## Paranoid Schizophrenia

## Diagnostic Overview

## Schizophrenia is the most debilitating form of mental illness. This disorder, which can come on quite suddenly, distorts a person's thoughts, perceptions and mood, and leaves them unable to meet the ordinary demands of life.

There is no single test to determine who suffers from Schizophrenia. Instead, the diagnosis is made when a person expresses a collection set of symptoms. These symptoms can be divided into three categories:

Positive symptom, Negative symptoms, and Social Dysfunction .

**Positive Symptoms**

Positive symptoms include overt behaviors that are unusual and that interfere with the person's ability to interact in daily life. The two most common types of positive symptoms include Delusions and Hallucinations. It is essential to understand the

difference between these two symptoms.

A delusion is a firmly held belief that is not grounded in reality. There are many types of delusions. For example, when a person vastly overestimates his or her importance we would say that he suffers from a Delusion of Grandeur. If a person believes that a group of people are conspiring to kill him, we say he has a Delusion of Persecution. . .. there are many others.

In each of these cases, people with schizophrenia construct complex delusional worlds which involve elaborate plots and altered realities. Another trait is that they often believe that their thoughts are being monitored or controlled by the outside world.

Peter, for example, believes that people are able to monitor his thoughts through his teeth.

In contrast to a Dilution, an Hallucination is a perceptional error in which the person sees or hears something that doesn't exist. For example, if a person sees a vision that no one else sees, we say that he is experiencing a visual hallucination. If a person hears imaginary voices, perhaps threatening her, we say that she is suffering an auditory hallucination.

About 70% of schizophrenics experience some type of hallucination, and typically these hallucinations are appropriate to a person's culture and belief system.

Another positive symptom, involves a person expressing disturbed thinking and language. In these situations, a person's sentences may be grammatically correct, but their overall statements are incoherent and illogical. To illustrate disturbed communication, try to follow Peter's flow logic.

**Negative Symptoms**

Many people with schizophrenia also express so-called negative symptoms. Negative symptoms are characterized by the ABENCE of behaviors which are seen in normal individuals.

The most common negative symptom is an emotional flattening where the individual shows little reaction to his surroundings. People with negative symptoms will seldom speak, express few spontaneous actions, and fail to interact with other people .

Researchers have identified several subtypes of schizophrenia. When a person's prominent symptoms is bizarre motor behavior, the person is said to suffer from Catatonic Schizophrenia .

When the prominent symptoms include delusions and hallucinations in which the person is being persecuted, they are said to suffer from Paranoid Schizophrenia.

When the prominent symptom involves disorganized speech and inappropriate behavior, the person is labeled as suffering from Disorganized Schizophrenia .

Finally, when the symptoms are mixed or there is not a single prominent symptom, the person is said to suffer from Undifferentiated Schizophrenia.

This module will explore the case of who suffers from Paranoid Schizophrenia.

Schizophrenia is a complex disorder and researchers still don't know its root causes. Current research supports the diathesis-stress model.

According to this model, genetic and biological factors predispose certain individuals toward expressing schizophrenia.

In turn, environmental stress determines which individuals actually express the disorder . We will look at both of these factors.

**Biological Causes**

An abundance of research indicates that genetic factors predispose certain individuals to express schizophrenia. In brief, the more closely you are genetically related to someone who expresses schizophrenia, the more likely you are to express this disorder yourself.

For example, with an unrelated person, the chances are only 1% that you will share their diagnosis of schizophrenia.

## it.

If a first cousin expresses schizophrenia, the chances are 2% that you will express

If your sibling expresses schizophrenia , the chances are 9% that you will express it as well .

And if your identical twin expresses schizophrenia, the chances are 50% that you will express it as well.

## In light of this evidence for genetic involvement, the next question is how does DNA alter our biology and thereby predispose some individuals to express schizophrenia?

One possibility has to do with brain size. Cortical Atrophy Theory suggests that an underlying pathology causes the deterioration of specific brain areas which in turn produces the schizophrenic symptoms. Researchers have noted that people with schizophrenia have brains that are smaller than normal and have brains with enlarged ventricles .

A second theory suggests that the symptoms might be produced by an over activity of certain neurotransmitters within the synapse. According to the Dopamine Hypothesis, people with schizophrenia either have too much of the neuro-transmitter dopamine or they have the right amount, but their brain's are overly sensitive to it.

This hypothesis is supported by the fact that drugs which block dopamine

receptors also reduce the frequency of hallucinations and delusions.

**Environmental Causes**

## Now that's the biological side. But keep in mind that the diathesis -stress model

states that while biological factors predispose some individuals to express schizophrenia, it is the stress in the environment. that determine who will, and who will not, ultimately express the disorder. This stress can take a variety of forms. For example, traumatic events during pregnancy or delivery can compromise the individual's brain and make them more likely to express schizophrenia. Some research also suggests that stressful, emotionally laden family interactions may exacerbates a person's condition, making it more difficult for them to recover from a schizophrenic episode .



