

Schizophrenia

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The following was written in a response to a request for answers from a young student.

What are some characteristics/symptoms you look for in clients when determining whether or not they are suffering from schizophrenia?

Unfortunately, schizophrenia, while relatively uncommon in the population at large, is relatively easy to determine most of the time. People with schizophrenia have difficulties getting by on their own in life, they do not comprehend what is said or done to them in a conventional manner, or, they do not really comprehend ('get it') at all. They may also dress, talk, act, & comport themselves in what might be considered unusual or bizarre ways. People with schizophrenia are typically strangers to conventionally socialized behavior & thought. Thinking is said to be disturbed or, in lay terms, crazy. I would say the hallmark existentially is that afflicted persons literally cannot and do not relate even though they may be intelligent enough, even quite intelligent; similarly, afflicted persons do not know how to interpret, or they misconstrue, the words and deeds of the world around them. All of this is because they are enveloped in a mental and physical reality that takes its cues from an inner and outer sense perception universe that is radically different from the way average persons commonly experience it. Individual manifestations of schizophrenia are both common and unique along a spectrum of characteristics; but the experience of schizophrenia is difficult to communicate or appreciate between afflicted and average persons because in afflicted persons there is communication disorder and a lack of tendency to communicate, as well lack of shared

identity with what is considered "normal" to average persons. In the days when psychoses were not suppressed by medication, the experience of schizophrenia could be not only horrible but also sublime.

How is it ultimately diagnosed?

To continue, sometimes it is said that "affect" - or the emotional part of being alive & animated - is 'flat' - ie meaning without liveness, animation, or complete range of emotion. The face may appear stilled, blank, void of emotion, except for the emotion of suffering and stress (or rage) which itself within such context may appear relatively unchanging. Facial expression or affective bearing may also appear "inappropriate" to a circumstance, in essence disjointed from what is going on, and/or superimposed. All of these characteristics are clues to schizophrenia. People may also speak nonsensically, hear voices, see or believe things that are not real, not relate with others, keep to themselves, become paranoid of people & things, feel as though their thoughts are not their own or not under their own control. Sometimes affective states can change on a dime, so to speak, without transition or warning as well. The schism of schizophrenia is that affect is 'split' from thought; also, the personality is lacking and not integrated with its self. The misfitedness of schizophrenia, including "voices", can lead to thoughts of, or to the act of, suicide.

What are some of the commonly-held beliefs regarding the etiology of schizophrenia which you most agree with?

I don't think about what I believe about schizophrenia. Of course, the more such condition exists in a family, the more likely the chance is for a relative or offspring to have it as

well. Beyond this however, people may have a tendency to fall apart, be overwhelmed, be hyper-temperamental in unusual ways, & thereby also have more of a chance to fail to be able to grossly function in ways similar to people at large. And, if you are living from birth through early years in an environment that itself is psychologically twisted, not easy to make sense of because it is not based on sensibleness or sound reason, not easy to trust or make sense of emotionally, not easy to feel secure in, because the persons in your life suffer significant pathology themselves, you do not have a good basis on which to be able to figure things out to proceed to live & work within society at large. Pathological, sensibly impossible, backgrounds can make you crazy.

{Even legacies such as the killing fields of Cambodia or the concentration camps of the Holocaust, can lay conditions for insanity. Though all insanity is not schizophrenia and vice versa, I post this thought with a glance toward the idea of the question of the phylogeny of schizophrenia as it might have started in history long long ago.}

People with schizophrenia have a great deal of problem with trust of other human beings, as do we all, but average persons typically can live and get by without complete or assuring trust. Also, people with schizophrenia do not make the same sense of reality as do more average persons. Further, they have a hard time with focusing attention to what is considered to be normal detail patterns for average persons.

Persons with schizophrenia are not obviously compelled by the values and goals or aesthetics that average people cherish and try to procure. They may be not responsive in reaction to heat or cold as might be the average person for an example, or to the way a dwelling is furnished for another example, because their conscious life is absorbed with other kinds of non-conventional prepossessing and peculiar mind/

body phenomenology and reality distinct from "normal" conscious life.

What are some external events believed to be associated with schizophrenia?

Nothing more than what I've outlined above. There are also theories of correlative biological structural and functional conditions of the brain which have been observed in persons with schizophrenia.

In the span of your career, about how many schizophrenic individuals have you encountered?

Many. It is too hard to count.

What is the general age range for these individuals?

Some early adult, most midlife to geriatric age.

What kind of therapy/treatment did you offer to these individuals? And which therapy/treatment option do you emphasize the most?

I tend to think I somewhat try to talk to people who have schizophrenia in a way that matches their condition - a language of schizophrenia, if you will. Ie, I do not use logic or reason that I might use in normal conversation. I use a style of communication suited to the sickness or disability. I do not go too fast. I find my moments to try to make a tiny inroad. I look for very small change at any given time. I am very careful to be not casual, nonchalant, or off guard about what I do or say. A single word or gesture can resonate or be fixated on and intensified well beyond what was spoken or done. I can sometimes implicitly admire the fortitude and

tenacity of a person with schizophrenia and maybe that sentiment can be appreciated by the afflicted person from time to time.

