

9 Schizophrenia - Understanding the Illness

No other illness provokes so much controversy as schizophrenia. Its varied forms make it hard to understand, indeed, many people find it rather repulsive and scary. Physical illnesses are much easier to understand and deal with. The horrors of previous centuries, such as the plague, are now reduced to the status of common infectious fevers. Even lay people understand nowadays how physical illnesses come about and how they can be treated.

With schizophrenia it is different. The sick person's strange behaviour, the voices they hear, the fears they express, do not immediately point to a disorder of a physical organ. In spite of costly research we are still, faced here by many unsolved riddles. Schizophrenia was first identified as a separate illness at the turn of the century. The German psychiatrist Kraepelin talked about a »dementia praecox«, an premature dementia. Eugen Bleuler, medical director at the »Burghölzli« Psychiatric University Hospital in Zurich, was the first to describe and list the diverse symptoms of this peculiar disorder. His name for the illness was »*schizophrenia*« – the split mind.

The name was new, but not the illness. Schizophrenia is not confined to our age. Time and time again, history leaves us descriptions of people who manifested the typical disorders which we would label »schizophrenia« today. Equally, schizophrenia is not confined to particular geographical areas. It occurs in every land and nation, among all races and social classes. And it also occurs among believing Christians. Their fellow Christians often have difficulty understanding the changes which take place

in those who are affected. How is it possible for their thoughts, feelings and behaviour to be so deeply disturbed? How does it come that someone feels he is being followed by the secret service, or sleeps only on the floor, because he is afraid of radiation, and feels he is constantly guided by voices no other person can hear?

In recent years, schizophrenic people have become especially favourite patients of mine. It has been my privilege to walk with them and their relatives on their path through illness. Time and time again I have been amazed by their heroic struggle – both the struggle with their illness, and with the incomplete understanding by the world around them. I am writing this chapter for them, to moderate the injustice to which they are still continually subjected in modern society, inclined as it is towards success and normality.

Definitions and Statistics

Schizophrenia belongs to the group of illnesses known as psychoses. This term comprises severe disorders, which are recognisable by abnormal experience and behaviour as well as marked alteration of the personality, leading to the loss of the normal capacity for work. The person affected is no longer able to separate external events from their personal perceptions. Psychoses can last for a few hours or for years. They can be slight or lead to a complete breakdown of personality. Psychoses include:

- Organic psychoses (triggered by toxic substances, e.g. drugs or infections such as syphilis).
- Transitory psychotic reactions to stressful life events.
- The results of severe disturbances of the brain in old age.
- Manic depressive illnesses.
- Schizophrenia.

In this chapter I will deal with schizophrenia. The other disorders may be mentioned here and there, but not fully described. The interested reader should consult text books of psychiatry or the internet for further information.

Schizophrenia is a comparatively common disorder. About half the patients who require admission to psychiatric hospitals suffer from it. Two statistics will give an idea of its frequency.

Research has shown that about 0.4 per cent of the population suffer with symptoms of schizophrenia (acute or chronic) on any particular day. For comparison, about 15 to 20 per cent are depressive on any particular day, and about 12% suffer from symptoms of anxiety and personality disorders.

Schizophrenia affects 1 in 100 people in their lifetime. Every year, there are 6000 new cases in Britain alone. Schizophrenia has an irregular hereditary pattern. Table 9.1 shows the risk of suffering from schizophrenia when another member of the family is already afflicted.

Table 9.1: Hereditary risk of schizophrenia

Probability of inherited schizophrenia schizophrenic:	per cent
If one parent is schizophrenic	15%
If one brother or sister is schizophrenic:	10%
If both parents are schizophrenic:	20 – 40%
If an identical twin is schizophrenic:	50%
If a second degree relative (Uncle, nephew, cousin) is schizophrenic:	3 %

These figures may be disturbing, but if we look at them another way, it means that even if a mother who suffers with schizophrenia had seven children, statistically, only one would suffer with the same disorder. All the same, in such families we often observe an increased incidence of other psychological disorders, which point to an underlying disposition for psychiatric problems.

