

CHAPTER 9

The Schizophrenias and other Psychotic Disorders

John is a 21-year-old White male who had three involuntary hospitalizations within 18 months. In the last, he was brought to the emergency room because he had broken his back falling down a flight of stairs while having hallucinations and delusions. He heard voices yelling at him that he was "a failure, a loser, and a waste of human ectoplasm." He believed that the people he was living with were plotting to get rid of him. John was diagnosed on his previous admissions with paranoid schizophrenia.

HISTORY

John has not been a good personal historian. The majority of the family history and John's personal history were provided by his parents. John's father is a professor of economics at a small state university on the east coast. John's mother had been an English professor before becoming pregnant with John's older brother. She decided at that time to "put her career on hold" until her children were older. Her pregnancy with John was unremarkable. She had morning sickness for the first 3 months and may have had a slight bout with the flu during her second trimester. John was a planned-for and much anticipated baby. John's mother described John as having been a wonderful child and adolescent. John's older brother is a successful certified public accountant who lives in another state, but remains close to and involved with the family. He is married and has two children.

John's mother reported that her younger sister had some sort of problem when in her early 20s. John's aunt was a beautiful and vivacious young woman who had been both popular and successful—she was homecoming queen and had won several beauty pageants and scholarships by the time she entered college. John's mother was vague and uncertain as she attempts to describe John's aunt's "troubles." Something seemed to have happened to John's aunt while she was finishing her nursing degree. She was away at the university when she stopped coming home for visits and stopped writing home. Her family decided she was under a lot of pressure and didn't have the time to keep in touch as much. His aunt also had a serious relationship and had been making plans to get married when she graduated. John's aunt's family was contacted by university officials, who said that his aunt had to be hospitalized because she had not been sleeping for weeks, had begun babbling incoherently, and was continually pacing. At this point, the rest of the aunt's history became vague. John's mother reported that after staying in the hospital for several weeks John's aunt returned to school, graduated with honors, and got married. Although John's aunt seemed "different," no one in the family talked about it. John's aunt was on some sort of medication that made her groggy and listless, and would occasionally take herself off the medication, suffer a setback, and need to be re-hospitalized. This happened once every couple of years.

Since John's first hospitalization, his mother had been reading about schizophrenia. In retrospect, she is certain that her sister must have suffered from some sort of schizophrenia, as her symptoms seem to be similar to those John has been displaying. John's mother stated she feels great sadness

and loss as she thinks about her sister. In her family, no one ever talked about "troubling things." "Everyone just ignored the fact that my sister became very agitated and angry. At times she would go for weeks hardly sleeping or eating. She would pace for hours, drink coffee, and smoke. Pretty soon things would get so bad that someone would take her to the hospital, where she would stay for a few weeks and then come home again."

John's mother did not think that anyone else in her family had schizophrenia, although she stated that she would not really know because such things were never, ever discussed. John's father stated that he was adopted as an infant and has no knowledge of his biological family's medical history. The only thing his adopted parents ever told him was that his biological mother was quite young. John's father stated that he had a history of depression, but has never experienced a psychotic episode. He has been in counseling for his depression off and on for 20 years.

John's parents reported that John was a wonderful baby, happy and contented. He slept through the night from the time they brought him home from the hospital. His brother was a colicky baby, so his parents were delighted when John appeared to be so content and happy. John's mother stated that John was early in achieving all of his milestones except talking. She thought that John just didn't need to talk because his older brother "did all the talking for both of them, and John was just so easygoing." When John finally did talk he spoke in full sentences.

In kindergarten and elementary school, John was an above-average student and very popular with his peers. His parents described him as a "golden child." Everything seemed to come easily for him, from friendships to sports to academics. His older brother had to work hard for his grades and was very intense. His parents believed that his brother's intensity sometimes scared off friends. But they reported that while the brothers had the usual sibling disagreements, they were very close to each other.

