

## Phillip K. Dick: A Psychotic Prophet?

Lawrence Ratna

---

### Abstract

*The clinical potential of creativity research remains largely unexplored. Philip K. Dick's deeply personal writings, particularly his journal following a psychotic episode, provide a rare insight into the neuropsychological processes that drive creativity. His unique blend of psychological depth and philosophical science fiction has profoundly impacted literature and popular culture, securing his place as one of the leading science fiction authors of the 20th century. Drawing on his own experiences with mental illness, Dick delved into themes like ontological insecurity, psychosis, dissociation, and drug addiction. Considerable research has explored the connection between madness and creativity. Building on this, the essay will apply clinical nosology to diagnose Dick as a case study, aiming to uncover how his psychopathology influenced his life and creative output. The second part will review recent research on creativity, focusing on factors that enhance our understanding of the roots of his genius. Progressing the neuropsychology of creativity holds significant clinical, social, and economic promise.*

**KEYWORDS:** Creativity, Borderline personality disorder, P.K.Dick, Schizotypy, Creativity and madness

---

Date of Submission: 26-08-2024

Date of Acceptance: 05-09-2024

---

Philip K. Dick is widely known as the author behind the novels that inspired three landmark films: Ridley Scott's *Blade Runner* (1982), Paul Verhoeven's *Total Recall* (1990), and Steven Spielberg's *Minority Report* (2002). Celebrated for his unique brand of philosophical science fiction, Dick's work often delves into philosophical and political themes, featuring ordinary individuals grappling with ontological insecurity in worlds dominated by monopolistic corporations and totalitarian regimes. Drawing heavily from his own experiences, he frequently explored topics like dissociation, drug use, paranoia, and psychotic perceptions. Although highly esteemed in France for his insights into the human condition, his fame in the United States during his lifetime was confined to the science fiction community. Tragically, he passed away on the edge of fame just months before the release of *Blade Runner*. Many of his works were published posthumously, leading to a reevaluation of his legacy, and he is now hailed as one of the great writers of the 20th century. Writer Ursula le Guin calls him an American Borges and salutes him "(What) Dick is entertaining us about is reality and madness, time and death, sin and salvation – this has escaped most critics."

The link between madness and creativity has fascinated scholars since Aristotle. In Dick's case, his psychological disturbances were integral to both his life and his writing. Critic Csicsery-Ronay (1995) observed that "Dick was so familiar with psychological discourse that it pervaded nearly all his work." Dick himself stated, "I am a fictionalizing philosopher, not a novelist; my novel and story-writing ability is employed as a means to formulate my perception (Exegesis [75:D-9])."

### PSYCHIATRIC HISTORY

Dick's psychiatric issues began in early childhood with eating disorders and social anxiety, leading to therapy and placement in a special school. Paul Williams (1986, 60) reports that Dick experienced three "breakdowns" at ages nineteen, twenty-four, and thirty-three. The tally that Dick disclosed does not include other breakdowns mentioned in the letters or the psychiatric hospitalizations in 1971, 1972, and 1976 for drug addiction and suicidality. Dick received a variety of diagnoses from the treating psychiatrists. In a 1973 letter, he remarks wryly "Currently, I am seeing a psychiatrist who diagnosed me as manic depressive. Dr. Sam Anderson, whom I used to see in San Rafael, diagnosed schizophrenic reaction. Two other psychiatrists diagnosed paranoia. Another accused me of malingering. I've decided that labels aren't what counts; it's the quality of the doctor (Dick 1973, V2, 376). Although psychotherapy was the main treatment from childhood, he was also prescribed antipsychotics (Reserpine, Stelazine), mood stabilizers (Lithium), and antidepressants (Amphetamines, Desipramine) (Rickman 1989, 413). From 1951, he became addicted to amphetamines, believing he could not write without them. This severe addiction lasted 20 years, including a period when he turned his home into a residential drug den. A serious

suicide attempt led to admission to drug rehab and a lasting remission. In his final years, he was in therapy with psychologist Barry Spatz.

#### THE 2-3-74 EPIPHANY

The *Annus Mirabilis* of Dick's life is 1974. On the 3d of February Dick responded to seeing the glint of sunlight off a fish-shaped necklace by developing the belief that he had been made privy to divine knowledge. He wrote, "Light blinds me, my head suddenly aches. My eyes close and I see that strange strawberry ice cream pink. At the same instant, knowledge is transferred to me (Exegesis [50:16])." The influential German psychiatrist Kurt Schneider had termed this phenomenon "Delusional Perception" "signifying the instant formation of a fully formed delusion triggered by the normal perception of a stimulus. He argued that this was a first-rank symptom (i.e. pathognomonic) of schizophrenia "Where there is delusional perception we are always dealing with schizophrenic psychosis." Leading up to this event, Dick had been experiencing dysphoric symptoms of paranoia anxiety, and depression for which he had been placed on Lithium (Arnold 2016, 115). For a year afterward, he endured voices, visions, and prophetic dreams. He also felt possessed by another being, variously identified as Sybil, and an apostle named Philip. His perception of his environment changed dramatically, and he saw Orange County as being camouflaged by First-century Rome. His wife reported, "During the day, (for Dick) the city around us took on more and more of the appearance of a first-century Roman colony. Phil kept seeing stone walls and iron bars where more modern structures and barriers actually stood (Sutin 1991, 229)." He also heard voices and experienced in dreamlike hallucinations where "tutelary spirits" schooled him in divine knowledge.

"I've been hearing as the AI voice and seeing as Diana: my tutelary spirit (Dick [53:G-10]). "the AI voice, the voice of the inner realm. The ultimate enantiodromia has set in, and the final veil has been penetrated, and almost accidentally, as if this surpasses even God and God's plan (Exegesis [53:G-14])."

