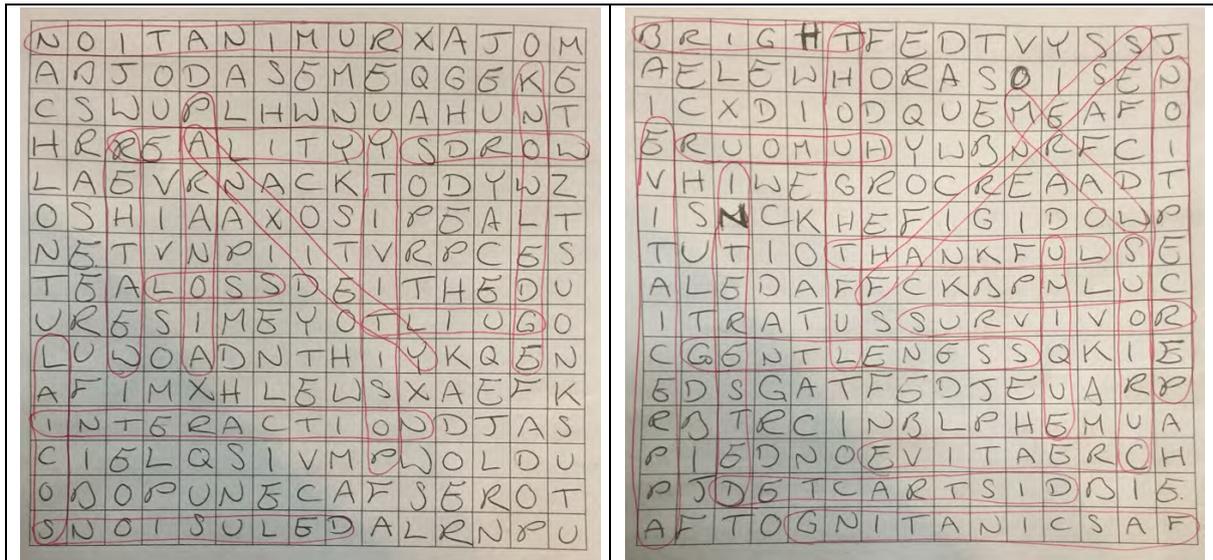


Figure 4. The subject's words identified (left). Other's words identified (right).

For Translation, transformation and curiosity, words were transformed/translated into the EEG tracings of the mind. As it's a normal EEG the author should perhaps have used the words of others.



Figure 5. The EEG using the subject's words

Part 2. Choice of hat.

The **aerial survey** shows a lot of variation in the mind which is interesting and made the author want to investigate further. After the aerial survey, the author did fieldwork.

**Fieldwork:** the site is the mind, the size is unknown (a site survey will be done to help with this looking for surviving features, surface artefacts and geophysics), type is conceptual, layout is disordered. The author went on a field walk to see what people see on the surface when they meet the mind. The author considered doing an emoji map of comments the subject's friends have said about the subject's mind. But then the author thought the emoji map should be scaled with mood on one axis, unusual experiences on the other. Glimpses seen on the surface of deeper things.

**Field walking**

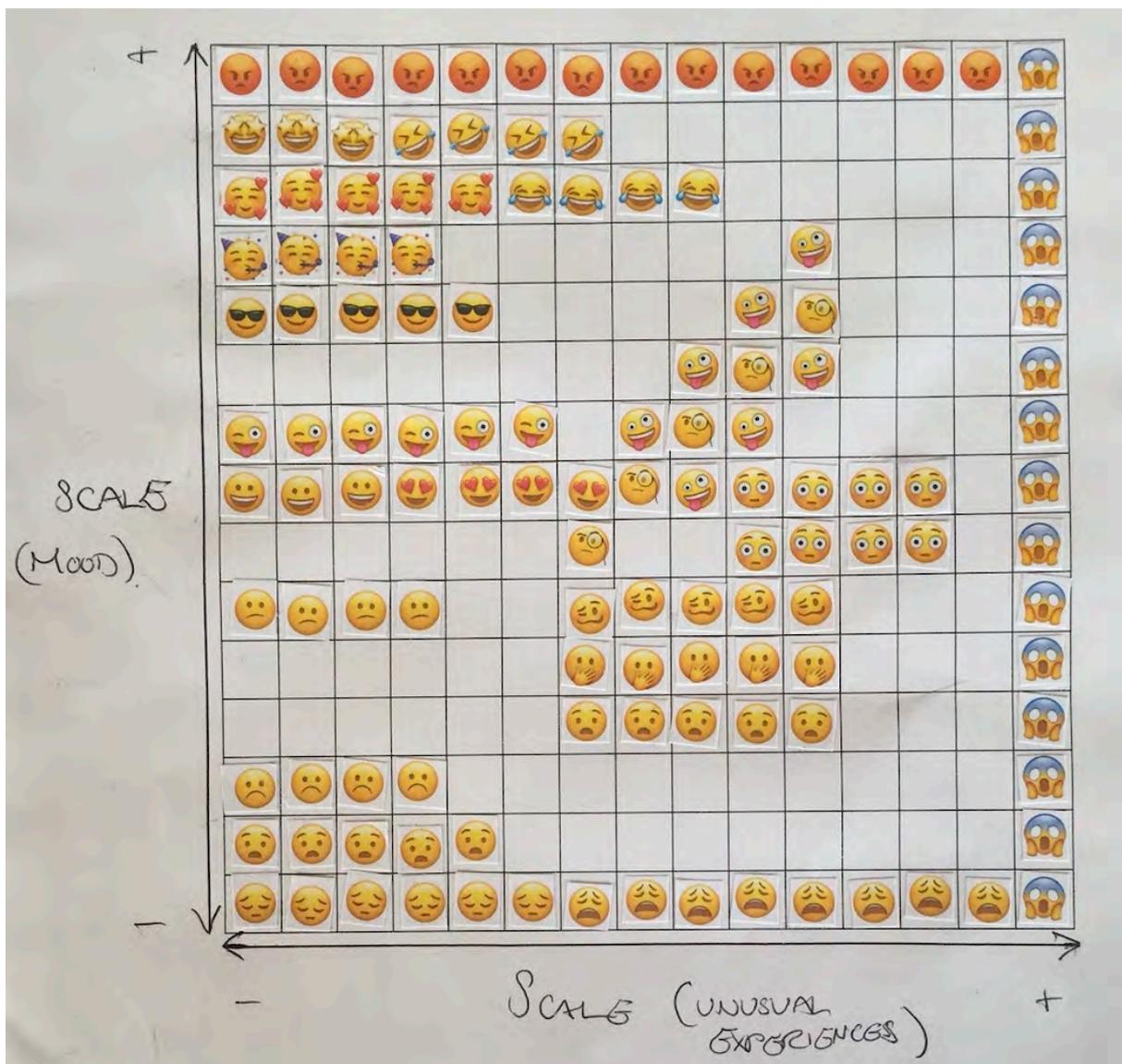


Figure 6 The field walk plot

Key for field walk

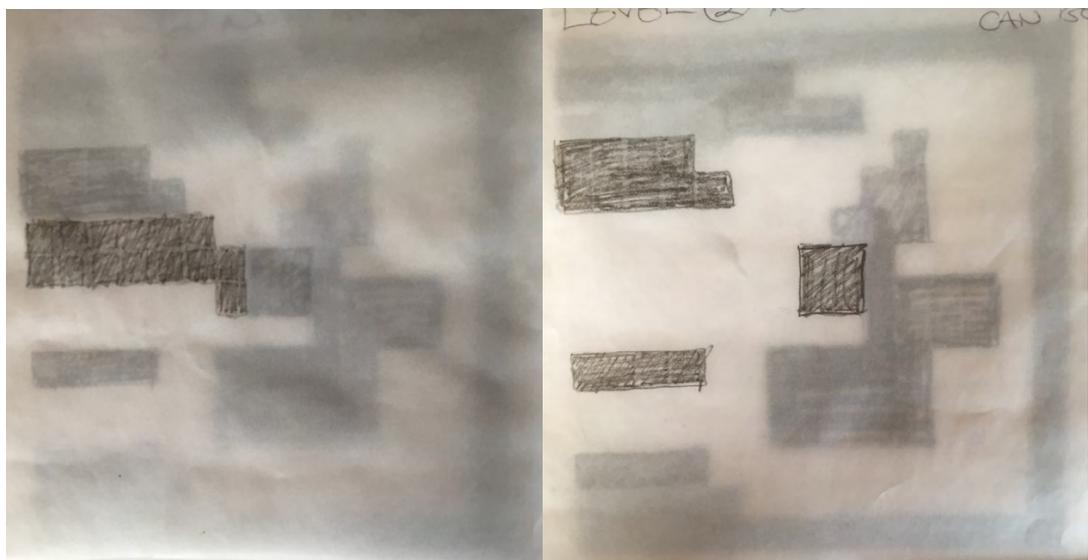
	Horrible, irritable mania
	Mania Short fuse
	Mania Hilarious
	Mania. Doing lots, achieving nothing
	Disinhibited
	Spending+++ Presents for everyone Party time
	Everything feels good! But heading for mania
	Things steady. Feeling good
	Things getting unusual and high
	Ok. Funny
	Things need to be watched Getting unusual and a bit high
	Things getting scary
	Unusual. Heading down
	Bit scary Quite depressed
	Bit scary Down
	Mood going down
	Depressed
	Depressed Maybe catatonic
	Really scary
	Things ok. Steady and relationships with everyone good
	Depressed +++ Catatonic

With changes of mood and increasing psychosis the subject can become a danger to themselves.