What allows the diagnosis of Schizophrenia?

Today the diagnosis of schizophrenia is made with careful (even reluctant) discernment. In the 1960s in America every kind of conspicuous behaviour and transitory psychosis was labelled as schizophrenia. But for two decades now strict criteria have been introduced for this diagnosis to be made. These are laid down in the DSM-IV, the Diagnostic and Statistical Manual of Psychiatric Disorders (4th revision). Yet even for experienced psychiatrists it is difficult to be accurate in borderline cases, particularly at the beginning of an illness. Often it is better just to speak of an »adolescent crisis« or simply a »psychotic condition«.

Table 9.2: Diagnostic Criteria for Schizophrenia

DURATION: Total duration at least 6 months. Various durations are possible for the individual phases. **ONSET:** Before the age of 45 years.

A. PRODROMAL PHASE

Obvious deterioration in comparison with earlier level of ability (performance at work, social relationships; care for personal appearance and hygiene). At least two of the symptoms listed below, which are not due to a disturbance in mood or to a psychoactive substance.

Symptoms During the Initial and Residual Phases:

1. Social isolation or withdrawal
2. Marked impairment of work, home life or studies
3. Marked peculiar behaviour (e.g. collecting rubbish, hoarding rotting food, uninhibited behaviour ...)
4. Marked neglect of hygiene and grooming
5. Apathetic, shallow or unconventional expression of feelings
6. Wandering, vague, over elaborate or circumstantial speech
7. Odd beliefs or magical thinking, influencing behaviour and inconsistent with cultural norms. Feeling of being influenced or being able to influence others, imagining significant connections between unrelated things or events.'
8. Experience of abnormal perception, e.g. repeated illusions of the presence of an invisible person or power which cannot be experienced by others.

B. ACTIVE PHASE

At least one of the following characteristic features:

1. Bizarre delusions (essentially and obviously absurd and with no possible basis in reality.) For instance, feeling of being influenced or having special powers, or being able to read people's thoughts, or having thoughts extracted from your brain.
2. Delusions related to the body, delusions of greatness, religious, nihilistic or other delusions.
3. Delusions of jealousy or being pursued, combined with hallucinations.
4. Hearing voices (either commenting on the afflicted person's behaviour, or talking among themselves).
5. Distracted thought, marked tendency for mental connections to be seen much more loosely, marked illogicality of thought, and pronounced deterioration of verbal abilities, if this occurs together with at least one of the following features:
 - apathetic, shallow or unconventional expression of feelings
 - delusions or hallucinations
 - catatonic or otherwise severely disorganised behaviour.

C. RESIDUAL PHASE

(Residual = remaining). At least two of the symptoms listed under A, which continue after an active phase of the illness and are not caused by a bad mood or by drugs.

(adapted from the DSM-IV)

Three phases are distinguished in the course of a schizophrenic illness which are described more fully in table 9.2.

- | | |
|---------------------------|--------------------------------|
| A. Prodromal phase | (gradual deterioration) |
| B. Active phase | (acute symptoms) |
| C. Residual phase | (stable situation) |

Forms and Cause of Schizophrenia

It is not always easy to define individual symptoms of schizophrenia. Currently, the tendency is to distinguish three forms of schizophrenia which are briefly describable as follows:

1. HEBEPHRENIA (or disorganised schizophrenia)

Onset in younger years, childish, silly behaviour, breakdown of personality, often aimless, clearly reduced ability to work,

Example: 17-year old Sylvia from a well ordered family is experiencing various pressures. She is in the middle of the end of year exams, on top of which her friendship with a young man has just been broken off. Her personality changes increasingly. She becomes obsessed and pesters her ex boyfriend day and night with telephone calls. She feels sad, but laughs constantly and without reason. At work, she makes frequent mistakes. In the end she runs away and spends the night in the open air in the pouring rain. This leads to her being admitted to hospital.