Until his death eight years later, these profound experiences led Dick to obsessively debate and document them, feverishly scribbling all night on scattered pieces of paper, producing over two million words that have been compiled into the 9,000 pages of his "Exegesis (2011)". He directly dramatized these phenomena in all of his final novels, providing a unique insight into his mind and creative processes.

#### MEANING AND MADNESS

Ontological instabilities plagued Dick's life and permeated almost everything he wrote. In his 1981 novel "Valis", he fused the line between life and fiction, telling his wife Ann, "I'm writing an autobiography about both of my personalities....I'm calling it VALIS" (A. Dick, 184). He explains to Claudia Bush, "is not a novel and not science fiction and yet is both. It's autobiographical and depicts in a semi-fictional form my shaman experiences of March 1974 which I am still trying to understand (Dick 1979, V5,210)." To this end he names the two main protagonists "Phil Dick" and "Horselover Fat". Horselover Fat is a Joycean multilingual pun. Philip in Greek means "fond of horses"; "fat" is German for dick. Dick explains that the protagonist, Horselover Fat, represents himself ("Who is me") and to emphasize his point, he affirms, "I am Horselover Fat, and I am writing this in the third person to gain much-needed objectivity (Dick 2011b, 3)." Dick restates his purpose, proclaiming that as in his own life, the Exegesis Fat laboured on

" (is) an attempt by a beleaguered mind to make sense out of the inscrutable. Perhaps this is the bottom line to mental illness: incomprehensible events occur; your life becomes a bin for hoax-like fluctuations of what used to be reality. And not only that—as if that weren't enough—but you, like Fat, ponder forever over these fluctuations to order them into a coherency (Dick 2011b, 20)."

This consuming aspiration of Dick—the search to make meaning of his madness in both his life and art—is a unique opportunity to explore the psychopathology of his creativity.

#### CRITICS AND ANOSOGNOSIA

This nosological appraisal of P.K. Dick is an attempt to address psychopathological aspects of his creativity often ignored or sidelined in scholarship. Even though psychiatric disturbances pervade and characterize Dick's life and art, many critics, particularly his biographers, downplay or deny his mental illnesses. For example, biographer Lawrence Sutin declared, "Phil was surely not crazy by any standard that I would dare apply" (Sutin 1991, 9). Gregg Rickmann promises "(I) intend to prove that Phil Dick was far from insane." Despite the denials of critics and obfuscations in his interviews, Dick saw himself as mentally ill and actively sought treatment for his psychiatric problems throughout his life, from early childhood until his death. These treatments included antipsychotic drugs, antidepressants, mood stabilizers, individual and group psychotherapy, marital therapy, mega-dose vitamins, and several psychiatric hospitalizations. Dick admitted, "Thus I must face the fact that I have been psychotic, and in at least 2 different ways: (1) Paranoid schiz from late '71 to 3-74 (2) Complete schizo breakdown in 3-74, lasting a year, during which time I gradually recovered" (Exegesis [27:6]).

The prevalent denial of Dick's mental illness in the academic scholarship on Dick goes to the heart of the taxonomy of mental illness. Madness is divided into two great phyla—neurosis and psychosis—based on a

criterion called anosognosia or “lack of Insight” where neurotics are aware of their symptoms, psychosis is distinguished by a divorce from reality so great that the patient is unaware (anosognosic) of their infirmity. Reviewing the literature on Dick reveals a paradox: scholars, exhibiting anosognosia, ignore his many mental illnesses, whereas Dick himself believed he was mentally ill and sought treatment. This scholarly denial may be a counter-reaction to early critical dismissals of Dick as “drug-addicted and crazy” and reflects a stereotypical view of mental illness as a condition leading to irrational violence and chaos. Research shows that while mental illness is not essential, it often accompanies creativity. Furthermore, the traits of madness are not disparate alien entities but are aspects of mind that occupy a spectrum of severity, in all of us. This essay will explore two aspects of clinical nosology. First, it will evaluate Dick according to the historical categorical model of psychiatry as defined by the Diagnostic and Statistical Manual (DSM-V), which views mental illnesses as divergent discrete entities defined by specific criteria. Second, it will examine Dick through newer models of mental illness, such as the Hierarchical Taxonomy of Psychopathology (HiTOP) and neurotypicality, which are based on data driven evidence-based elements of mental functions that exist on a continuum from normal to distressing. This will involve a review of scientific research on creativity to understand Philip K. Dick's genius better.

## DICK AND SCHIZOPHRENIA

The mental illness that dominates his writings and lectures is schizophrenia. Dick himself made frequent claims to having been diagnosed with it “ I have had several great insights into myself e.g. that I had had two attacks of schizophrenia, one when I was six, the other when was eighteen, and that my basic fear was a return of this (Sutin 1991,149).” His auditory hallucinations, particularly what he called his AI voice, along with delusions, paranoia, disordered thinking, and feelings of passivity, align with this diagnosis. He often described the experience of having thoughts and ideas being inserted into his head and the loss of agency in his thinking, which according to Kurt Schneider are pathognomonic of schizophrenia and called first-rank symptoms of schizophrenia. This loss of what Karl Jaspers called the “my-ness” i.e. control of one’s thinking” in schizophrenia is reflected in statements such as “that Valis (the other mind) which came at me from outside and which overpowered me from inside (Exegesis [44:63]).” His Exegesis constantly jumps from idea to idea, reflecting both a richness and loosened associations that could sometimes be construed as a thought disorder known as “Knight's Move Thinking”, where the person moves from one train of thought to another that has no apparent connection to the first. This has led to insurmountable difficulties in compiling his papers.