Glimpses of things of interest can be seen with the fieldwalking. Layers can be seen of what people have told the subject they are. To look deeper, investigation was needed to go into insecurities etc and then to the level of fear, catatonia, depression and irritable, horrible mania (points at which the subject feels very uncomfortable with themselves and does not like some things about themselves when they get to these points. The ideal would be in the mid-ranges of the mood scale and the left-hand end of unusual experiences.

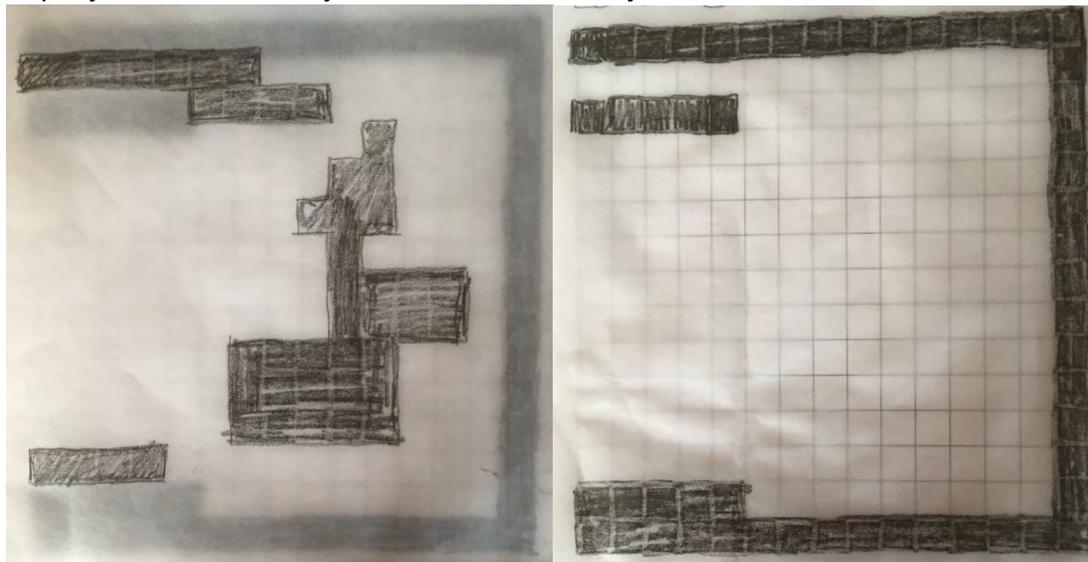
### Geophysics

It gets under the surface where the subject is insecure, apologetic when it's not their fault, nervous about new ventures or adventures, not much confidence, and the worry and fear the subject has that they have messed up their life. Is there enough of interest to dig? The author believed there was. The emojis give a basic idea of mood and meaning. With geophysics the author is going to dig deeper. On the geophysics the deeper the layer, the darker the pencil. The depths of fear, catatonia and irritable, horrible mania.



Top layer – what is easily seen

Layer 2 – not as bad as can be



Level 3

Deepest layer – The subject really does not like themselves like this

Figure 7. Geophysics.

The geophysics correlates with the field walking findings on the chart above. There are four levels shown on the geophysics. Layer 1 shows what is easily seen, layer 2 shows when things are not as bad as they can be, level 3 things are getting bad and level 4 is the worst places to be.

### **Excavation**

Given the above results, the author decided to dig to explore the last 40 years of the subject's mind. The author dug through the strata, looking at the impact of events such as illness and medication on the mind and the impact of the mind on the events of the subject's life. Things that the mind has helped the subject achieve. The finds excavated at different levels have been documented by taking photographs. The excavation also looked at the effect of illness and external factors that have affected the subject's illness such as medication. The finds are documented on the following pages. Those that fit are bagged. There is a ruler for scale. Their number corresponds to the number on the strata.



Figure 8. The author (right) digging





Find 1: Rabbit c1942  
It was my dad's rabbit. I look after him now. I mended his foot a long time ago. He has old man high waisted trousers.



Find 2: Barn keys and bell. C1980  
The lock, keys and bell from the converted barn that was my first home. Then we went to live with my grandmother.



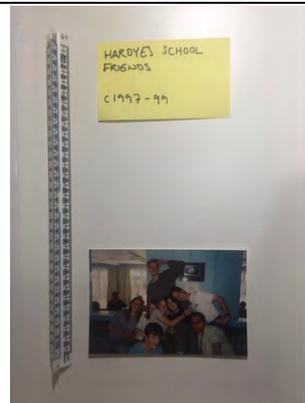
Find 3: Primary school tie c1985-92  
I hated the school. I was bullied relentlessly.



Find 4: School photo  
Primary school photo with my older brother. Not sure which year this is from. You always have to smile at school photos.



Find 5: First secondary school. I was bullied both physically and mentally. I did a lot of sports including judo for which I have national medals.



Find 6: Sixth form friends.  
Except for exam times I loved it and had great friends.



Find 7: Rugby top badge  
I love rugby and represented my university at rugby. This badge is from my old rugby



Find 8: Stethoscope  
Actually my second stethoscope. Uni had a big impact on me. At times extremely stressful and I



Find 9: Festival coronet  
from a music festival in the 2000s. Music is a big part of my life and helps me cope

top. Great camaraderie helped my confidence.

suffered with depression, suicidal ideation and later mania and psychosis.

with mood changes in psychosis.



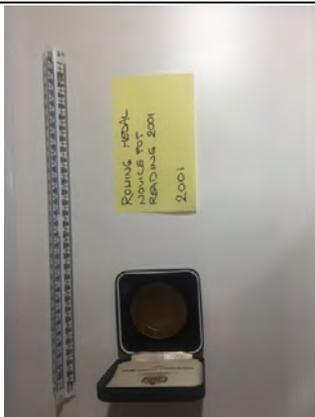
Find 10: Book 1984  
My favourite book. My psychosis is very much about being watched and monitored this may give some understanding to others.



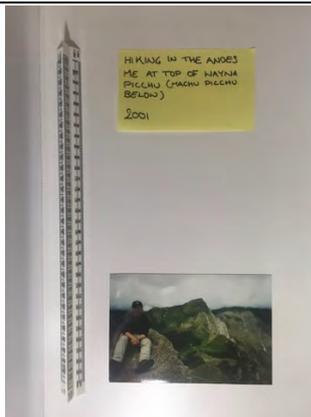
Find 11: Book  
One of my favourites I think because of the message of equality and fairness which is a very important to me.



Find 12: Rigger jiggers  
My prize at the annual rowing club dinner. Rigger jiggers a very useful prize.



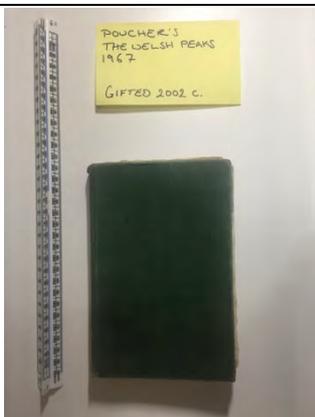
Find 13: Novice pot  
My novice pot. Winning this gave me confidence at a time I was rapid cycling.



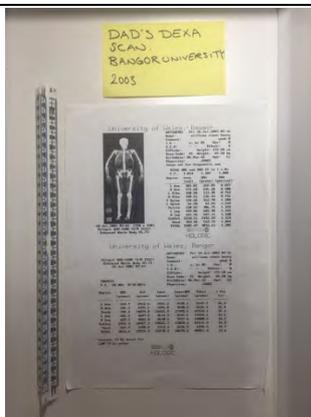
Find 14: Wayna Picchu  
Sitting on the edge of Wayna Picchu. A great time spending over a month in Peru and Bolivia at a time I had more confidence.



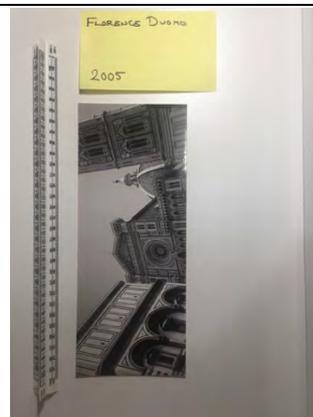
Find 15: Dirty hiking boots  
my second pair of hiking boots bought at the great arête in Bangor. I belonged to the uni mountain walking club. Great to be outdoors.



Find 16: The Welsh Peaks



Find 17: DEXA scan

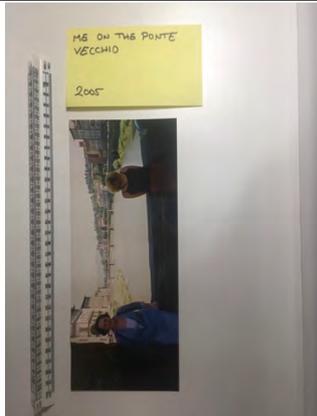


Find 18: Florence

My Dad's copy of The Welsh Peaks he gave to me in 2002. I've used it a lot especially in Snowdonia. To be in the mountains is freedom and to see the beauty is refreshing.