DSM IV Features

Diagnostic Criteria for Schizophrenia

1. Expression of two of the following symptoms:
	* Delusions
	* Hallucinations
	* Disorganized speech (frequent derailment or incoherence)
	* Grossly disorganized or catatonic behavior
	* Negative Symptoms (flat affect, lack of speech or action)
2. The active symptoms must persist for at least one month and some of the active symptoms must remain present for at least six months
3. These symptoms must significantly interfere with the person's work, relationships, or self-care
4. The symptoms cannot be better explained by another medical or psychological effect.

Case History

Valerie has been diagnosed with Schizophrenia, Paranoid type.

In this section, we will explore her background and her symptoms.

Valerie's told me that her childhood was pretty normal. She told me that she

always felt like a social outcast, but that she was good at her school work and she remained close to her parents.

She went to college where she did pretty well. She dated a little, and married during her mid twenties. Afterward, she went on to graduate school..

Valerie's problems started when she was about 28 years old. Her marriage was

unstable, and at about the same time, she began experiencing delusions that people were

plotting against her. Over time, these delusions grew more complex and disturbing, and ultimately, she become highly agitated. Eventually, her husband had her involuntarily committed to a psychiatric ward.

In the interview, Valerie describes the terror she felt inside the asylum. She

Believed that she was being imprisoned and that the doctors were performing experiments on her. This profound delusional state persisted for many months.

Eventually however, the medications reduced Valerie's psychotic symptoms and she was released from the hospital. Unfortunately, the medications produced significant

side effects, and frequently, Valerie would refuse to take them. Whenever she did so, her symptoms would got worse, and each time she would be institutionalized.

During her illness, Valerie has expressed a range of delusions including delusions of persecution- that people were plotting to hurt she and her family, delusions of

reference- the television programs were secretly referring to her, and delusions of grandeur - that her actions could help to save the world.

After more than 8 years, Valerie says she finally accepted her diagnosis, and she and the doctors were finally able to stabilize her medications, Since then, her symptoms have subsided. She has been able to hold a steady job, and she lives with her parents.

In the scheme of things, Valerie has shown a remarkable recovery. Although she

says she still considers herself mentally ill, as long as she stays on her medications, she is able to live a quiet, normal life. She once had dreams of traveling and earning her Ph.D. Now she seems content just to live day-to-day, going to work, and returning to her home. She also said that she has no particular interest in becoming in involved in an intimate relationship.

When you interview Valerie, I think you will see that her conversation is linear

and coherent. This is largely true of people with paranoid schizophrenia even during their active phases. At the same time, I am not sure how it come across on video, but I found her to be somewhat emotionally muted. To me, it was as if a piece of her is missing . --I'm not sure if this emotional blotting is the result of the disorder or of the medications .

As you will see, Valerie seems quite knowledgeable about her symptoms. You should note, however, that she occasionally confuses the words Hallucination, Delusion, and Illusion. Be careful to keep the definition of these words clear in your own mind.

**Demographics & Details**

* + Between 1 and 2% of Americans will suffer from schizophrenia. The percentage is about the same in other countries around the world.
	+ Schizophrenia occurs in every culture around the world, although the expression of the disorder may vary in its particulars. For example, whereas Americans may say that they are being pursued by Russians or aliens, Africans are more likely to say that they are being perused by bush devils or sorcerers.
	+ The average onset of schizophrenia for men is the mid-twenties and for women it is the late twenties. Men also show more negative symptoms, poorer premorbid adjustment, and have a less favorable prognosis.
	+ Schizophrenia can affect people with very low intelligence to people with very high intelligence such as Nobel Prize winner John Forbes Nash.
	+ The duration of psychotic symptoms is a key factor in labeling a person's disorder. If a person experiences psychotic symptoms that last less then a month,

they are said to suffer from a Brief Psychotic Disorder. If the symptoms last more

than a month but less than 6 months, the disorder is referred to as Schizophreniform Disorder. If the symptoms last longer than 6 months, the disorder is referred to as schizophrenia.

* + The life expectancy of people with schizophrenia is ten years shorter than normal people. Part of this difference is due to the fact that individuals with schizophrenia individuals are more likely to commit suicide.
	+ Half of the beds in psychiatric hospitals are occupied by people with schizophrenia.
	+ Some research suggests that 113 of homeless Americans suffer from schizophrenia.
	+ About half of the schizophrenic people who are discharged from the hospital will be readmitted within two years.
	+ Health care costs related to schizophrenia is estimated to be more than 19 billion dollars.
	+ Paranoid schizophrenia enjoys a higher rate of recovery than other subtypes.
	+ Paranoid schizophrenia is the most commonly diagnosed form of schizophrenia.