Dick acknowledged his schizophrenic symptoms, stating,

“This is how you define psychosis... it would account for the AI voice, the three-eyed Sibyl<sup>1</sup>, and the extreme archaism of the contents. And seeing Rome A.D. 45 would simply be a psychotic delusion—I did not know where or when I really was” (Exegesis [44:63]).

He also reports the results of psychological tests that support this diagnosis.

“I took the Minnesota Multiphasic Psychological Profile test once, and I tested out as paranoid, cyclothymic, neurotic, schizophrenic ... I was so high on some of the scales—that the dot was up in the instructions part (Streitfield 2015,71).”

Dick viewed his writings as a way to manage his psychosis.

“My writing is a deliberate attempt to take these conflicting or disintegrating realities, (and) the experiences of them, (and) seek some kind of ontological or metaphysical overview? So, in a way I have battled against schizophrenia by seeking a philosophical framework which will 1) accept as real these disrupted data; (and) 2) account for them (Exegesis, [43:83]).”

As Dick himself noted, diagnosing his schizophrenia is problematic. Atypically, his hallucinations were predominantly visual rather than auditory. His auditory hallucinations reportedly began in high school during a physics test when a voice guided him to an A grade. These voices intermittently reappeared throughout his life, and in his Exegesis, he described hearing voices frequently. Sometimes, one voice would comment on another, which could be considered a first-rank symptom. His visual hallucinations were vividly detailed, and he claimed these occurred during hypnagogic (at sleep onset) and hypnopompic (on waking) states. However, some visions lasted up to eight hours, far longer than typical for hypnagogic states. Consistent with schizophrenic symptoms of passivity, Dick described his identity and being as being taken over by various forces and entities. However, it needs to be noted that such experiences of spirit possession are common in alternative religions and shamanistic practices.

---

<sup>1</sup> A reference to creatures with a 3rd eye at the centre of their foreheads that Dick claims to have perceived (Apel 1987, 96)

His delusions can be broadly categorized as:

1. Grandiose Delusions: Believing he was the recipient of divine knowledge. Believing he had been endowed with special powers such as precognition, time travel, the ability to see the future and experience the past, healing, and the power to forgive sins.

2. Paranoid Delusions: Feeling surveilled and his life threatened by the FBI, drug dealers, and other entities.

3. Systematized Delusions: They are often either philosophic or soteriological. They address a variety of issues - ontology, cosmology, time, the nature of reality, and the origins of evil.

Many of these beliefs align with accepted religious and philosophical ideas, making it challenging to label them strictly as delusions. Dick lived during the McCarthy/Nixon era, where government surveillance was a real threat, providing some situational justification for his paranoia. He was also actively involved in drug dealing, making the possibility of police raids and surveillance a legitimate concern. His mystical ideas and systems fit in with Gnostic beliefs, and his writings have been validated by philosophers and scholars of Christian and non-Christian religions (McKee 2004). Given the cultural context, in terms of psychopathological criteria, many of his beliefs need to be classified at *worst* as “overvalued ideas” rather than delusions.

Above all, he maintains a level of insight. Throughout the Exegesis he doubts and debates his ideas, beliefs, and experiences exhibiting a level of scepticism and humour that is the very antithesis of what Karl Jaspers called the hardened dogmatic “concreteness” of thinking and belief in schizophrenia. Furthermore, he does not show other DSM-V diagnostic symptoms such as disorganized speech, motor symptoms, or negative symptoms like affective flattening, alogia, or avolition. Dick's gregariousness, warmth, perceptiveness and generosity of spirit run counter to these symptomatology. Dick was fascinated by the negative symptoms of schizophrenia especially affective blunting which is a major theme in his fiction. Affective blunting is the decreased capacity to experience and express emotion as a consequence of the disease. He identifies it as a characteristic of the android.

It is therefore difficult to justify the diagnosis of schizophrenia.

#### DIAGNOSING P.K.DICK

A diagnosis that offers a better, though still imperfect, fit for Philip K. Dick is borderline personality disorder (BPD). Unlike schizophrenia, which is episodic, BPD is a life-long pattern of thinking, feeling, perceiving, behaving, and interacting. It is called borderline because it is thought to straddle the border between psychotic illnesses like schizophrenia and neurotic diseases such as depression. Dick's awareness of this condition is expressed in a 1964 essay.

“borderline psychotics,” which is a way of saying, “Those who can't function in society but do.. (they are) “rational” psychotics ... (they function despite) the presence in the psychotic of not only delusions .. but of hallucinations, which neurotics do not have (Dick 1996, 20).”

Dick is also sensitive to the fact that functionality is contingent on the severity of the illness “the person who is depressed or manic or slightly schizophrenic—so slightly that he can function in a reasonably effective fashion and not fall within the official range of the term ‘psychotic (Dick 1967, V1, 211)”. People with BPD experience a wider variety of symptoms than schizophrenics. In a letter written in 1967, Dick provides insight into the range of symptoms he faced:

“I was mildly paranoid and hostile for several weeks... and then on Wednesday... my ‘borderline psychotic symptoms’ became the real thing.... My prolepsis factor (time sense) went out completely. Had no idea how long I had been doing something.... Delusion that an alien outside force was controlling my mind and directing me to commit suicide... Couldn't tell from which direction sounds were coming, or how loud they were...