My Dad as a control for a research project that my friend was continuing with what I have done. We had an abstract published in Rheumatology.

A holiday post BSc to Florence. My mind really needed it.



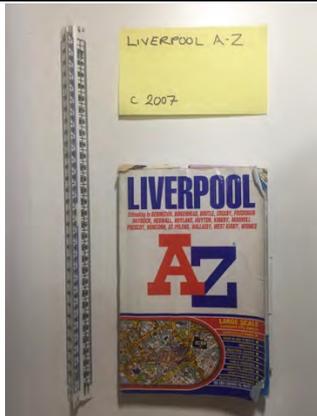
Find 19: Ponte Vecchio  
A mind refreshing break



Find 20: Harbour Bridge Elective 2004. Very interesting experience as I was working in the psychiatry A&E department within a standard A&E department. I climbed the Sydney Harbour Bridge. I don't think I could do it today with reduced confidence and jerks I wouldn't feel safe.



Find 21: Work bag  
Lots of memories. Used to contain my portfolios for training.



Find 22: Liverpool AZ  
My mind moved with me to Liverpool in 2007. I was quite depressed during this period.



Find 23: Mountain biking shoes. I did a lot during my time in Liverpool to try and stay healthy and boost mood. I had to stop riding due to poor balance and jerks.



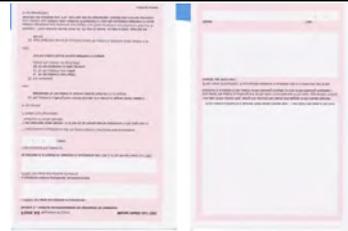
Find 24: Levothyroxine  
Diagnosed with hypothyroidism in 2009 thanks to my mum. It's probably contributed to illness for years. I should've listened and checked sooner but seem too much to do at times.



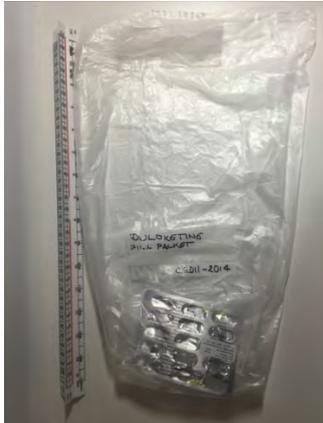
Find 25: Daphne Odora  
My favourite smell gives me a real boost.



Find 26: ECT given 14 lots massively affected my memory short and long term.



Find 27: Section 3 form MHA section 3 form says it all.



Find 28: Duloxetine packet. First successful anti-depressant. So many tried I was giving up on finding one that didn't have debilitating side-effects, actually lifted my mood and didn't send me manic.



Find 29: Clozapine First anti-psychotic that gave me some freedom.



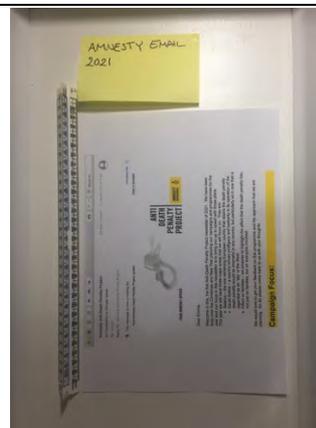
Find 30: MH discussions The confidence to discuss my mental health problems openly.



Find 31: DDCAG



Find 32: Peace poppy



Find 33: Amnesty project

My Dorset Diggers Community Archaeology Group badge. Learnt so much and felt really accepted for who I am.	Peace always important.	One of the amnesty projects I use my mind and voice for. My mind is anti death penalty.
--	-------------------------	--



Figure10. Digging complete, pit filled.

## Specialist reports

### *Part 3 Sampling the Field*

The subject's paranoia comes from their delusions and hallucinations seen in the table below.

<b>Delusions</b>	<b>Hallucinations</b>
Thoughts broadcast (others can read my thoughts which is very disturbing and I have confronted people)	Started with my name just 'Emma' repeatedly. Then, 'don't take your fucking medication! It's poisoning you' and other choice things!
When manic I can read other people's happy thoughts	I get what feels like a malevolent presence on my back
I am watched and observed almost constantly with televisions, computers, photographs, mirrors, magazines, pieces of paper and teeth fillings. This is especially so if the object is not mine and was given to me	I have at times seen a woman in white watching me. She is part of 'them', part of the people observing me.
I am followed by the authorities and 'them', whoever they are	
I am discussed and referenced	
At times 'they' want me dead so I have to kill myself	

Table 4. The subject's delusions and hallucinations.

So, as the brief instructed the author took a close look at the selected area. They spent a long time there. They have plotted on a scale below how much these experiences are affecting the subject at one point in time. The author made the scale at the moment it was 5:54 pm on a Friday.

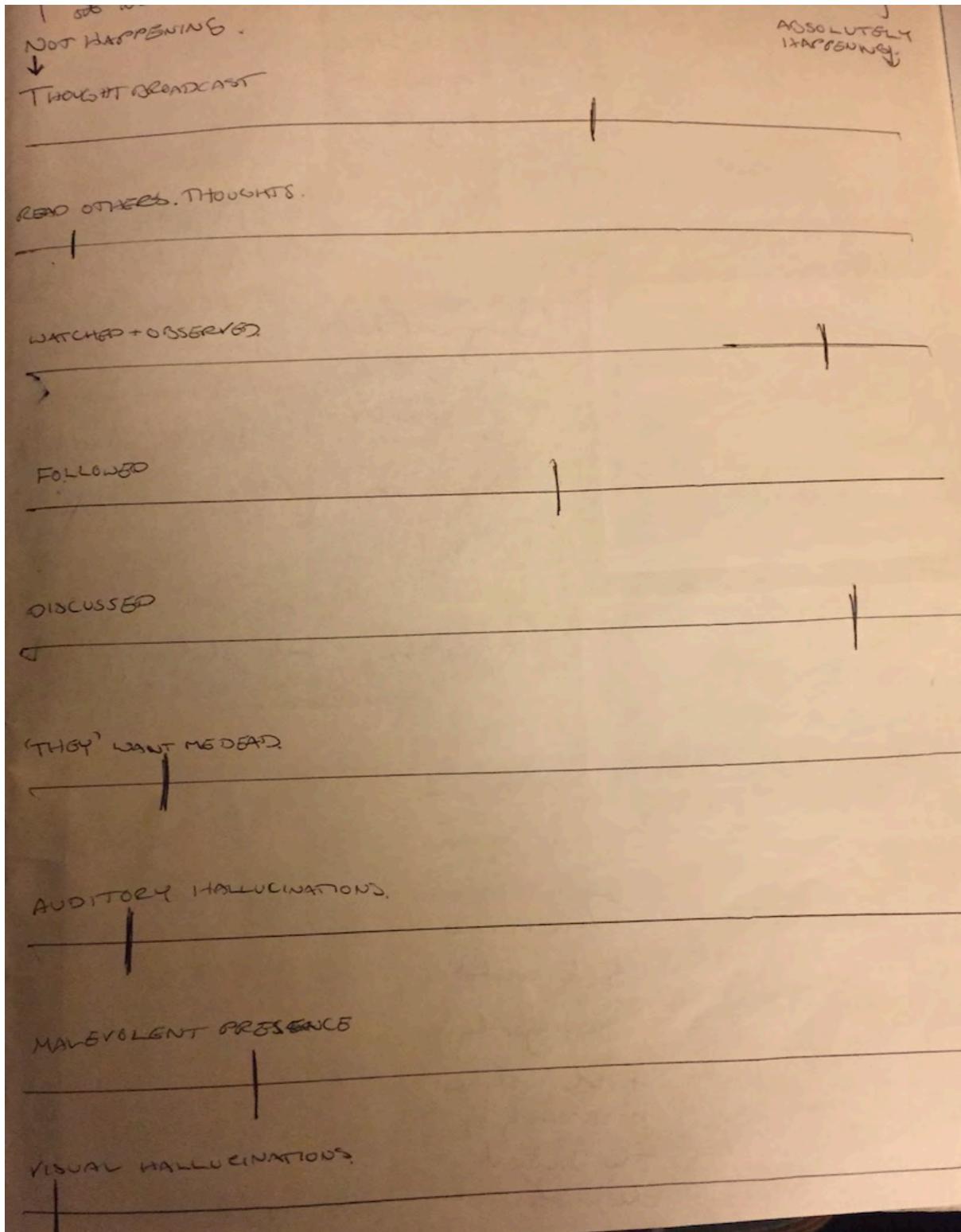


Figure 11 Unusual experiences scale

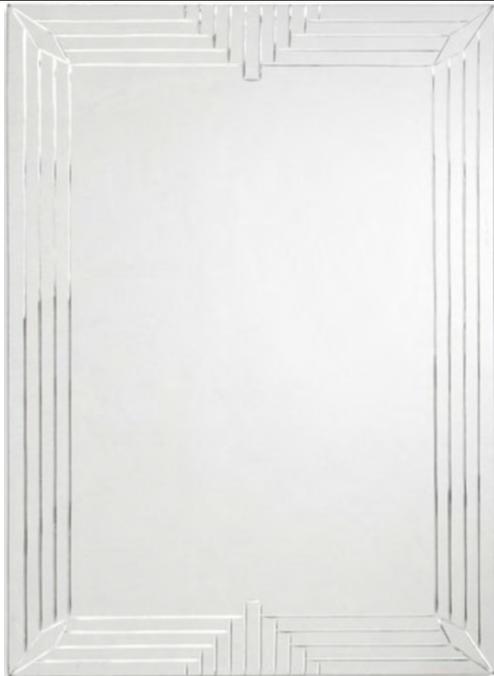
Below are the samples taken by the author from the sub-site. The author has collected them together and described them by giving them names.