Among hospitalized patients, roughly half have been diagnosed as paranoid.

* + The prognosis is actually better for schizophrenic people living in more rural, developing countries, presumably because their close communities and integrated family units provides a more supportive environment.
	+ The following factors are associated with a good prognos is and a good chance of recovery:
		- Good social adjustment prior to onset
		- Little family history of schizophrenia
		- A specific event that precipitates the initial psychotic break
		- A rapid, acute onset o A late onset
		- Good insight into the problem
		- Few negative symptoms
		- Being female

Life Before schizophrenia (1 of 5)

Describe your life in the years before you got sick. Where did you grow up, and what did you study at school?

Well, I was born in New York City, and my parents, uh, taught church school for our religious domination , and we moved a lot, because when you're into that type of work, you go where you're called to go. So, I lived in upstate New York, Iowa, Colorado, Washington State, uh, Idaho, and then I went to college.

I went to Walla Walla College, in Walla Walla Washington. I enjoyed the psychology classes. I particularly like the sociology classes, because they go into, uh groups, and the family is a group, and I was looking at things going on in my family, and that kind of interested me. And so then-1 actually , I went through two or three years of college, and I really didn't know what I wanted to major in, except that I liked behavioral science. And finally I came up to the end of the third year, and I had to make a decision. And I had a lot more credits in that.

I wanted to teach in a university. I wanted to uh, finish college, and maybe get a

doctorate, urn . . .I like the idea of uh, well-1 like the idea of working with students and with young people that had fresh ideas, and uh, I just thought that was gonna be my career, that was gonna be my life.

Life Before schizophrenia (2 of 5)

Do you have happy memories from your childhood?

Oh, yeah, uh when I was a kid, we took a trip to Colorado, which was just one of the greatest things. Uh, we uh-my mother and father uh, got interested in the mining history of Colorado, and they'd get these books about these old mining towns, and different legends, and stories about the miners , and the wild, wooly time they had, and uh, we'd go visit these different cities, where these different people had done things like

uh, , we read about Baby Goat Tabor, and the Tabor mine, the matchless and so we had to go and see all those sights. And uh, we read about-and we got to Rocky Mountain National Park, and saw the beautiful mountains , and it was a real neat vacation.

Life Before schizophrenia (3 of 5)

What events have you enjoyed in your life? For instance, have you ever done any traveling?

Yeah, um, in 1971, I went and traveled in England. Uh, that was my first introduction to college right out of high school. I studied English literature there, we had nine weeks of classes, and we'd go to class three days a week, and the other four days we'd get on bus tours and go all over England, and see the different places we studied about. Like for example, we'd study Shakespeare, and then we'd take a trip up to Stratford, to, to Pont Avon and watch the royal Shakespeare players do a play, and uh, we'd study about Bobby Burns, and then we'd go up to Scotland and see Bobby Burns' cottage. It was very interesting trip, I really enjoyed it, it was a high point in my life.

## Life Before schizophrenia (4 of 5)

## What did you do after college?

## After college I went to graduate school. And , I went to Lomalinda University, in Riverside, California. And the main reason I went there was because I got and assistantship , which paid half of my tuition. And urn, at the time, I was thinking in terms of teaching in a college or a University. Because, that's basically about all I could do with sociology. And um, so I uh, I did my thesis on the study of alienation in minister's wives . And I took a bunch of anthropology classes for my electives, and I thoroughly enjoyed it.

Life Before schizophrenia (5 of 5)

Can you describe a little bit about your marriage?

I met my husband when I was at Walla Walla, my last two years there . He was an engineer, and uh, we got married after I went down to Lomalinda, and uh, he helped pay off my graduate school bill, which was very nice. (laughs)

He was very affectionate, and playful, and uh, we had made some agreements, like we had agreed we were gonna have children, and that uh-I told him I didn't especially like southern California, and I didn't wanna live there all my life, and we agreed that after I finished graduate school, we would move out. Course later on in the marriage, he didn't go along with those two things. He decided he liked California and wanted to stay there, and he decided he didn't want to have any children. So, the marriage kinda went sour after that.

Onset of schizophrenia (1 of 4)

When did you first start to become mentally ill?

Um, with me, I kinda slipped from reality into unreality without any real, sharp change. It was just kind of a gradual thing. Like kinda just-slipped into it and- I didn't think there was anything wrong with me. But obviously, the people around me did.

Now, with most people, the mental illness usually hits them around like 23, 25,

along in there. I didn't get sick until about 28, 29, which is a little later than the average. Which was-means I was fortunate, I already had my graduate school education out of the way by the time I got to that-the point where I was sick. But then once I was sick, I was unable to work for a good, oh, ten, twelve years in there. Because they were trying different medications, and some worked better than others. And, um, I had been hospitalized ten times. And I had other episodes during those years of, of uh, terror and fear, and so forth.