Acute terror while feeding the baby. Fluctuations throughout the day of terror, anger, and (deep) sexual yearning... I felt demoralized at becoming overtly psychotic...” (Dick 1967, V1, 213)

Previous scholarship on P.K. Dick has focused on analyzing the content of his novels to infer his mentation. This essay seeks to validate its diagnostic inferences by exclusively using his own words from private letters and journals supported by first-hand witness accounts.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2017) defines Borderline Personality Disorder (BPD) as “A pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by 5 (or more) of the following:

TABLE 1

*Borderline Personality Disorder (BPD) Criteria. (DSM-5)*

1	Frantic efforts to avoid real or imagined abandonment. Note: Excludes suicidal or self-mutilating behaviour covered in Criterion 5
2	A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3	Identity disturbance: markedly and persistently unstable self-image or sense of self
4	Impulsivity in at least 2 areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating) Note: Excludes suicidal or self-mutilating behaviour covered in Criterion 5
5	Recurrent suicidal behaviour, gestures or threats, or self-mutilating behaviour
6	Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days)
7	Chronic feelings of emptiness
8	Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9	Transient, stress-related paranoid ideation or severe dissociative symptoms

Each of the diagnostic criteria will now be examined in relation to the available clinical evidence.

*1. Frantic efforts to avoid real or imagined abandonment.*

Numerous family members and biographers have noted his intense fear of rejection. He was often clingy and controlling with his wives, sometimes refusing to let them leave the house. Despite asking her to leave, he took a serious overdose when his wife Tessa moved out. Reflecting on another failed relationship, he wrote, "Jami embodies all I've lost, the whole past that's over, and in clinging to her—and constantly feeling myself losing her—I'm clinging onto something that is gone, ought to be gone, which I just can't let go of (A. Dick 2010, 161)." Fearing loneliness in the face of another marital breakdown and, he opened his home to strangers. Anne Dick commented, "He couldn't stand to be alone and invited anyone who would move in with him. Some pretty rough people, heavily involved with drugs, and crime came (A. Dick, 146)." Dick confirmed this, saying, "When the marriage failed, I dropped (gratefully) into the gutter of near-illegal life: narcotics and guns and knives and oh so many crimes ... not so much that I did them but that I surrounded myself with those who did; I embraced truly vicious people (Dick 1973, V2, 303). "Biographer Sutin remarks, "Lots of young folk passed through ... Bikers and boppers, diagnosed schizos and violent crazies, even a few sweet souls... Sometimes they teased him, sometimes they ripped him off outright. They sensed the loneliness, the need (Sutin 1991, 177)."

Dick was acutely aware of his heightened sensitivity to rejection, as reflected in this account: "I had to go to the Orange County Mental Health Clinic, which is for losers. But my therapist turned out to be a pretty chick, and I fell in love with her and asked her if I could take her out and buy her a drink at the La Paz Bar. She said no, but for me not to take it as a rejection of me. It's a rejection of something, though (Dick 1973 V2 292)." Consistent with research studies, he had a reflexive reaction to separation: "Immediately after talking to you on the phone, I had a complete and utter depression. Here is why: one talks on the phone for ten or twenty minutes, and it's like physically being together, and then all at once—clink. It's over (Dick 1996, V1, 219)." Feeling rejected could have catastrophic effects on Dick. "Francie... abruptly moved out, leaving me with little or no reason for either writing or living. I abandoned my home in San Rafael and all my possessions and went to Canada... and there I tried suicide (Dick 1973, V2, 262)."

*2. A pattern of unstable and intense interpersonal relationships.:* "

Though Philip K. Dick was warm and gregarious with men, his relationships with women were notably unstable. He often formed intense, idealized attachments to women he had just met, frequently proposing marriage. When

these relationships inevitably fell apart, he experienced severe emotional distress, sometimes leading to suicidal depression. Dick also had contentious interactions with key support figures, such as his mother Dorothy, science fiction writer Stanislaw Lem, and editor Stephen Disch. Dick consistently called on his mother for financial, emotional, and strategic support, to repeatedly rescue him from the recurring crises of his chaotic life. He repaid her unwavering support by demonizing her as a witch. Despite Lem and Disch actively promoting his work, Dick denounced them to the FBI.

He burned through five marriages and numerous affairs. Characteristically of BPD, Dick oscillated between idealization and demonization of the objects of his affection. Of a girlfriend who he tried to kill by steering her car into oncoming traffic and then attempted to strangle he wrote "You are a dear, good, wild, funny, terrific person....". (A.Dick 2010, 164). Of a hippie living in his house "Several times Phil became angry with Mary Lou and threw her bodily out the door and her things after her. The next day, he would phone, begging her to return (A.Dick 2010, 145)." 'Iskandar Guy recalls: Talking about her (wife Anne) Phil had gone from she's the greatest thing that ever happened to me to she's a pseudo-demonic creature, the destructive feminine principle of the world (Sutin 1991, 122)."

### 3. *Identity disturbance: markedly and persistently unstable self-image or sense of self.*

Identity disturbance is a core feature of borderline personality disorder. Psychiatrist R.D. Laing elaborates on this issue "Ontologically insecure people cannot take the realness of others or of themselves for granted". Dick describes this experience as "Reality outside confronts me as a mystery, and so does my own inner identity (Exegesis [35:6]) which he declares as "my identity-less sickness, and let me tell you, that is a dreadful sickness (Dick 197, V4, 247). Dick often expresses his distrust in reality with statements like "it's all predicated on my epistemological suspicions going back to the fifties: That somehow our world is fake (Exegesis [54:N-15])," and "I knew that the world around me was cardboard, a fake (Dick 1975, V4, 144)." His ontological insecurities are further reflected in comments like, "I am not (or he is not) what I think (I am) he is—in particular my (his) true identity is obscured by fake memories both inner and outer reality are not as they appear (Exegesis [24:15] He sums up the falseness of his sense of self by saying "My God, my life-which is to say my 2-74/3-74 experience- is exactly like the plot of any one of ten of my novels or stories. even down to the fake memories & identity (Exegesis [16:10])."

His ontological insecurity is important because it is a key feature of his fiction. As he explained

"I can honestly say that certain matters absolutely fascinate me, and that I write about them all the time. The two basic topics that fascinate me are "What is reality?" and "What constitutes the authentic human being? Over the twenty-seven years in which I have published novels and stories I have investigated these two interrelated topics over and over again. I consider them important topics. What are we? What is it which surrounds us, that we call the not-me, or the empirical or phenomenal world?(Dick 1995, 344)."