This is from an article by Steve Colori on thought broadcasting (Colori, 2020). It's a very disturbing aspect of psychosis where one's thoughts are projected out and one believes people know what one is thinking. The subject has in the past challenged people because they thought their mind was being read.

The subject is paranoid about being watched and observed and followed most of the time. They get watched through TVs, computers and photographs. This is a photograph of the subject but it could be anybody and it's not necessarily about being watched by the person who is the subject of the photograph. The subject is watched through mirrors. They found this image which was called, 'Mirrors Don't Lie. Mislead? Oh, yes.' To the subject, this is very disturbing with the eye looking right at them through this mirror. The subject gets watched through images in books and magazines and sometimes listened to by pieces of paper that have been given to the subject, for instance letters. This could be by anybody including people they know well. The subject feels constantly monitored by the authorities. CCTV really troubles them.





Mirrors Don't Lie. Misdread? Oh, Yes.



Vivienne Flesher

Dear Emma

The plan is...

Gfuyeqgdjsagdwlg dewzs\_dze g diewgduye egr 3 yhe2ijyfeiw hwi|hjde  
ruluuehwouyqgd wqhwq dw hewur hewmflghewif ewlu r new.ry; of rewio  
uoifyehwik dyczewu vliu mw ehwi ewiuiyrehwikerhkih ewiul k eway  
ueuyhewai ihub wa g3Zry48391uyrehwgq vcewg hijf e  
uhfgewy cr 2jyrh0 fulew hdguwad wqhgriue2k jehh32  
Sirh2\$hv ful hdeiwbkhebdvwu ljr hhevwl je.m hbxevluj.heh2\$yir g2.3rg32lr g12l  
lhdeikibidvs.idbe dfln w nfr u32'o;kh321 w. ro4lrmw;eo2xr3h2 \$br. 2\$  
N hrjrewhewkj hrbi;o2l jrewk r hewbrbewf few1he3kj

Yours

Gdewjcbdsj





The subject also feels followed quite a lot of the time which is very scary.



At times the subject believes they are being monitored through fillings in their teeth. They have in the past asked dentists to remove them. The dentists refused which, when more rational, the subject believe to be a good thing.



It feels like people are discussing the subject all the time. They get really paranoid about it and have nearly watched videos back in case they were being discussed.



The numberplate image was chosen by the subject because there are times if they see certain letters in a numberplate that means something will happen.



This image was chosen because it looks like a very angry face and because the voice the subject hears when they do is a man's voice. It started off with the subject's name saying, "Emma. Emma", repeatedly but more recently it says things like, "don't take your f\*\*\*ing medication!" and "they're poisoning you!" In the past, this has led the subject to stop taking their medications. That did not go very well.



This image is a close-up of part of a painting called *Nachtmahr* by Johann Heinrich Fussli in 1802. It is an Alp sitting on a sleepers chest. It is an image that was a near as the subject could find to describe the sort of crouched malevolent presence that sits on their back. The subject has to get people to regularly check that it's not there when the subject is having this hallucination. It's very distressing.

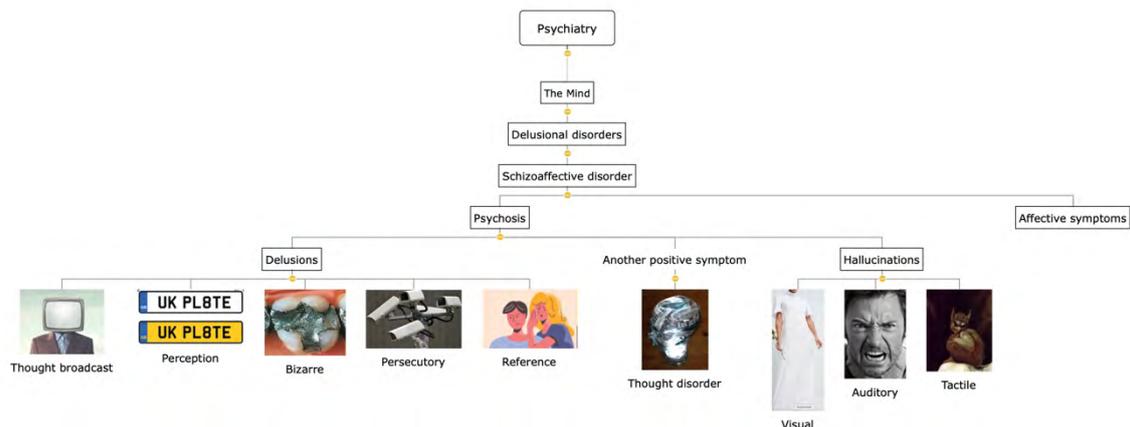


The subject does not get this a lot (and this image is obviously not exactly what they see) but the subject sees a woman in a white dress who also wears a shawl and she doesn't carry a rose. Also, she is older than what the figure in this image appears to be. The woman in the white dress, when the subject sees them, is part of 'them', those who want the subject dead.



This is a glass head that the subject filled with acetates of words and lit from within. It just represented to the subject the loss of clarity of thought with everything all over the place with thought disorder.

A taxonomy was then created using the samples. A taxonomy is a scheme of classification. For instance, in biology there are seven main taxonomic ranks: Kingdom, phylum, class, order, family, genus and species. Above kingdom can be Domain. In psychiatry, diagnosis or labelling is done using the International Classification of Diseases (ICD) or, in America, the Diagnostic and Statistical Manual (DSM). The author could not access the full versions of ICD/DSM and searched for a taxonomy of psychology or psychiatry but was unable to find anything very helpful. The author decided a taxonomy must have the mind in it and so created their own taxonomy. The taxonomy they created is below.



## Discussion

It is eye-opening for the author and subject how far back the subject's illness goes. Mental health, and particularly psychosis, needs to be discussed to have people (or close contacts such as friends and family) realise what is happening and therefore allow people to seek help early. When the subject was given Clozapine, they noticed things that they thought were normal (unusual ideas and thoughts) went. The condition appears to have been there since a child. So, the question is what makes it manifest? Is it the synaptic pruning, the effects of multiple other genes, triggers such as experiences and stress? With this project, the author is not just reporting. The project is revealing to the author what it has been and is like for the subject to live with schizoaffective disorder.

Why the site was chosen and what the subject feels about it has been discussed. The effect of the subject on site and site on the subject has been explored. The history of the site was explored. The value of family and friends, having little money, academic studies, sports, work, stress and creativity and then the impact of others on the site such as being very bullied physically and mentally at school but then also the caring, loving, friendship of others.

It was interesting and enlightening for the author and subject making the weather maps for every day of the diary project and then going on to look at the subject's memory traces in the studio. So, it was for the author, the memories of the subject's thoughts about the mind. Their memories of the day spent working from the mind (they did five days of this reflection). The author also took a step back to think about these days. Memory and recall can be a real struggle for the subject due to 14 so-called treatments of ECT, which the subject never wants again, and also their medication. The subject struggles with temporal memory and can't access the understanding and knowledge they used to have.

The author began thinking about the subject's delusions, hallucinations and paranoia. Thinking about emotions; what the subject has been and what they are

now. There is guilt every time the subject watches the news or talks to medical friends. And there is sadness for the loss of knowledge like a bereavement for what they would have been (an intensive care consultant).

How does the author know that the subject's mind is not 'normal'? What measures does the author use? How does the author know it's a different, unique site? This study is qualitative and heuristic research. It is an exploratory study and at a different period of time, different results may have been seen. Things change on a daily or nightly basis. That's why it is difficult to see externally what is happening at the site. Things may be more external, or buried deeper, according to the weather. The findings may not be reproducible, reliable or valid if examined at a different time. It is only a valid representation of the finds at this time.

## **Conclusion**

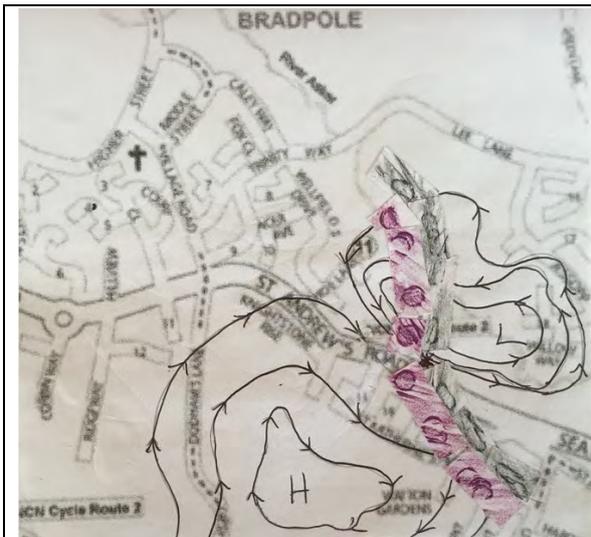
The author concludes that the subject's mind is unique, but not unique in having mood changes and 'unusual experiences'. Lots of people out there are having a similar experience. If they were not, labels would not have been assigned and it would not have been possible to create the taxonomy. The author and subject are reflecting on the subject's experiences from the point of view of being medicated. The same results would not have been achieved if the subject were not. For the subject, medication does not stop everything but things become more tangible and it is more possible to normalise experiences. The author feels that further research and analysis of the site would be beneficial to understanding. The investigation into the subject's mind has not yet concluded but the author has finished digging and the pit has been filled in. The analysis will continue. It has been very interesting for the author exploring the subject's mind in this way: an exploration of an exploration. Despite illness, the subject has had achievements. And it is positive for the subject to know their mind. The subject's perception of their mind is not the same as other's perception of their mind.