2. CATATONIC SCHIZOPHRENIA:

Marked disturbances of movement are prominent over other typical symptoms of schizophrenia (e.g. remaining for hours in an unusual posture, or an agitated state).

Example: A 35-year old mechanic, Mr. Francis, is intensely occupied in building his own home. Tensions with the architect lead to a court case. Mr. Francis is unable to sleep, stops going to work, and spends all his time brooding over his building plans. One morning his wife finds him sitting at the table as if petrified. He constantly utters the words »watermain«, and

knocks meaningfully on the table. The condition normalises with the help of medication after a three week stay in hospital.

3. PARANOID SCHIZOPHRENIA:

The patient suffers from a system of delusion which is beyond any real context (e.g. delusion of grandeur, delusion of being an inventor, delusion of being followed).

Example: 22-year old painter Thomas K. is convinced that four years ago he has discovered the laser beam. With the aid of a magnifying glass he has now developed a »computerised video magnifier« as well as a »photo driven helicopter«, which the police can use for tracking criminals. When he touches the table with his finger tips, he can store his feelings on the surface of the wood. He spends more than 5,000 Euros on tools and instruments to continue developing his inventions. He makes a lot of mistakes at work, because he continually feels distracted by murmuring voices and laser beams.

It is not always possible to categorise a condition under one of these forms of schizophrenia. In the hospital we observe the most diverse mixed forms for which there are yet other names. Two of these are named here: an insidiously developing schizophrenia with few symptoms will be labelled as »*schizophrenia simplex*«. If schizophrenic symptoms are combined with severe mood changes (severe depression or mania) we talk of a »*schizo-affective psychosis*«.

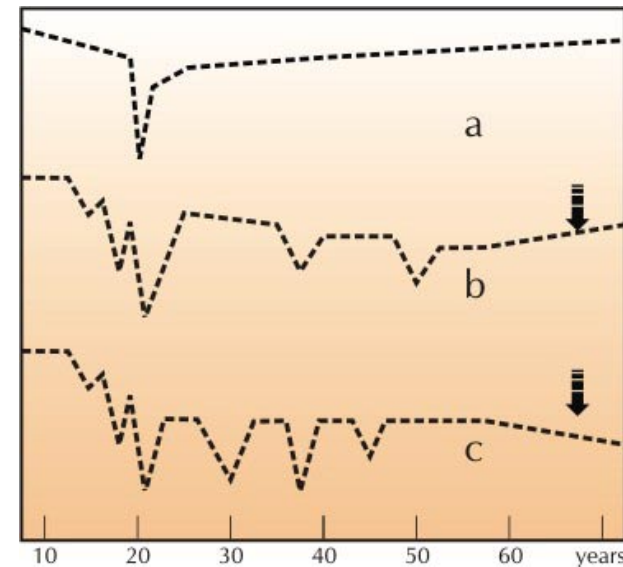
The Course of Schizophrenia

Research into the course of schizophrenia has shown that the prognosis for this illness is considerably better than has generally been thought.

There is no cause for unnecessary pessimism. Basically we can observe three possible courses for the development of schizophrenia, as outlined in Figure 9.1.

1. Single episode with no recurrence
2. Repeated episodes with resultant disability
3. Chronic deterioration leading to a severe residual state

Figure 9.1: Variations in the course of schizophrenia



1. In about 20 per cent of cases, an episode of schizophrenia does not lead to any further relapse, although these individuals experience heightened sensitivity under stress. Particularly favourable are the following features:

- normal adjustment before the illness.
- sudden onset with many symptoms.
- relatively good health after an episode
- harmonious conditions in the family / social system
- motivation towards regular treatment with medication.

2. In about 60 per cent of patients, further episodes occur over the years. During the intervals, these people live normal lives, even if in retrospect, they are less able to cope with stress. Unfortunately their ability is somewhat reduced after each episode. A so-called residual or defective condition remains, which makes it more difficult for them to operate effectively at home, at school, or in the workplace. It is not uncommon for them to have to come to terms with a more modest goal in their career.