### 4. *Impulsivity in at least 2 areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).*

Spending: Dick was poor most of his life, but when he came into money as in the 70s, he generously gave it away. His wife Ann reports, "Phil worried all the time about money. He would wait and wait for a check from his agent, and then, when it came, splurge and spend it all in a week. He would give money away and then be worried sick about making the house payments (A.Dick 2010, 151)."

Sex: Dick was a serial philanderer who liked women who were young and vulnerable. "Phil loved to fall in love; he was in love with falling in love (A.Dick 2010, 118). He had numerous affairs, many of which ended traumatically.

Substance Abuse: Drug addiction was a significant feature of Dick's life. His wife Ann noted, "He took large amounts of drugs. Phil took pills to wake up and pills to go to sleep; he took Dexedrine, Bensedrine, and antidepressants. He had three doctors prescribing for him and went to six drugstores to fill the prescriptions(A.Dick 2010, 80)." Dr. Harry Bryan's records state that Phil said he was taking one thousand Methedrine tabs per week, costing him three hundred dollars per month (\$1700 today) (Sutin 1991,176)."

Driving: His driving was erratic, leading to serious crashes. He made several suicide/homicide attempts by car.

Eating: It is reported that "When he was at home, Phil generally ate chocolate, cookies, and junk food (A.Dick 2010, 149)." His erratic eating habits may have contributed to his cardiovascular problems that led to his premature death by stroke.

### 5. *Recurrent suicidal behavior, gestures, or threats, or self-mutilating behaviour:*

Philip K. Dick had two well-documented serious suicide attempts, one in 1972 and another in 1976, with a rumoured attempt around 1948. There are other instances of suicidal intent. For example, "While moving possessions into the Lyon Street house, Dick drove too fast on a curve, totalling his VW and severely injuring his

shoulder. He later told Ray Nelson that this was a suicide attempt, but he had failed even at that (A.Dick 2010, 113)."

Suicidal ideation, threats, and attempts are common in borderline personality disorder and were a recurring motif in Dick's life. Dick records "gradually, a year or so ago, very subtle suicidal obsessive thoughts began to creep over me.. until, by last June, I could think of nothing else (Dick 1962 V1 67)." His friend Grania Davis wrote, "He is so sick. So very sick, and something will soon happen because he is so sick. He will, in a self-destructive mood, kill himself... has begun to talk a lot about it... is showing all the signs; making symbolic suicidal attempts like slashing his hands with a knife and has bought a gun (A.Dick 2010,118)." His wife Tessa expressed her dread, saying, "That was always my greatest fear, that Phil would successfully attempt suicide, and that I would find the body, or maybe our baby would find it (Sutin 1991, 287)." As regard threats of suicide, Dick made calls to his mother and others, stating he was going to kill himself, causing them to rush to him, only to find him quietly listening to music (Sutin 1991, 175).

#### *6. Affective instability due to a marked reactivity of mood*

Grania Wilson described Philip K. Dick as "extremely volatile—too many mood swings and craziness and carrying on." "At times, he was so agitated that he would pace the floor all night, listening to opera at high volume." His girlfriend Kirsten Nelson reported, "He had incredible ups and downs. Sometimes I wondered, who was Phil? Was he real? When was he playing a role? No one knew (A.Dick 2010, 118)." Another girlfriend, Linda Levy, observed, "I was afraid of Phil and his mood swings. (A.Dick 2010, 189)." Wife Tessa notes: "One moment he was calm, happy, the next he was frantic. [...] His mood swings were more like a child's temper tantrums than the wild ravings of a lunatic. He became childlike during manic episodes, and he needed motherly nursing when he was depressed (Sutin 1991,198)."

Upto 80% of people with borderline personality disorder experience depression. Dick stated, "depression. I'm sure you know that this is a long-term mental illness on my part, going back to the period in which I was married to Anne (Dick 1975, V4,2)," God knows, depression has been the bane of my life (Dick 1981, V6,230)." During these depressive episodes, he couldn't write, withdrew to bed, and needed nurturing. Dick also described the racing thoughts of mania: "I got manic; I could read a whole newspaper article in one or two seconds (Dick 1967, V1, 213)" and "One day the contents of my mind moved faster and faster until they ceased being concepts and became precepts. I did not have concepts about the world but perceived it without preconception or even intellectual comprehension (Dick 1975, V4,33)." Regarding hyperactivity, he noted, "(in the days following) I found myself possessed with enormous energy and did a lot of unusual things" (Exegesis [4:6]). These mood swings led to a diagnosis of manic depression and treatment with Lithium. Research by Amabile and others has shown that activating emotions like joy, anger, and sadness are linked to creativity, possibly explaining the higher incidence of mood disorders and suicidality in writers like Hemingway, Dick, and Plath (Ivcevic and Hoffmann 2019).

#### *7. Chronic feelings of emptiness.*

"While some behaviours, like clinging in relationships and impulsivity, suggest an attempt to fill an internal void, there is no direct evidence of a profound and enduring emotional emptiness within him. In contrast, Dick demonstrated an elevated level of empathy and a strong desire to care for others. Through his, charitable donations, social actions and the values in his novels, he actively promoted what he called Caritas (Latin: charity). In his fiction and essays, he consistently argued that empathy is what defines the authentic human. Unlike T.S. Eliot, Dick did not see himself as a "hollow man. Therefore, he does not meet this criterion.