The author still has other ideas. They would like to map their finds. Where they are from or where they occurred. The author likes the idea of working with T-shirts again, perhaps to create a T-shirt with strata. A 3-D model of strata with plaster and mod rock would be interesting to build. The author would like to make a video with the subject's parents about the subject's mind. They have had the biggest impact of other humans as they are both nature and nurture. The author would like to create maps of neuronal pathways and make a book with the weather map diaries.

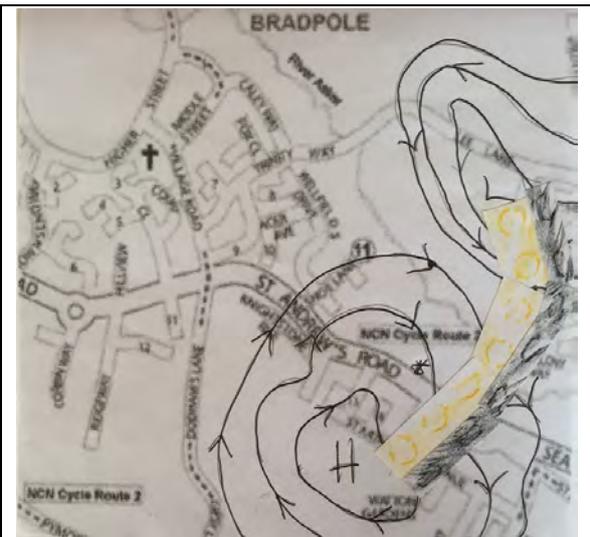
## **Footnote**

The subject wrote the following during the first autoethnographic session: The source of humour, my mind. Unreliable and unpredictable the output sometimes funny - you have to laugh or you'd cry! Unsettling for some, the black humour, the jokes surrounding subjects that are still somewhat taboo and stigmatised. How can one laugh about such serious subjects? About the fact that one cannot trust one's mind? About the fact that at times you are a risk to yourself? The answer is that it is the only way to survive, to accept what has happened and treat it lightly. The treatments, the times in hospital, the sections. Look back on it and be kind to yourself. Although this is not always possible. These were not choices made but there is a choice in how you treat yourself and humour definitely has a role to play.