Onset of schizophrenia (2 of 4)

Can you explain your first episode with schizophrenia? What happened?

I was approximately, I'd say about 28 or 29. Because of the unhappiness in my marriage, but because of my deep religious that I didn't believe in divorce . I stayed, even though it was a very unhappy situation. And I got really deeply into religion because, I don't know, I didn't have anything else to turn to in-in my world of thinking. And urn, my first episode a the belief that there were people infiltrating our church. And that they were trying to destroy our church community. And I communicated this to my husband, and he called up the church pastor, and the two of them decided I was nuts, and put me in the psych ward.

Well, I didn't- I was afraid to say it to anybody, because, obviously, the people

infiltrating the church would come after me. So l-it wasn't something I could really communicate, though I wrote about it in-in my journal, and I urn, finally I got to the point where I told my husband about it, and he thought that was just totally whacko, that, you know, he felt that people in the church were good people and there was no-no one there doing anything subversive, and that there was something wrong with my mind. And urn, evidently the pastor agreed. Cause they put me in the psych ward.

## Onset of schizophrenia (3 of 4)

## Looking back, can you identify any factors in your life that might have contributed to developing schizophrenia?

## I was married eight years, and the last four years of marriage were getting pretty bad . And I often wonder if l had a tendency towards mental illness, and the stress and strain of the marriage is what brought it out. Because nobody else in my family has been in a psych ward, I'm the only one.

And uh-what really hit me hard was the no kids thing, because that was something I'd really planned on, and I'd really wanted for all my life. I wanted a family. And when he, uh, got down that, you know, I kinda lost my faith in him.

Onset of schizophrenia (4 of 4)

What happened early on when people told you that you were mentally ill? Did you believe them or did you think you were still sane?

Yeah, I admit it. I know I was a little nuts. I know that now, I didn't know it at the time . There 's this gray area. I never went from totally sane, to totally insane. It was kind of a slide, a gradual slide. And I just kinda slid into it. And I didn't really know that I was mentally ill. I thought I was fine. And then they first took me up to the hospital, the first time, I said, "There's nothing wrong with me. I don 't belong here. Why are you putting me here? Why are you taking me away? Why are you punishing me? Why are you torturing me? Why are you doing this to me? There's nothing wrong with me."

It was terrible! It was absolutely the worst experience of my life. I honestly believed I was gonna be a martyr for my faith.

It 's a terrifying experience. It, it, it's uh on a par with some of the prisoner-of-war experiences they had of in Soviet Union back in the Cold War.

## Forced into an asylum (1 of 4)

## Did you get better when they took you to the psych ward? It must have been frightening for a person in your state.

## When they took me up and put me in the psych ward, that was a terrible experience, because I had no experience with psych wards, and you know, I was just sure that the people running the psych ward were-were gonna kill me. And I was sure that the medicine they were giving me was poison, and I felt that urn--well, how can I put it? I felt like they were going to murder me in my sleep. Urn, the doctors put me on a medication, which did not help me, it was-I had a very bad reaction to the medication which made me even worse. At one point they told me I was uh, trying to smother my roommate with a pillow, I had no recollection of this. But at some point in there I passed out, and I woke up in the isolation room strapped down. And uh, I had a terrible feeling of anxiety and tension that nothing seemed to relieve. It was-it was just like torture .

Forced into an asylum (2 of 4)

Can you describe what is was like being in the psychiatric hospital?

They had me in the isolation room for three or four days. And that was a pretty bad experience. Um, the thing that bothered me the most was they wouldn't let me go to the bathroom, I guess they thought I was gonna drown myself in the toilet, or something, I don't know. I had no illusion like that in my head, but they seemed to think that I was going to do something awful. Um, finally after three days-the day the doctor came to visit me, and I didn 't have my glasses on. And I was really mad because I couldn't see anything! So, I got up close to him, and I grabbed his glasses, and I threw them across the room, and I said, "You see what it's like to be without glasses!" Well, a couple hours later, the nurse came in and handed me my glasses(smiles, laughs.)) um, and-and one thing that kind of interested-!found kind of ironic, in the isolation room, there was a door with one of these narrow, long windows in it, and some previous patient had etched

a cross, in that window. And seeing that cross there, etched in the window, kinda gave me

some courage, encouragement that maybe I wouldn 't be stuck in this room forever,

maybe someday I'd get out.

Forced into an asylum (3 of 4)

What's the scariest thing you experienced in the hospital?

(sighs)Oh Jeez. Well, back in my first hospitalization, in Lomalinda University, I had this hallucination that they were going to take me down into the surgery and cut my breasts off. And that was probably the scariest thing. I don't know why, but it was . Yes. And I was scared that the medicine that they were giving me was gonna put me into such a deep sleep that I'd never wake up. And that terrified me.

Forced into an asylum (4 of 4)

What was the worst part about being mentally ill and about being in an institution?