#### *8. Inappropriate, intense anger or difficulty controlling anger*

Philip K. Dick (PKD) struggled with severe anger issues. On a psychological irritability scale, he scored the highest possible mark, a 10 (Peake 2013,359). Grania Wilson noted he had "rages alternating with gloomy moods in which Phil would choke on his food". She also observes that "Phil was interested in violence, attracted to it. It was part of the whole pattern of his life at that time.. (Sutin 1991, 135,134). His wife, Ann, recalled a group-therapy session where he unleashed his anger for forty-five minutes, leaving the room in stunned silence (A. Dick,138). Dick's violent tendencies extended to his personal relationships, where he was physically and emotionally abusive to several of his wives and girlfriends. He admitted, "Anne and I were having dreadful violent fights, slamming each other around, smashing every object in the house—the kids were running in terror ... I hit her, broke her nose" (Dick 1962, V1, 67). Another account from Linda Levy reported that Tessa showed up at her apartment "covered with bruises, crying and very upset," describing a situation where Dick had locked the front door, turned up the stereo, turned on the air conditioning, and beat her (Sutin,1991. 198)." Reflecting on his rage, Dick said, "My worldview was shaped by my own inner fears—and my repressed aggressions... I saw that in me the fear (of other people) was based on a deep hostility in me, a hostility lacking expression. I was basically not a

nice guy, but an angry guy" (Dick 1961,V1,69). In a letter to writer and friend Ursula K. Le Guin, he reassured her that he was managing his anger: "I swear I can conduct a civilized, rational conversation, without breaking anybody's favorite lamp ...my identity crisis seems to be ending. Being able to express overt hostility back is a good sign, when you're as fucked up as I've been (Dick 1972, V2, 12) ."

#### *9. Transient, stress-related paranoid ideation or severe dissociative symptoms*

In August 1971, Phil told Dr. A that he believed the FBI and CIA were tapping his phone, breaking into his house, and stealing his papers (A. Dick, 150). Dick described several plots against his life, including

"a couple of hostile people operating around me at the time... my fear is enormous. I was told I wouldn't live to give my speech at Vancouver. 'If you don't,' I was told, 'someone posing as you will deliver it for you.'" He recounted seeing "a lot of guns, explosives, silencers—they used blackmail on me, terror and psychological intimidation. It damn near worked. They even tried to involve me in murder, conspiracy to commit murder.(Dick 1972, V2, 91)."

Several of Dick's friends report on Dick's paranoia, Iskandar Guy recalls "There was a general paranoid cosmology—faces in the clouds, government, FBI. You name it. It was like he was holding the fort against the forces of evil (Sutin,122)."

Dissociation refers to altered states of consciousness common in borderline personality disorder. This involves an altered perception of the self (depersonalization) and/or the environment (derealization). Dick describes derealization as "A weakening of the reality ..i.e., the natural environment or world... becomes less real and more dreamlike, less substantial..(Exegesis[36:18]). Dick repeatedly reports his environment as false or altered. Depersonalization involves identity impairments, which Dick attributes to the malfunction of " man's ability to identify a picture of himself as himself ('Mein eigenes Gesicht') (Exegeis [89:29])." Dick and others report episodes where Dick saw himself outside his body and he frequently describes his body and mind as being possessed by other entities. Dicks own dissociative experiences of depersonalization and derealization may have been the basis of his incessant questioning of "What is real?" and "What is human? (i.e. "what am I?) that is a feature of his fiction.

#### DIAGNOSIS

There is some evidence that Philip K. Dick exhibited eight out of the nine features specified by the DSM, and since only five are needed for a diagnosis, it can be argued that he met the criteria. It is important to note that experiencing multiple psychiatric issues simultaneously is common in clinical psychiatry. Records and self-reports indicate that Dick also suffered from eating disorders (diagnosed as Globus Hystericus), Depression, Anxiety disorder, Substance Abuse Disorder, and Agoraphobia, which confined him to his home in his final years. Additionally, he had serious physical illnesses such as asthma, vertigo, pancreatitis, hypertension, and Ischemic cardiovascular disease, which led to his death. Considering these enduring illnesses and the poverty and psychosocial deprivations he endured, one can glimpse the immense burden of disease he battled against to create his art.

#### P.K. DICK AND THE RESEARCH INTO CREATIVITY

Extensive research spanning nearly a century has produced empirical evidence linking creativity and psychopathology (Carson, 2010, 295). Studies show that being an author was specifically associated with an increased likelihood of schizophrenia, bipolar disorder, unipolar depression, anxiety disorders, substance abuse, and suicide (Kyaga et al 2013). Brain and cognitive research suggests this link might result from a "Shared Vulnerability," where variations in brain structure and function among neurotypical individuals lead to changes such as cognitive disinhibition (allowing more stimuli into conscious awareness) and an attentional style driven by greater notice is paid to the divergent and aberrant -novelty salience (Ivancovsky et al 2024). Neurological studies propose that these differences are supported by variations in brain circuits that enhance the speed and richness of associations and inferences, as well as the meanings and importance attributed to them (Wu 2024, Beaty et al 2019).

Early investigations into the link between creativity and psychopathology employed tools such as the Eysenck Personality Inventory, which highlighted "Psychoticism" as a significant correlate of creativity. Traits associated with psychoticism include hostility, non-conformity, and anti-authoritative attitudes (Acar and Runco 2012). Philip K. Dick's life and work exemplify these traits. He lived a bohemian lifestyle and was a vocal critic of authoritarian tendencies during the McCarthy and Nixon eras. His rebellious spirit and non-conformity align closely with the features observed in studies of highly creative individuals. More recent studies identify "Openness to Experience" dimension within the five-factor model of personality as the most significant correlate (Feist 1998). This dimension includes traits such as active imagination, attentiveness to inner feelings, aesthetic sensitivity,



adventurousness, a preference for variety and liberal ideas, and intellectual curiosity. These traits resonate strongly with aspects of Dick's personality and his creative output. As in his life, his novels and essays often explore complex, imaginative scenarios that challenge conventional reality and social norms, reflecting a high degree of openness to experience. Research conducted by Andreasen and Kyaga highlights a unique link between mood disorders and creativity, particularly among writers (Andreasen 1987, Taylor 2017). Dick was diagnosed as manic-depressive and frequently experienced episodes of depression.