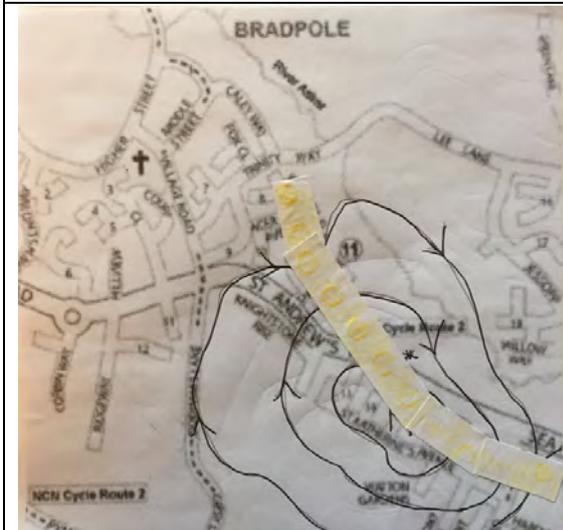
Appendices



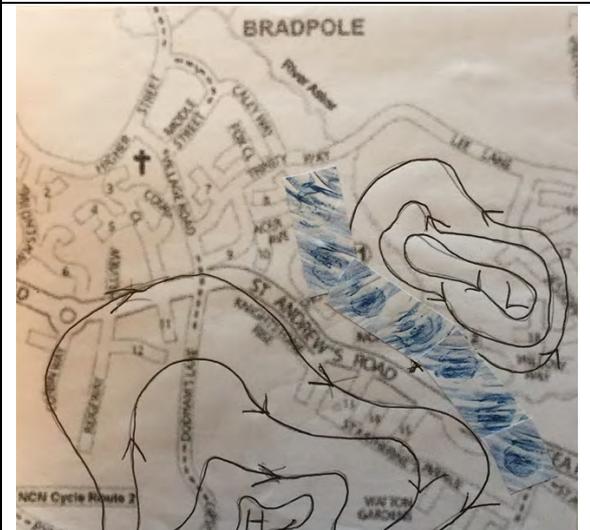
Wed 20/1/21



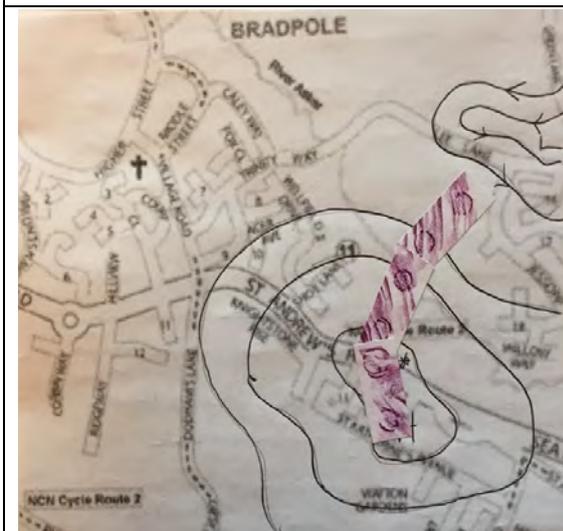
Thurs 21/1/21



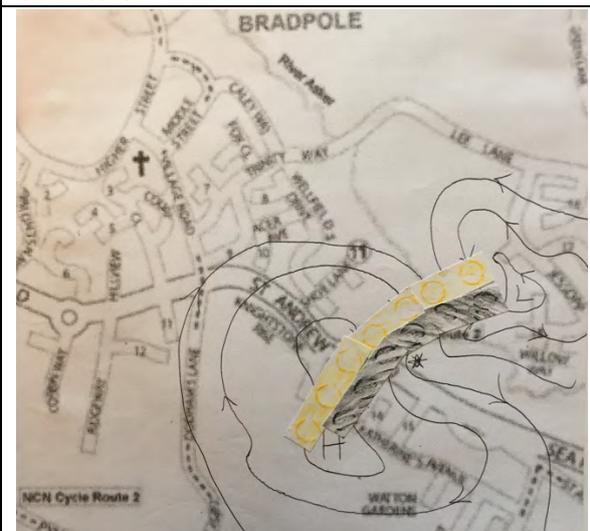
Fri 22/1/21



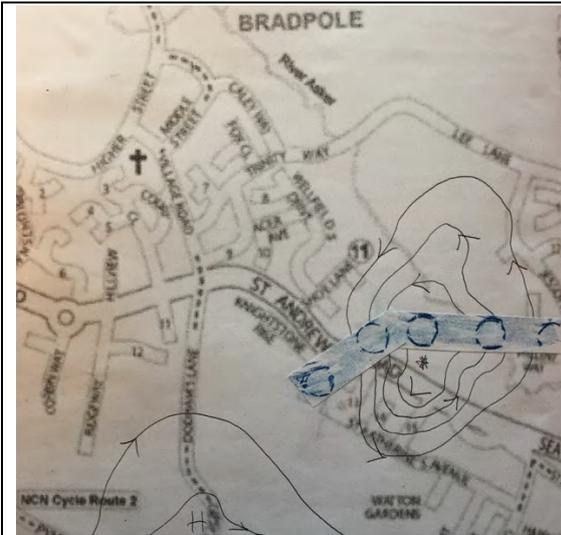
Sat 23/1/21



Sun 24/1/21



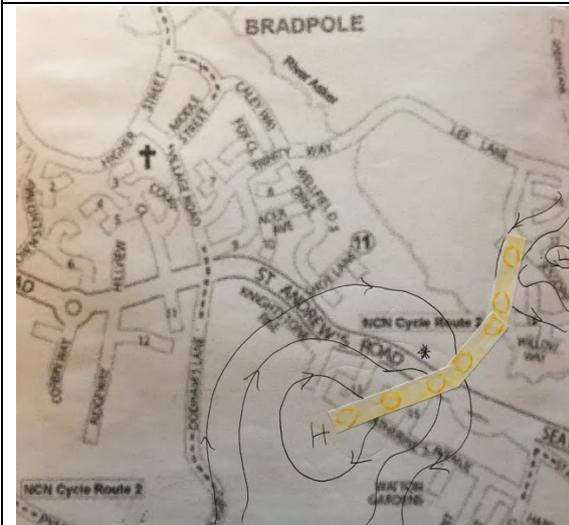
Mon 25/1/21



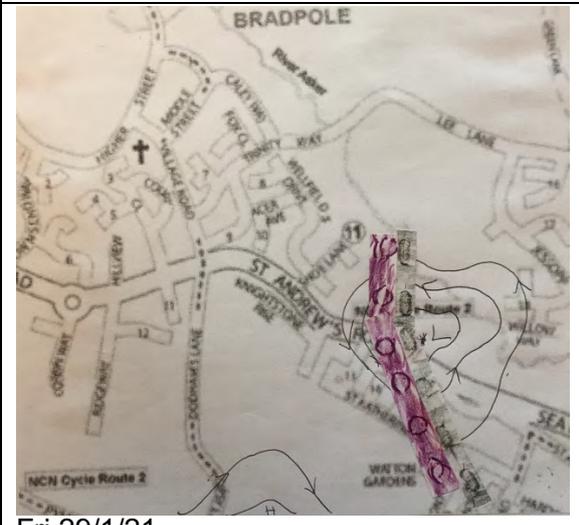
Tues 26/1/21



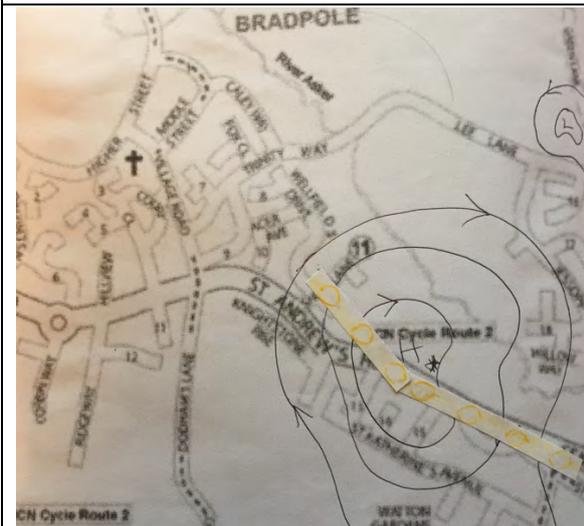
Wed 27/1/21



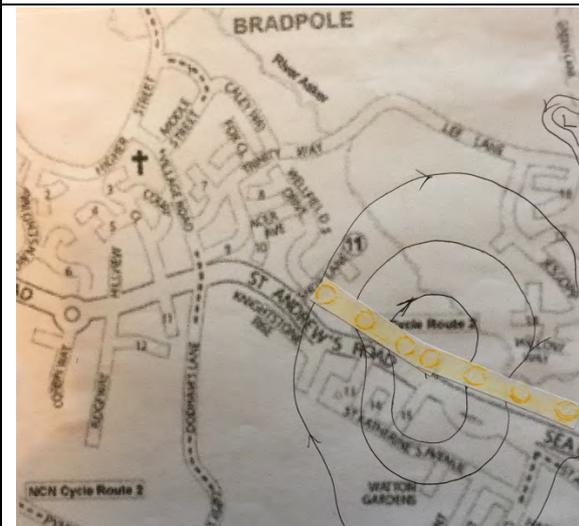
Thurs 28/1/21



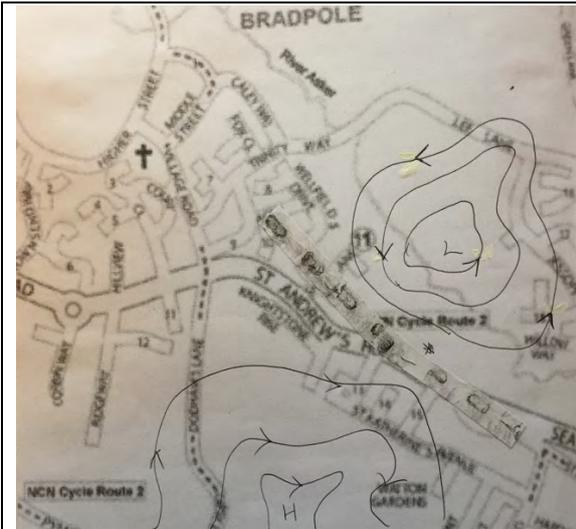
Fri 29/1/21



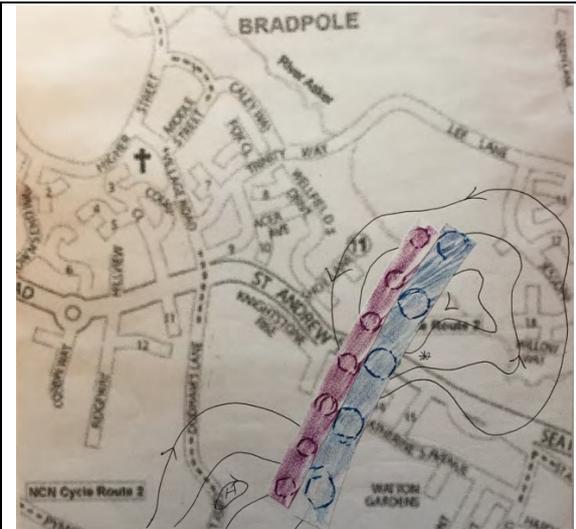
Sat 30/1/21



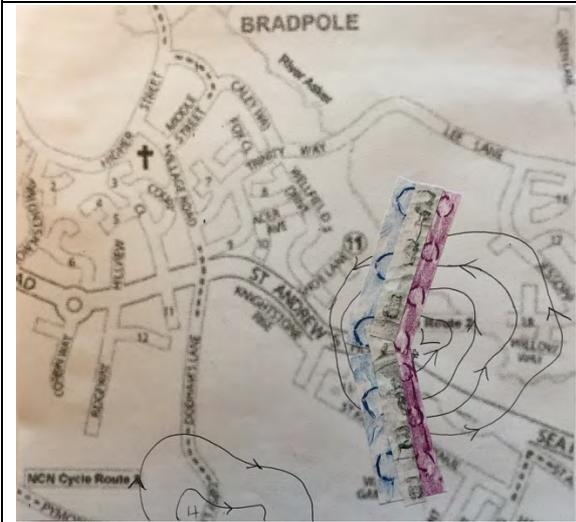
Sun 31/1/21



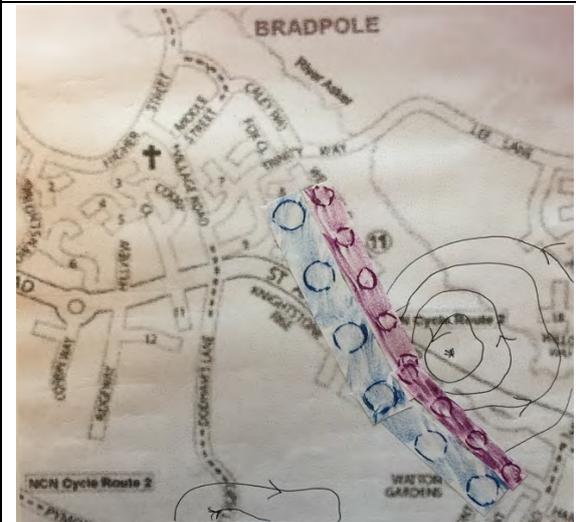
Mon 1/2/21



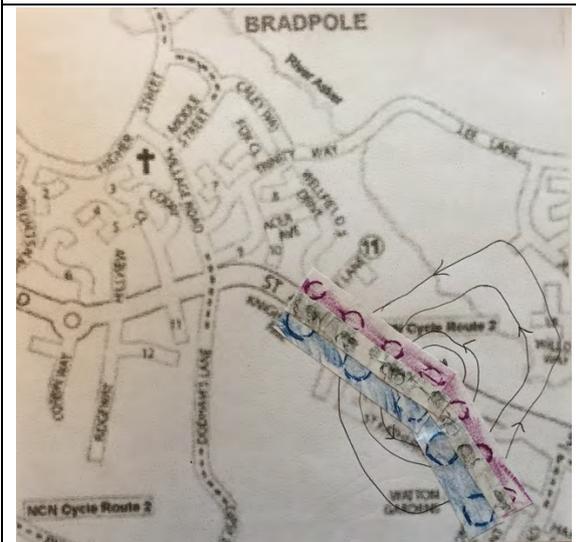
Tues 2/2/21



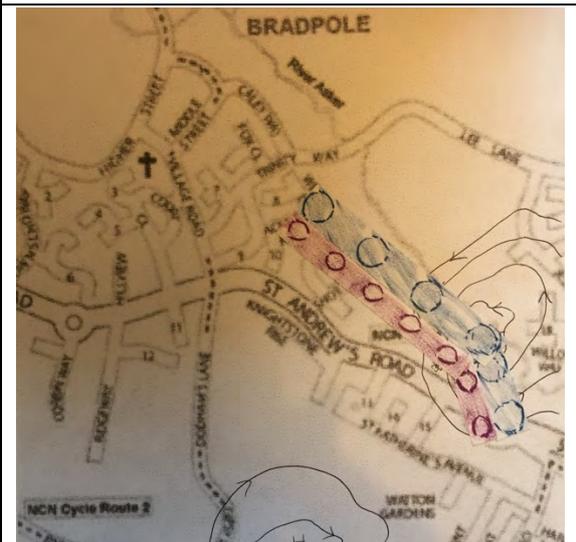
Wed 3/2/21



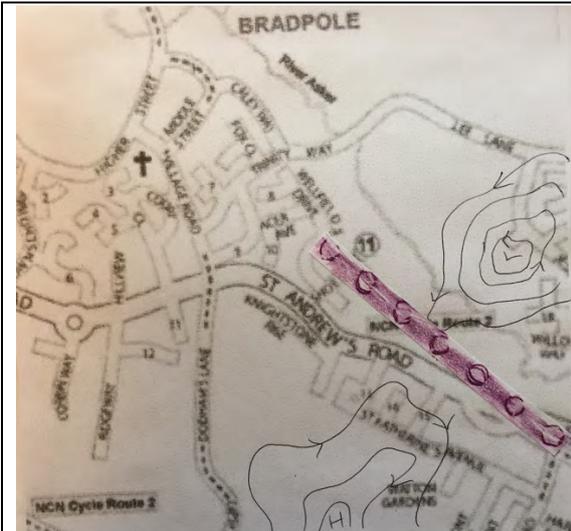
Thurs 4/2/21



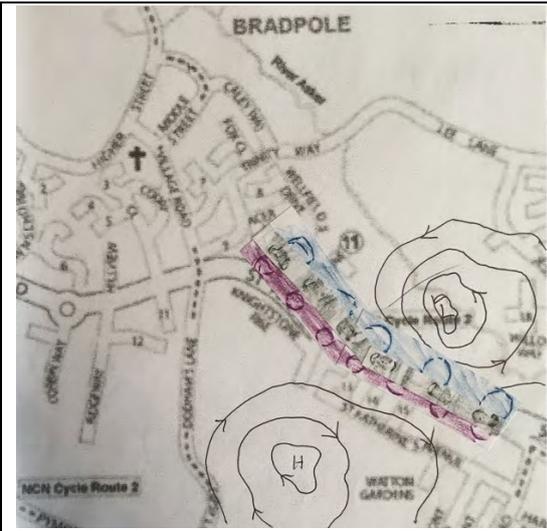
Fri 5/2/21



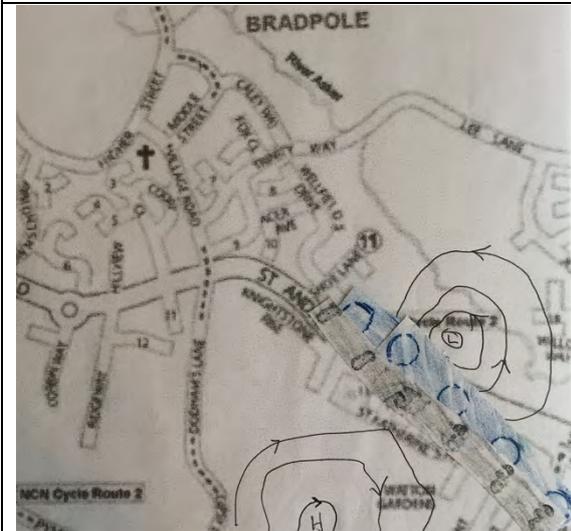
Sat 6/2/21



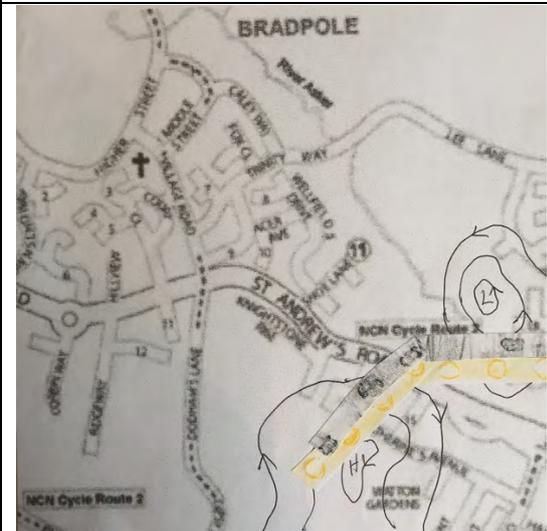
Sun 7/2/21



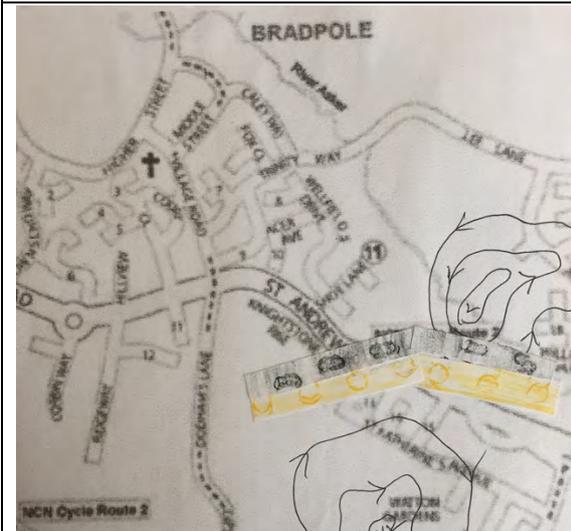
Mon 8/2/21



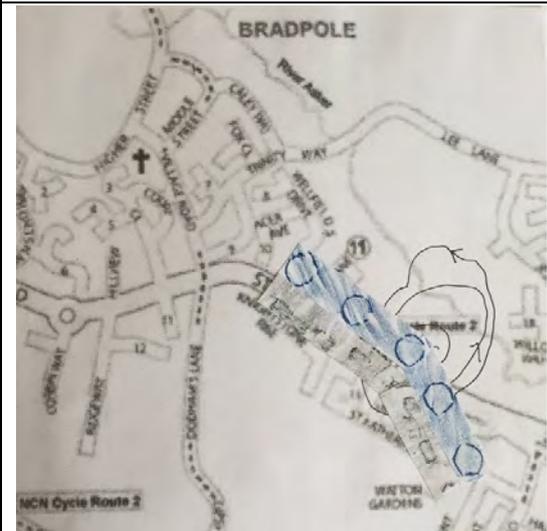
Tues 9/2/21



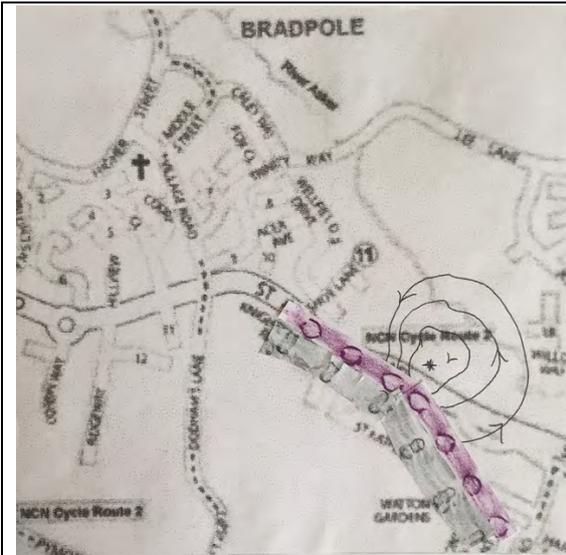
Wed 10/2/21



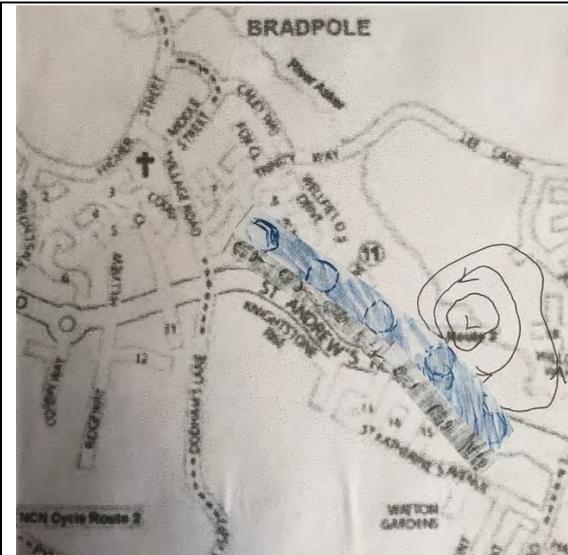
Thurs 11/2/21



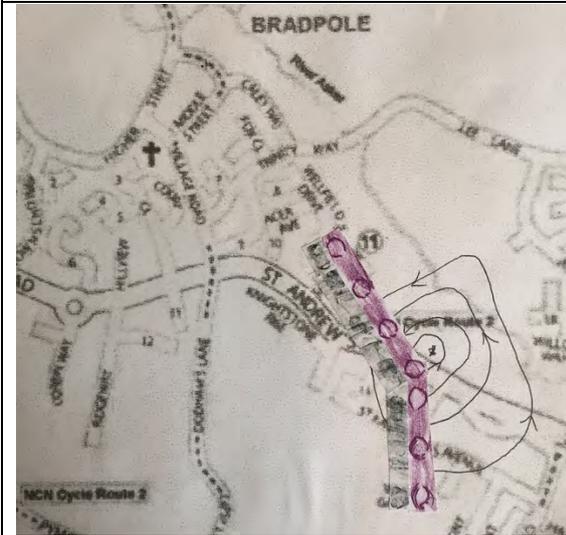
Fri 12/2/21



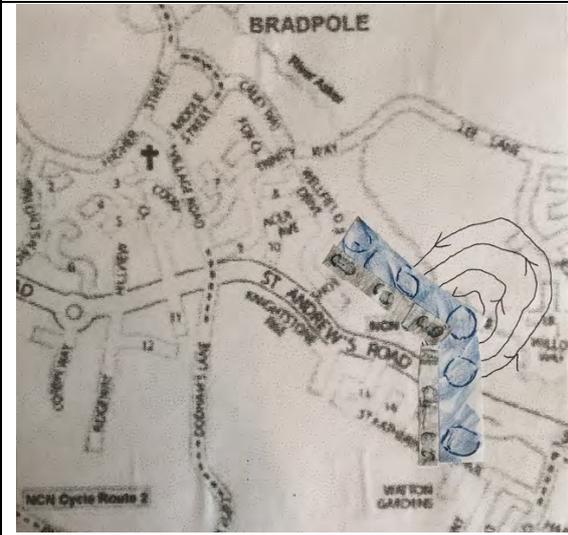
Sat 13/2/21



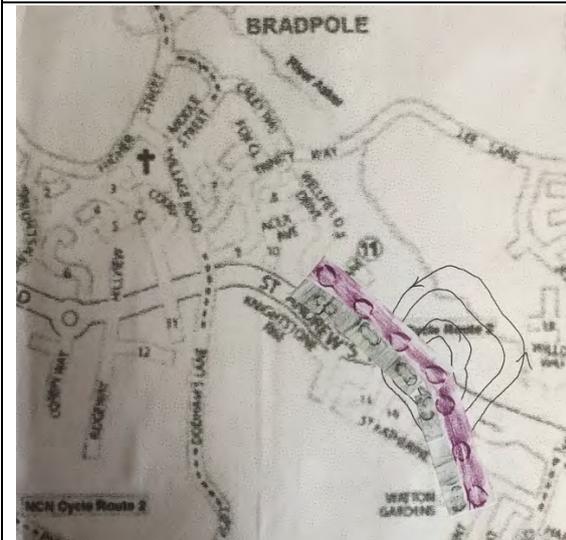
Sun 14/2/21



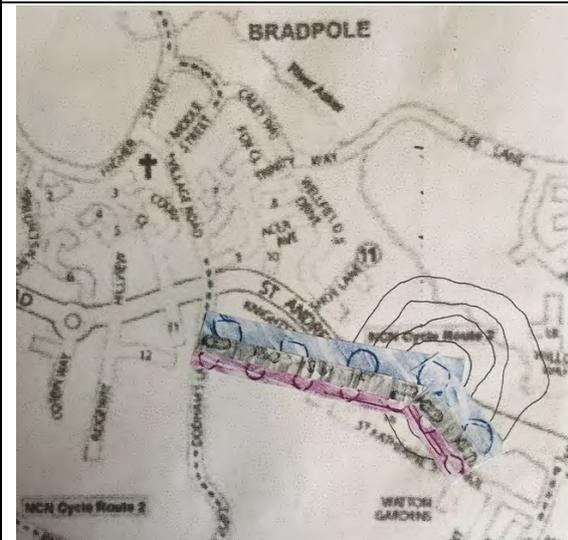
Mon 15/2/21