John's academic success and popularity continued throughout most of his high school career. He achieved outstanding grades and excelled at several sports. He was popular with friends and was always laughing and joking. During his sophomore year in high school John developed a passion for downhill skiing. His coach believed John might be able to make the Olympic team in a few years if he continued to focus and work hard at improving his talent. John's parents were supportive but worried that John might not focus on his education if he pursued skiing. However, they told him they would support his decision if he continued to achieve outstanding grades.

For the next year and a half, John continued to excel at both scholastics and skiing. However, toward the end of his senior year John appeared to become more and more withdrawn. He stopped going out with his friends. When he wasn't in school or skiing he would lie in the dark in his room with the lights off for hours. His parents were concerned that John might be taking drugs. However, when they confronted John with their fears, he denied abusing drugs. He told them that he had tried some different drugs, but didn't really like them and wasn't using them now. When asked why he wasn't spending time with his friends, he just said that he wanted to be alone.

What John hadn't told anyone was that for the past few months time seemed to get lost for him. He also had an experience on the ski slopes where he heard someone tell him that he was "a loser and everyone knew it." No one was around him when he heard the voice, and he hadn't heard it since

then. Nonetheless John was frightened. He believed that if he could somehow not give the voice an avenue or target, he was safe. So, he began spending hours in a dark room trying hard to repeat the multiplication tables to himself. He believed that if he didn't give the voice an opportunity to pry itself into his mind, he would remain safe. John began to develop various rituals to make sure the voice knew "who was in charge." He would turn off all the lights in his room, pull the shades down, straighten all the covers on his bed so that there were no wrinkles, and then lie down on his back, cross his arms across his chest, close his eyes, and repeat the multiplication tables. He believed if he could repeat them 100 times, he would be safe.

John's parents, teachers, and friends had all become concerned for John. But John would not discuss what was happening to him with anyone. His parents asked him to go to counseling, but John refused. John was doing poorly in all of his classes but would still be able to graduate. The times John spent out of his room were stressful for him. He believed that people were talking about him, that they all knew he was a loser. He started believing that his coaches and teachers were plotting ways to get rid of him before he embarrassed them. Because John had been such a remarkable athlete and scholar, he received admission to a prestigious university. Although they were concerned about John, his parents decided that maybe the stress had been too much and that he needed to take the summer off and just relax.

Despite all of John's precautions, the voice returned just prior to his graduation. The voice had become loud and abusive, constantly belittling John and telling him he was worthless. John heard this voice yell at him at least 10 times an hour. The voice would yell unexpectedly, sometimes startling John and causing him to stop what he was doing. At this point, there were still times that John could successfully ignore the voice for a little while.

John continued his rituals throughout the summer, becoming more and more withdrawn from his family and friends before leaving for college in the fall. In the beginning of the semester, he managed to attend his classes. He had a great deal of difficulty with his living situation because his roommate would not tolerate complete darkness and silence 12 hours a day. One day John's roommate entered the room to find John banging his head against the wall, yelling, and crying. The director of the dorms took John to the emergency room, where he was admitted to the hospital for an evaluation. For the first time John talked about the voice.

John met with Dr. Hersom, a psychiatrist at the hospital. It was obvious to Dr. Hersom that John suffered from auditory hallucinations and was in great distress. Dr. Hersom started John on Thorazine, a major tranquilizer and antipsychotic medication, which assists the patient in lowering anxiety symptoms and which helps control hallucinations and delusions. The next day John told Dr. Hersom, in a flat, unemotional voice, what the voices had been telling him. John described the rituals he had developed in order to help him control the voice. John had not been sleeping or eating well and appeared unhealthy. He was 20 pounds underweight, hadn't washed his hair in weeks, and couldn't remember the last time he had shaved or brushed his teeth. When Dr. Hersom asked John what he had eaten for breakfast, what the date was, and how he had gotten to the hospital, John couldn't remember.