#### SCHIZOTYPY

A condition connecting Dick's interest in schizophrenia and borderline personality disorder is a characteristic called schizotypy (Kwapil and Barrantes-Vidal 2015). Coined by Rado, schizotypy refers to a set of personality traits that mirror the subclinical expression of schizophrenia in the general population. The odd beliefs, magical thinking, paranoid ideation, and unusual perceptual experiences identified by Raine (1991) as diagnostic of schizotypy are abundantly evident in Dick's life and work. Schizotypy, can be broadly divided into three sub-dimensions: positive, negative, and disorganized. The positive dimension, characterized by perceptual aberrations and unusual ideas, is particularly associated with creativity, and the feature most prominently displayed by Dick (Acar and Sen 2013). Sass (2001) has suggested that the break with reality associated with schizotypal cognition may enhance creativity, by allowing the affected person to view situations from novel divergent perspectives.

#### OVERINCLUSIVE THINKING

One manifestation of positive schizotypy is over-inclusive thinking, a cognitive style involving the inability to maintain conceptual boundaries and an over-responsiveness to associative or irrelevant aspects of words, ideas, and extraneous stimuli (Wang et al 2018). This thinking style is evident in Dick's "Exegesis," where he discourses on various philosophies, religions, ideas, and perceptions in a disconnected, discursive manner. Critic Kim Stanley Robinson observes, "(Dick) plunges into the flow of theories, terms, citations, accepting, forgetting (never refuting), collaging, stitching...As we read, we lose the propositions in the process" (Robinson 1982, 179). Dick himself comments on his cognitions through his character, Horse lover Fat, in "VALIS": "Fat must have come up with more theories than there are stars in the universe. Every day he developed a new one, more cunning, more exciting and more fucked" (Dick 1981, 29)

#### APOPHENIA

Another feature of schizotypy is apophenia, the tendency to perceive meaningful connections and patterns in random or unrelated data (Blain et al 2020). Dick's obsessive search for significance and his inferred associations between perceptions and theophanic speculations exemplify this phenomenon. In "Exegesis," he writes, "But—'random' juxtapositions of writing produced meaningful—God-sent, in fact—information... The meaningless became meaningful" (Exegesis [5:127]). He further elaborates, "The interesting part of this is that he could be easily, almost effortlessly, engrammed in a random fashion, yet have the sense of total meaning... my writing, very seriously, since everything seems to coalesce into something of meaning" (Exegesis [5:54]). Consistent with having the cognitive style of divergent thinking and the personality trait of "openness of experience" (known markers of creativity) Dick spent the exegesis not at arriving at a single dogmatic conclusion but at developing a multiplicity of meanings - Christian, gnostic, political and psychological. These free-ranging cognitive mechanisms would have mediated not only the volume and speed of writing but also the complexity of plotting that is a feature of his fiction.

#### CONCLUSION

There are several important caveats to the findings described here. Firstly, arriving at a diagnosis requires a comprehensive examination of the patient, including their history and relevant tests. Without this personalized assessment, any conclusions remain speculative. The study follows the discipline of psychobiography, which inherently has limitations due to its retrospective nature and reliance on available data. Second Philip K. Dick himself denied, dramatized and obfuscated many aspects of his experiences. As an artist, he is a subjective storyteller and an "unreliable narrator" of his own life. However, existing scholarship on Dick is also based on the same data, creating a paradox where the artist's unreliability intersects with scholarly analysis. Third, extracted quotations are often edited and decontextualized for brevity or clarity. This practice is common in studies that rely on citations. The drawback of this approach is that it may oversimplify or misrepresent the original context. Finally, No one can be fully defined by a diagnosis. At best, psychiatric diagnoses offer glimpses into complex human experiences.

In conclusion, this analysis aims to explore insights into Dick's life and work through the lens of clinical and research nosology. It must be contextualized alongside other studies that examine multiple perspectives such

as trauma, sociocultural circumstances, literary influences, and economic factors. Dick himself acknowledged the impact of mental illness on his art and the toll it took on him. To deny or minimize the demons that haunted and inspired him is to deny the humanity of his struggle to create a unique body of work in the face of considerable personal pain. As Dick himself observed

“The beautiful and imperishable comes into existence due to the suffering of individual perishable creatures who themselves are not beautiful... it is a fact that the suffering of the individual animal is so great that it arouses an ultimate and absolute abhorrence and pity in us when we are confronted by it. This is the essence of tragedy: the collision of two absolutes. Absolute suffering leads to—is the means to—absolute beauty. .. Thus the essence of horror underlies our realization ..(Dick 2011, 2).”

## REFERENCES

Because of the uncertainty of the chronology quotes from the Exegesis are cited in the text in square brackets denoting the folders they were collated in by Pamela Jackson and Jonathan Lethem (Eds) in *The Exegesis of Philip K. Dick*, 2011, Houghton Mifflin Harcourt,

Since the collected letters were published in six volumes between 1993 and 2009, citations from Dick's letters are listed by the year the letter was written, followed by the volume (1-6) and the page number of its published source to maintain a chronological sense of his life.

V1 - *The Selected Letters of Philip K. Dick: 1938-1971*, (1996) Ed. Don Herron. Lancaster, PA: Underwood-Miller.

V2 - *The Selected Letters of Philip K. Dick: 1972-1973*. (1993) Ed. Don Herron. Lancaster, PA: Underwood-Miller.