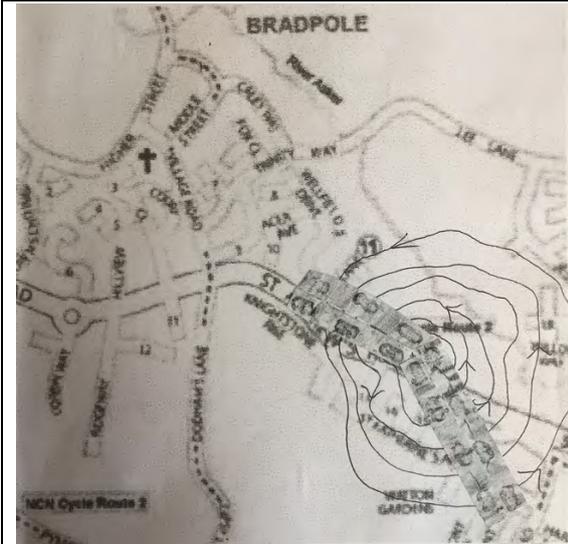
Tues 16/2/21



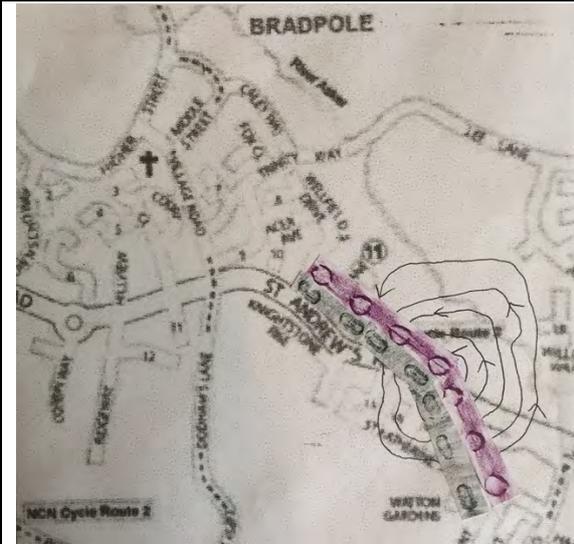
Wed 17/2/21



Thurs 18/2/21



Fri 19/2/21



Sat 20/2/21

## Bibliography

Amann, B. L. *et al.* (2016) 'Brain structural changes in schizoaffective disorder compared to schizophrenia and bipolar disorder', *Acta Psychiatrica Scandinavica*, 133(1), pp. 23–33. doi: 10.1111/acps.12440.

Colori, S. (2020) *Elements of thought broadcasting*. <https://goodmenproject.com/featured-content/elements-of-thought-broadcasting-kpkn/>

Crawford, MISS. (1992-1997) *You won't get good enough GCSE's to do your a-levels*. Beaminster: Beaminster School.

Goldsmith, P. (2016) *Biological Origin of Schizophrenia*. Harvard Medical School. <https://hms.harvard.edu/news/biological-origin-schizophrenia>

Harrison, P., Geddes J. and Sharpe, M. (2003) *Lecture Notes on Psychiatry 8<sup>th</sup> edition*. Blackwell Publishing.

'Mind-blindness' (2021) *Wikipedia*. Available at: <https://en.wikipedia.org/w/index.php?title=Mind-blindness&oldid=1000091044> (Accessed: 21 February 2021).

NICE Mental Health Guidelines (2013) *Psychosis and Schizophrenia in Children and Young People: Recognition and Management*. RCPsych Publications. <https://www.nice.org.uk/guidance/cg155/resources/psychosis-and-schizophrenia-in-children-and-young-people-final-scope2> Accessed 19/2/21 18:21

Oxford dictionaries. Definition of psychosis.