The way people treated me . When like, when I was in, in the university-in the university hospital, in my first hospitalization, they treated me like I didn't know what I was talking about. Like I was-well I probably , in some respects, didn't-but I didn't feel like I was treated with respect. And they-their psych ward was laid out in a circular fashion, with the nurses station in the middle, and the patients rooms like spokes on a wheel. And so there was this round hallway. And they would have chairs in the hallway , and they would come to talk to me about my illness, and everything sitting right on a chair there in the hallway, where all the other patients were walking around, you could hear everything they said. And I didn't fell there was any privacy. And that kind of bothered me.

And then my doctor didn't seem to really believe or understand when I said, "I'm

having these horrible side effects, I can't tolerate this medicine ." They'd always say, "Oh, well it take six weeks to work-and you know, you , you just have to wait the six weeks." I'm all, that was the worst six weeks of my entire life. Because that particular medication just did not agree with my body.

Hallucinations (1 of 2)

Did you ever hear voices?

Not audible voice, out here, but I've heard directions coming to me from inside my head. At one point, I thought my head was a radio transmitter, and I could hear all the stuff going on, on the radio, inside my head .

Um, well, nothing really, I just had radio music going through my head. It wasn't

audible, like when someone out here is talking to you, it was just something going on inside your head. It was-it was like someone playing a record inside your head-or, today you'd say a CD inside your head.

It was usually music from the local rock station. Oh, there was one time when I heard this, this song about they're gonna take you, they're gonna lock you up the men in

the white coats are gonna come after you! And, and that was pretty terrifying , too

## Hallucinations (2 of 2)

## Did you experience visual hallucinations, seeing things that weren't there?

## Only on two occasions. One time I saw two angels, and one time I saw Christ.

...Oh, those hallucinations were beautiful. That-you know, that's the thing with this

mental illness, you can have bad ones, and you can have good ones. And the good ones, I wouldn 't mind having again! (laughs) When I saw Christ in the heavens , it was a absolutely gorgeous! Beautiful rosy-red sky and Jesus standing there, with a crown on his head, and arms outspread . Uh, and it was-it was a beautiful vision and ...I talked to the preacher about it, and he said it was probably cause of all the medicine I was on,

so ...who knows .

Delusions (1 of 3)

Your case file describes an incident where there was a conspiracy involving cars and computers. Can you explain that?

And I, again I was off my medicine at the time; um, because of the side effects, I couldn't tolerate the side effects. And, I hadn't completely accepted the fact that I had a mental illness, either. And, it-as a little aside here-it's sorta like AA, you gotta come to a point where you realize you have a problem before you start growing and building.

And at this point in my life, I hadn't, uh, totally accepted that I was mentally ill, so I went

off the medicine again.

And I had this hallucination that all the cars in the United States were plugged into a giant computer system that controlled where they went, and how much traffic was going at any given time at any place in the country. And, I had this idea in my mind, that ifi didn't get out and drive the car for so many·hours every day, somebody in my family would be killed, or would die. And we had-me and all people who believed like me in my imaginary world-had to go out and do time driving cars, tying up the computer system and that these other people wouldn't die.

At the time, it made perfect sense. I'd get out there and drive for hours. At one point in time, I drove all the way over to Idaho. And I went three days without sleeping, and finally uh, I ended up in a car accident. I crashed into a rock wall. Um, it was a little town in Idaho, and the people there were very good to me. They got me out of the car, they pulled my car out of the ditch, I was there for three days. I cut my lip, I have a scar here on my lip from where I bit through my lip in the accident. They uh, looked at me medically. They gave me two nights in a motel free, uh a guy fixed my car, and then they sent me home. It was just incredible, these wonderful people that I met. Why, I met a lady on the street in that little town that gave me a twenty dollar bill and said, "Here, go get something to eat. You look hungry ." It was just so ironic the way it all worked out.

Delusions (2 of 3)

What you were thinking and feeling when you were having these delusions?

It seemed very real. There was a terrible, terrible fear. Fear of death. Um, I was really into the religious thing, and I was into a concept of martyrdom, and that I may have to be a martyr and die for my faith, and-because people were against me, because of my beliefs, and I, I believed that-you know, like maybe there'd be a bomb in the car, and

the car would blow up, because they'd want to kill me that way, or maybe they'd wanna

strangle me, or they'd come to my home and drag me off somewhere, and torture me. Uh, I-there was a lot of definite fear, just pure, raw fear. And it was just as real as me sitting here talking to you right now .

Delusions (3 of 3)

Can you describe an example of how your delusions combined with your real religious beliefs?