V3 - *The Selected Letters of Philip K. Dick: 1974*. (1991) Ed. Paul Williams. Lancaster, PA: Underwood-Miller.

V4 - *The Selected Letters of Philip K. Dick: 1975-1976*. (1992) Ed. Don Herron. Lancaster, PA: Underwood-Miller.

V5 - *The Selected Letters of Philip K. Dick: 1977-1979*. (1993) Ed. Don Herron. Lancaster, PA: Underwood-Miller.

V6 - *The Selected Letters of Philip K. Dick: 1980-1982*. (2009) Ed. Don Herron. Lancaster, PA: Underwood-Miller.

Acar, S., & Runco, M. A. (2012). Psychoticism and creativity: A meta-analytic review. *Psychology of Aesthetics, Creativity, and the Arts*, 6(4), 341.

Acar, S., & Sen, S. (2013). A multilevel meta-analysis of the relationship between creativity and schizotypy. *Psychology of Aesthetics, Creativity, and the Arts*, 7(3), 214.

Andreasen, Nancy C. (1987). "Creativity and mental illness: prevalence rates in writers and their first-degree relatives." *The American Journal of Psychiatry* 144, no. 10 1288-1292.

Apel, D. Scott, (1987) *Philip K. Dick: The Dream Connection*, Permanent Press

Arnold, K. (2016). *The divine madness of Philip K. Dick*. Oxford University Press.

Beaty, R. E., Seli, P., & Schacter, D. L. (2019). Network neuroscience of creative cognition: mapping cognitive mechanisms and individual differences in the creative brain. *Current Opinion in Behavioral Sciences*, 27, 22-30.

Blain, S. D., Longenecker, J. M., Grazioplene, R. G., Klimes-Dougan, B., & DeYoung, C. G. (2020). Apophenia as the disposition to false positives: A unifying framework for openness and psychoticism. *Journal of Abnormal Psychology*, 129(3), 279.

Carson, Shelley H. (2010) *Creativity and Mental Illness*" in Kaufman, in James C., and Robert J. Sternberg, eds. *The Cambridge handbook of creativity*. Cambridge University Press.

Csicsery-Ronay Jr, I. (1995). No title. Gregg Rickman and Others on Philip K. Dick, by Samuel J. Umland. *Science Fiction Studies* 22, no. 3 430–38.

*Diagnostic and Statistical Manual of Mental Disorders Fifth Editions (DSM 5)*, (2017) Arlington: American Psychiatric Association.

Dick, A. R. (2010). *The Search for Philip K. Dick*. Tachyon Publications.

Dick, P. K. (1996). *The shifting realities of Philip K. Dick: Selected literary and philosophical writings*. Vintage.

Dick, P. K. (2011a). *The Exegesis of Philip K. Dick*. Houghton Mifflin Harcourt.

Dick, P. K. (2011b). *Valis*. First mariner Books Edition.

Dick, P. K. (2015). *Philip K. Dick: The Last Interview: and Other Conversations*. Melville House.

Feist, G. J. (1998). A meta-analysis of personality in scientific and artistic creativity. *Personality and Social Psychology Review*, 2(4), 290-309.

Ivancovsky, T., Baror, S., & Bar, M. (2023). A shared novelty-seeking basis for creativity and curiosity. *Behavioral and Brain Sciences*, , 1-61.

Iveevic, Z., & Hoffmann, J. (2019). 13 Emotions and Creativity. *The Cambridge Handbook of Creativity*, , 273.

Kaufman, J. C. (2014). *Creativity and mental illness*. Cambridge University Press.

Kwapil, T. R., & Barrantes-Vidal, N. (2015). Schizotypy: looking back and moving forward. *Schizophrenia Bulletin*, 41(suppl 2), S366-S373.

Kyaga, S. (2015). *Contemporary Studies on Creativity and Psychopathology*. *Creativity and Mental Illness: The Mad Genius in Question* (pp. 107-175). Springer.

Kyaga, S., Landén, M., Boman, M., Hultman, C. M., Långström, N., & Lichtenstein, P. (2013). Mental illness, suicide and creativity: 40-year prospective total population study. *Journal of Psychiatric Research*, 47(1), 83-90.

McKee, G. (2004). *Pink Beams of Light from the God in the Gutter: The Science-Fictional Religion of Philip K. Dick*. University Press of America.

Peake, A. (2013). *A Life of Philip K. Dick: The man who remembered the future*. Arcturus Publishing.

Raine, A. (1991). The SPQ: a scale for the assessment of schizotypal personality based on DSM-III-R criteria. *Schizophrenia Bulletin*, 17(4), 555-564.

Rickman, G. (1989a). *To the high castle Philip K. Dick: a life, 1928-1962*. Long Beach, CA: Fragments West/The Valentine Press

Robinson, K. S. (1982). *The Novels of Philip K. Dick*. University of California, San Diego.

Sass, L. A. (2001). Schizophrenia, modernism, and the "creative imagination": On creativity and psychopathology. *Creativity Research Journal*, 13(1), 55-74.

Sutin, L. (1991). *Divine invasions: A life of Philip K. Dick*. Carol Publishing Group

Taylor, S. (2019). A practitioner concept of contemporary creativity. *Social Psychology Quarterly*, 82(4), 453-472.

Wang, L., Long, H., Plucker, J. A., Wang, Q., Xu, X., & Pang, W. (2018). High schizotypal individuals are more creative? The mediation roles of overinclusive thinking and cognitive inhibition. *Frontiers in Psychology*, 9, 1766.

Williams, P. (1986a). *Only apparently real: The world of Philip K. Dick*. New York: Arbor House,

Wu, C. (2024). Creative Tendency with Brain Network Efficiency: A Graph Theory Analysis. *Thinking Skills and Creativity*, ,101556.