Overall, I use an empathic, quiet, slow, behavioral, and communication approach. I might also work on gentle training of alternate behavior, as concerns attention for example, using principles of learning, behavior, and motivational psychology.

To what degree did you find said therapy/treatment to be effective in any of the individuals?

If there were an ideal world, if a person with schizophrenia could be cared for on a very long term 24 hour/day basis with a personal and accepted caretaker, a person may be helped out of his or her condition to a significant degree. Weekly sessions or other typical regimens of therapy help to some degree and may make a person function or feel better to a degree but they do not alleviate the ultimate standing. Psychological and behavioral treatment however, can help persons learn to get by relatively better in whatever situation they live.

Did you find that any of these individuals were able to lead a fairly normal life following their treatment?

I do not believe that people with bona fide schizophrenia can truly lead a fairly normal life based on typical schedules of therapy short of *literal full time long term therapeutic and providential care*. Such a measure of care is not available. Afflicted persons may hold a part time job in some instances but they will not really be able to function on their own and they require oversight in their lives. I also believe that many persons who have schizophrenia precisely are stressed and burdened cognitively when responsibilities and routines that

go against the grain of the illness they are feeling and suffering is somewhat forced upon, required, or expected of them. Remember, one of the qualitative aspects of schizophrenia is being unable to function in a "normal" way. Another of its aspects is the fact that it is severe dysfunction. It can be uncomfortable and stressful to perform tasks that are at odds with opposing mental and physical processes.

What are some of the side effects of the anti-psychotics offered to individuals with schizophrenia?

Some of the most serious side effects are tardive dyskinesia, diabetes, agranulocytosis, myocarditis, seizure, neuroleptic malignant syndrome, weight gain. These and other side effects vary according to medication.

Have any of your patients experienced schizophrenia for a short period of time followed by a complete recovery?

No. Nor patients of anyone else I have known. There are situations in which a person can teeter on the edge or have tendencies without evidencing full blown status or progression, and/or possibly be helped to avert critical breakdown when on the precipice of true schizophrenia at an early stage of potential. Also there have been a few stories in literature, the arts, or autobiographies of sorts, of persons descending into madness, so to speak, and reemerging to a more balanced perspective, but this is not necessarily schizophrenia. Sometimes the product of psychotic or florid experience can result in notable art or writing, eg, as possibly was the case in the work of Frederick Nietzsche or Vincent van Gogh, both of whom have an aura and essence of schizophrenia as judged from what we know about them *and their work*. Some have theorized that Jesus Christ was schizophrenic inasmuch as he believed he was here to save

mankind, the son of God, kingdom not of this world etc. But Jesus Christ loved people, warmed up to them, communicated with them, and walked the walk on behalf of people, proactively allowing himself to suffer on behalf of others to make a point, if we are to believe his life as from Scripture. If so, he managed, self-directed, and controlled what he was doing with a conscious goal throughout his life.

For an individual suffering from schizophrenia, what are the best things a family or those around them can do to help?

A family can know they must not take for granted that the afflicted individual should do better, be more "sensible" or productive in conventional terms, that they are different, and that the family may be able to get closer and be of assistance, but not on its own expectations or terms. It is very hard and very sad for a family to have to admit such serious mental illness.

What are the most common reasons for an individual who is recovering satisfactorily to relapse?

A person typically does not leave schizophrenia, but, episodes of worsened behavior and condition can occur when standard routine changes in any way - ie when what the person is used to changes , - and there is stress. People with schizophrenia are not resilient (except to the extent they endure their suffering) or easily adaptable. Also, alot of the "normal" challenges of life are experienced as stress to persons with schizophrenia. Their minds and habits march to a different beat psychologically, so to speak.

What do you believe are the most commonly held misconceptions regarding schizophrenia?

That there is something funny to laugh at or tease about it. That there is something the suffering individual can do about it to be different than she or he is. That they should be shunned and ostracized. That there is insensitivity to the crushing psychological separation experienced by the afflicted who themselves are strangers and strange to persons unfamiliar with this relatively unusual, not easily understandable, suffering and pain, and strained in their experience of life among humans. It's as hard and often as alien for the person with schizophrenia to live with her or his symptoms as it is for average persons to allow such persons space and consideration. Also, average persons fear "crazy" looking/acting people, especially for violence. There is an issue of violence in a minority of cases of schizophrenia but many of the suffering persons are relative weaklings and pussycats when it comes to issues of violence. Persons who plan violence in secret and silence may sometimes be suffering schizophrenia.

What are some of the risk factors associated with schizophrenia?

Quality of life likely will suffer. There could be poverty, homelessness, and having to live in a nursing home before one is aged. Persons with schizophrenia need protection and a space to be the way their condition dictates without pressure. Medications have side effects and sometimes persons prefer to not take them because they do not like the way the medications make them feel. There is also the issue of suicidality, and, by statistics, somewhat shortened lifespan on average. Aging persons can progress to the complication of dementia.

Read *I Never Promised You A Rose Garden* and the life of Zelda Fitzgerald.