I think that when a person gets like I was-which is probably what you'd call paranoid schizophrenia-you go back to the very most basic, deepest beliefs in your psyche, and spin off of that into the different hallucinations. Because, like for example, back when the Cold War was going on, people who were very--deeply believed in their style of life, their way of life, that-that the communists were gonna come and get them, and the communists was their bigger-biggest threat. And, and I've had, 1-like, some people feel that there's aliens out in outer space that are their biggest threat and everything. It comes down to your world view, and what you think about life and God, and how the universe works. And it kinda plays off of that.

I had this, uh, hallucination where um, I felt that I was being spied on through the

TV set. Uh, my family is deeply Protestant, so l-in my mixed-up, psychotic world, uh,

it was the Catholics that were, that were uh, persecuting me. And in my illusion, I thought that the local priest was spying on me through the TV set. And if l wasn't in front of that TV set 24 hours a day, they were gonna come after me, and drag me off, and torture me .. And so, I finally got to a point where I decided I wasn't gonna put up with this, even if l had to die, I would get rid of that TV set. They weren't gonna control me that way. So I took the TV set, and I smashed it on the hearth, of the fireplace. And that was the last straw with my husband . After that, he decided I was violent, and he was afraid that I might kill him, and so, he at that point called the cops. And I was taken of all places to a Catholic hospital, which heightened the fear. (laughs)it's just kinda ironic how that happened.

It was something I did in self-defense . To kinda protect myself from these people

that were spying on me through the TV. And he, he didn't seem to accept that. He seemed to think that I was a dangerous, violent person, and he didn't want anything more to do with me after that.

During this period of time, I was still having illusions of people hiding under my bed, coming out to kill me at night. Or uh, at one point I had-I felt like demons were choking me, at another point, I thought I heard angels singing.

Uh, because of my family background, being so deeply religious, I think that's

why most of my hallucinations, or episodes, took a religious bent to them, because that was such a deep part of our family life

Medications & side effects (1 of 3)

Did the medicines help, and were you good about taking them every day?

I'd be on a medicine , and I'd stop taking it because I couldn't tolerate the side effects. And then everybody 'd get mad at me for going off the medicine, and I'd have another episode, and then I'd land in the psych ward again. Then they'd try another medicine, and I'd come home. And after a while, I'd quit taking that. And It took me a long time to come to the point where I realized, and accepted the fact that I was mentally ill. I think that was the beginning ofthe healing, when I came to the point of acceptance.

That yes, I've really got a problem. And yes, I really do need medication. It's just a

matter of finding the right medication. And then uh--okay, I landed in Damasch hospital, and I had a doctor there who had the philosophy: we won’t give her a big, heavy dose of medicine all at once. We'll start gradually with a very small dose, and gradually build it up, as her body's able to tolerate it. And this doctor was a very dedicated doctor . Even after he retired , he would come to the hospital and check on the different patients, and see how the different ones were doing.

Medications & side effects (2 of 3)

Did the medications produce any side effects?

The side effects were so awful. I just had this terrible tension inside of me, that would never go away, nothing made this tension go away. I felt like my head was being squeezed together in a vice, and I was constantly pacing, pacing, pacing. The only thing that would give me any relief was constant motion, and even that wasn't giving me that much relief.

Um, I could not concentrate on anything, I couldn't really think straight about

anything, except, to just constantly say, "Jesus, Jesus, Jesus, Jesus, Jesus," Over and over and over and over for hours.

So my husband uh, thought maybe we should find another doctor who has a different philosophy, and so he found a doctor out in Hollywood, and we went to him, and his philosophy, well his orientation was natural remedies , and vitamins. And he put me on a regiment of B vitamins, and I was on that, I'd say, about six months , and it really-it didn't make any difference, I was still very, very sick.

Medications & side effects (3 of 3)

Have you found any medications that work for you?

Well, this is very strange : uh, the medicine they put me on then was Haldol, pills . And the pills didn't work for me. But today, I take Haldol shots, and the shots work fine without any side effects. Now, I don't understand the difference between the pills and the shots. One doctor told me that the pills probably had some kind of filler or something in em, or binder that may have-I may have been allergic to. And the shots don't have that. And I really don't know, that's where I'm at.

I've been on Haldol shots nine years, and at one point, uh, I had a problem finding

a provider and I was unable to get my shots for three months. And I started to have one episode. I had this fantasy that I was the Virgin Mary. And, uh, I knew that was wrong, and that-I, I mean I knew I wasn't the Virgin Mary, and I knew something was wrong with all this ideol-with all this hallucination in my head, like I was in charge of the whole psych ward-! was, I was the Virgin Mary, and I was in charge of the whole area where I was working, and that I determined what happened to people . And, and something inside of me said, "this isn't right. You've gotta get back on the shots. So I redoubled my efforts to find another provider, and I found one right away, and went back on the shots. And I'm fine again.

It's really strange how the human mind works, it really is.

Signs of recovery (1 of 3)

It sounds like it was dreadful being in the hospital. What happened as you started to get better?