It became obvious to Dr. Hersom that John suffered from schizophrenia, paranoid type. Unlike many of the other mental disorders, a psychological battery of tests is usually not required to make

this diagnosis. Some key points Dr. Hersom needed to assess were the possibility of a substance-induced psychosis, a reaction to a trauma, and cognitive difficulties. Having ruled out those possibilities, Dr. Hersom was able to make her preliminary diagnosis. John had been having hallucinations and delusions for more than 1 month, had negative-vegetative symptoms, was grossly disorganized, and suffered serious problems with functioning at school and in his personal life.

The medication worked well in controlling the positive symptoms of John's illness, but John fought taking it. He suffered from some side effects of the medication, primarily nausea, dry mouth, muscle stiffness, and trembling. Dr. Hersom prescribed another medication to help John with these side effects. John remained ambivalent about taking the medication. Although the florid hallucinations were controlled, John stated he felt like "a failure as a human being needing to be dependent on chemicals in order just to live." Still, John took his medication while in the hospital.

After his hallucinations and delusional beliefs were under control, John participated in group therapy and individual therapy. John told Dr. Hersom that he hated group therapy. He said the other patients scared him and made him feel hopeless. He attended group meetings while in the hospital, but never made anything more than the required connections with any of the other patients. John did make some social connections with the occupational therapist and one of the night nurses. It was while talking with these two people that John decided he wanted to go back to school and try to become a CPA like his older brother.

After 6 weeks in the hospital, John was discharged and returned to live at home with his parents. He agreed to remain on his medication and continue therapy with Dr. Hersom. John complained about the constant side effects from his medication. He was encouraged to get a part-time job while waiting for a new semester to begin at the university where his father taught. John got a job at a local grocery store stocking shelves at night. He was a good employee for the first 3 or 4 weeks. Although he never socialized with other employees, he showed up for work early and worked hard stocking the shelves. After about 4 weeks John's coworkers noticed that John was talking to himself a lot. He appeared to be arguing with himself. He became oblivious to others who tried to greet him or engage him in small talk. Soon he was showing up for work late, not doing his job, making mistakes, and looking dirty and ruffled. He was fired from this job when his boss tried to correct his behavior and John became angry and abusive toward him.

John's parents had gone on a trip for 3 weeks during this time. When they returned home, they found the house a mess and John pacing back and forth in his darkened room screaming and yelling at the voices only he could hear. His parents contacted Dr. Hersom, who had John hospitalized for the second time. John had not been coming to his therapy sessions with Dr. Hersom for about a month. Dr. Hersom had tried to call John, but John had never returned the calls. It was discovered that John had stopped taking his medication. John was started on antipsychotic medication again, and his hallucinations and delusions were once more controlled. John remained angry and hostile during most of his stay in the hospital. He stated he didn't like being on medication and feeling "drugged out all the time." He agreed to stay on the medication when he was told that it was the only way he could live outside the hospital.

John's parents were concerned about him. However, because John was over 18, they were not allowed to have any information from his psychiatrist, psychologist, or the hospital without John's written consent. Ethical and legal guidelines discuss confidentiality as a primary tenant on which the therapeutic relationship is built. Clients have to believe that, with few exceptions, what they tell their therapist is held in the strictest of confidence for therapy to be effective. The guidelines defining the limits of confidentiality are such that a therapist is not even allowed to acknowledge having a certain person as a client.

A concern of NAMI—the National Alliance for the Mentally Ill—is that parents, spouses, family, and friends are unable to be involved in giving information to care providers that might be of help in treating clients. John's parents have been frustrated by what they call the bureaucracy of client confidentiality. They state clearly that they do not want to know what John is talking about in therapy. What they do want is the ability to talk to therapists about John's past treatment and hospitalizations. They believe they have information that could help in treating John, but they have not been allowed to provide that information. There are many times that John himself has not been capable of providing necessary or accurate information.

Take a couple of minutes to consider the needs of the client for a trusting, confidential relationship with the therapist and the needs of the families of the chronically mentally ill then answer the activity questions.