[https://www.google.com/search?client=safari&rls=en&sxsrf=ALeKk00-1SNJOurfWRcf-Q1YmPb3gbDJAA%3A1613928259216&ei=Q5cyYJzoDMmV8gKy3aagAQ&q=psychosis+definition&oq=psychosis+definition&gs\\_lcp=Cgdnd3Mtd2l6EAMyBQgAELEDMgIIADICCAAYAggAMgIIADICCAAYAggAMgIIADICCAAYAggAOgclABCwAxBDogQIlxAnOgoIABCxAXCDARBDogclABCxAXBDogQIABBDogclABCHAhAUOgoIABCHAhCxAXAUOgQIABAKOgoIABCxAXCDARAKUL0eWKcwYJk2aAFwAngAgAGuAogB9wuSAQcyLjkuMC4xmAEoAEBqgEHZ3dzLXdpesgBCsABAQ&sclient=gws-wiz&ved=0ahUKEwjclDwkv\\_vuAhXJilwKHbKuCRQQ4dUDCAw&uact=5](https://www.google.com/search?client=safari&rls=en&sxsrf=ALeKk00-1SNJOurfWRcf-Q1YmPb3gbDJAA%3A1613928259216&ei=Q5cyYJzoDMmV8gKy3aagAQ&q=psychosis+definition&oq=psychosis+definition&gs_lcp=Cgdnd3Mtd2l6EAMyBQgAELEDMgIIADICCAAYAggAMgIIADICCAAYAggAMgIIADICCAAYAggAOgclABCwAxBDogQIlxAnOgoIABCxAXCDARBDogclABCxAXBDogQIABBDogclABCHAhAUOgoIABCHAhCxAXAUOgQIABAKOgoIABCxAXCDARAKUL0eWKcwYJk2aAFwAngAgAGuAogB9wuSAQcyLjkuMC4xmAEoAEBqgEHZ3dzLXdpesgBCsABAQ&sclient=gws-wiz&ved=0ahUKEwjclDwkv_vuAhXJilwKHbKuCRQQ4dUDCAw&uact=5) Accessed 19/12/21

Placedi, MRS. (1984-1992) *You're allowed to be bullied*. Bridport: St Catherines Primary School

Renfrew, C., Bahn, P. G. and Bahn, P. (2008) *Archaeology: Theories, Methods and Practice*. Thames & Hudson.

Stevens, L., Rodin, I. (2001) *Psychiatry: An Illustrated Colour Text*. Churchill Livingstone.

'Theory of mind' (2021) *Wikipedia*. Available at: [https://en.wikipedia.org/w/index.php?title=Theory\\_of\\_mind&oldid=1006338303](https://en.wikipedia.org/w/index.php?title=Theory_of_mind&oldid=1006338303) (Accessed: 21 February 2021).

UWCM. (2002). *The Effects of Seventeen Exams in Fourteen Days*. Cardiff: UWCM