I think I -when I first started getting well was when they put me in Damasch, which was about ten years ago. And, I remember when I was in, in Damasch, they­ when I first went in, they had this little work program for the, the patients. You could work four or five hours a week and get a little spending money, and I wasn't interested in that. I wasn't interested in any groups, I wasn't interested in anything. Then after I was there a month, I, I went to the doctor, and I said: You know? Can I-do l-can I have another shot at doing that work program? And he said: Sure! I'll call them up today! And so, I got a job working in the laundry three hours a week, which-which gave me about five bucks and hour, so I had 15 dollars a week spending money .

And uh, then I started attending the groups. And then they-they had a swimming pool, and I'd go to the pool And that was when I started to get well One day I came to the point where I felt that the only person I could have decent conversation with was the doctor, or a staff member. Because everybody else in the ward was nuts! (laughs) And they said: Well, you know, I think you're getting better. If you have many more days, like this, we'll send you home. So after uh, the third month in Damasch, they sent me home.

Signs of recovery (2 of 3)

You seem to have recovered a lot since getting out of the hospital. Can you describe how that happened and what are you doing now?

And uh, I was on uh disability for two or three years after that, and then I-I thought I would like to do some kind of work. So I got involved in working for a janitorial company that hires, hires people with disabilities. And I worked for them for seven years doing janitorial work. And I was gradually improving as the years went by,

and as they-they got me on these shots, which seemed to work better than anything else anybody had tried. And, uh, I got involved in a program called "supportive

employment', which was sponsored by the state of Oregon. Which is to support and help mentally ill people to be able to stay employed.

And my supportive employment counselor said to me: you know Val, with your

background, with your masters degree, you really ought to be doing something more than janitorial work. You've got what it takes , you've-you've got a good mind, you're intelligent, you're educated; you know, I have a friend who's running a, a day program for the mentally ill down at a-the clinic I work with, and I'm going to have her

interview you and see if you can get a job doing that. So I went down to network behavioral (they're called Cascadia now) , and had an interview with uh, the lady who was running the day program, and she hired me right on the spot.

The main criteria for her was that I'd had experience with mental health issues. Because all the people who work in the day program, all the staff members, also have some kind of mental health issue, in their background. And so that was the main criteria she had for hiring me. She had faith in me, she believed in me, she didn't even check my references. It was a really good, solid interview. And I went to work the next day, and I've been there ever since. I've been there three years now. And I'm working forty hours a week, at a regular job, like everybody other person. I get wages, I get benefits, I get vacation. Um, and I'm really, really happy with what I'm doing.

Signs of recovery (3 of 3)

Beside medication, what other factors helped you to recover?

In my situation, uh, it was my mother who uh, encouraged me. And helped me, and took me in when I had no place to go. And who would feed me when I had nothing to eat. At one point, a social worker told her, "You should lock your daughter out of the house, and let her sink or swim. On her own." And my mother said, "no, I don't think I can do that. That's my daughter, and I'm gonna let her come and stay at my house . And I'm gonna feed her." And my mother never lost faith in me. She always believed that there was some kind of an answer, it was just a matter of finding it.

The future (1 of 4)

Do you believe that you are still mentally ill?

Well, without the medication, yes.

Without the medication, I would probably still be mentally ill. But they found a medication that helped me, and as long as I take that medication, I'm fine.

I am well, and I am able to work. And I am able to work with other mentally ill people, I understand what they are going through, because I've been there myself. I get a tremendous amount of satisfaction and reward of talking to a client at work, and feeling like I've connected. And like there's a bond between us, and I know and understand what they're going through, and they trust me because they know I understand them.

## The future (2 of 4)

## There is a film called A Beautiful Mind which describes the life of a Nobel prize winner who has schizophrenia. What do you think of that film?

## I think it's a great movie. I, I think it's done a lot to help educate the people to realize that a person with mental illness can be successful in life. Can, can make great accomplishments. Can do things-they don't have to lock em up and throw away the key, like they did years ago. There are medications, and there are things that help. One thing that helps a lot is a really good support system. And the guy in the movie had a good

wife, who stuck with him all the way. Unfortunately, in real life, that doesn't usually happen. Usually the spouse splits. But u, in-in his case, his wife stays with him. And I think that's one of the reasons why he was able to achieve so much.

The future (3 of 4)

What are your long-term hopes and dreams?

Well, I'm interested in computers right now. Now, for a while, I was afraid of computers and that was a part of my illness too, you know, the giant computer system tying up the cars and all that. And so I uh-with my job, they had me doing uh, daily structured socialization reports on every client that comes in, and I have to use a computer to do the reports. So, I finally came to a point where I realized I was gonna have to know more about computer if I was gonna keep my job. So I went out to the community college and started taking computer classes. And I discovered that computers are the most fascinating wonderful machines. And they're not the terrible, horrible, scary things I thought they were. So, one of my goals is to become a computer nerd (laughs).

## The future (4 of 4)

## Do you think that people who have recovered from mental illness have a special bond? And can they live full lives?

## Oh, well, my job has been the most wonderful source of relationships because my colleagues are people like me who have been through the psych ward , and been through nervous breakdowns , and, you know, we 'll-we 'll talk at break time, we'll sit down, sit around and swap psych ward experiences. And uh, they understand me, and I understand them. I've just made a whole nest of wonderful friends where I work. I think consumer­ run programs are just the most wonderful thing they ever came up with. Because the consumers understand the clients, and the consumers understand each other. We have a number of people working in our program who are very high functioning . We have one lady working on her **PHD,** we have another lady that's an MD, she got sick with bipolar and lost her practice and everything. And she works as our receptionist, and she's really good working with those clients when they go off And we've got several people with master s degrees, and bachelor’s degrees, and, and uh, we just -you know. You can be

very functional and still have a mental illness.

Advice (1 of 1)

What advice can you give if someone knows a with a person who has schizophrenia? For example, what would you say to a coworker?

If, if you're working with someone like that, I would say the best thing is to be kind to them. Be just as kind as you can be. And urn, try not to do things that feed into their uh, fear. Like, I was afraid of the Catholics, and then I was taken to the Catholic hospital. And that just absolutely fed right into my fear and escalated the fear even higher than it was before . And of course, you know, if they'd have taken me to a general hospital, or a community hospital or something else, I still would've been afraid, but not quite as afraid.

It's crucially, critically important that you get the right health care provider, the right ...um, how can I say this? It's extremely important that you get the right psychiatric provider, because some people (some providers) just don't understand like others. Now, the doctors that helped me, were older doctors who'd been in the field for years and years and years . And they kinda had the philosophy: Whatever works.

Some of the younger doctors, fresh out of medical school and I'm not knocking that. I mean some of them have new ideas, and they might plug in well with some people. But the younger doctors I had seemed to think: This medicine helps this. And this medicine helps this. Whereas the older doctors said: well, not necessarily. We gotta look at whatever works for this person. And uh, so getting a provider that really plugs in and understands you, I think is the "A" number one most important thing.

Treatment Strategy

Valerie is fortunate to live during a time when some effective treatments are available to treat her disorder.

Fifty years ago, there was little hope for people with schizophrenia. During those times, most people with schizophrenia lived their entire life in state institutions. And when they were violent or expressed extreme symptoms, Psychiatrists only choice was either to restrain them, or to use invasive measures such as electroshock therapy or even performing a prefrontal lobotomy. Asylums were sad and frightening places.

During the 1950s, however, researchers developed a set of medications that dramatically improved the prospects for people with schizophrenia. These medications, which are known as **Narcoleptic Drugs,** do not cure schizophrenia, but they are able to significantly mitigate the psychotic symptoms.

Some of the more common narcoleptics include **Thorazine, Haldol,** and

**Prolixin .**

Each of these drugs act by altering the activity level of dopamine neurons that mediate a person's thoughts and feelings.

As you can see in this animation, individual neurons send electrochemical signals to each other . The area where the two neurons communicate is known as the synapse.

As you can see, when the electrical signal reaches the end of the first neuron it pushes neurotransmitter into the synaptic gap. In this illustration, the neurotransmitter dopamine represented by the red dots.

Under normal conditions, the dopamine crosses the synaptic gap, stimulates the receptors ofthe next cell, and the next cell fires.

In this animation, you'll see how the medication alters this interaction . The neuroleptic drug is represented by the small black dots. Notice that the drug enters the synapse and attaches itself to the receptors of the post-synaptic cell. In turn, this prevents the neurotransmitter from stimulating the next cell, and hence it fires much less often.

These drugs have been highly effective at reducing psychotic symptoms and have revolutionized the treatment of schizophrenia. Indeed, these medications have allowed signification numbers of people to live outside of asylums and enjoy reasonably normal lives.

Unfortunately, the medications are not without their problems . First, research shows that 20-40% of the individuals receive little or no relief of their symptoms. Second, the drugs produce significant side effects. For example, some people experience uncontrollable shaking muscle tightening, and involuntary eye movements . Unfortunately, some of these side effects can be permanent.

Valerie has been taking the drug Haldol for several years, and it has helped her manage her symptoms.

Valerie might also benefit from emerging techniques in psychotherapy. For example, cognitive therapy helps individuals overcome their attentional difficulties. Likewise, social skills training and Milieu Therapy can teach her more socially acceptable behaviors. In tum, these skills should allow her to keep stress levels down and thereby reduce the risk of a relapse.

Valerie has good reason to be optimistic. Although 20% of schizophrenic patients express active state symptoms thought their lives, and 50% of schizophrenic people alternate between active schizophrenia and a more residual phase, evidence suggests that about 30% enter a remission phase that can last for many years.