I think of Liz, a nurse who could only work to 70 per cent of her capability after a psychotic episode. After a further episode she was transferred to work at a convalescent home, where the demands made on her were less stringent. Every few years, when she was under unusual stress, she experienced a short crisis. Once it was an unfulfilled love. Another time an exhausting trip to Tunisia. She would feel better after a short stay in hospital. In her lovely, sympathetic way she was a great blessing to many patients.

3. Finally, about 20 per cent of patients develop a complete personality breakdown. Even under medication, they are not free from delusions and hallucinations. They are no longer able to work. Often they are incapable of caring for themselves and living on their own. Because of their bizarre behaviour and marked lack of personal hygiene and grooming they become such a burden for their relatives that they require continual supervision in a psychiatric hospital or another form of mental care.

The Psychosis as a »Jamming Station«

The research of the last few years has shown that at the roots of all forms of schizophrenia lie common disturbances which especially impair the thought processes of the brain. Additional difficulties, such as altered and suppressed expression of feeling, social withdrawal, alteration of self-awareness, delusions, hallucinations and motor disturbances, all follow from these disorders.

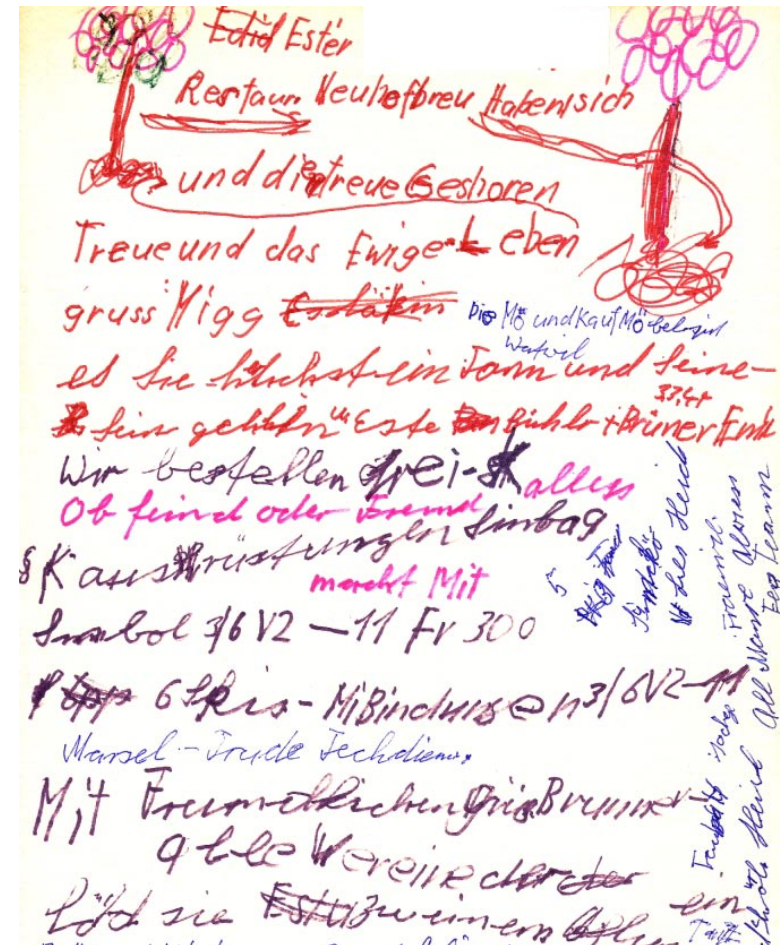
What do we mean by »thought disturbances«? Someone who has never experienced the mental changes in a person who is undergoing an episode of schizophrenia can hardly imagine it. I vividly remember a 28-year old woman, who developed a psychosis after having delivered a healthy baby. At her admission interview, communication was barely possible. Her thoughts were like a broken stained glass window. Word fragments sparkled out, but they didn't fit together, and no longer formed a picture for the person looking on.

»I feel like I am an N. N for necessity. But I can't get it, because there is an F in the way. I can't tell you what an F is just now. I don't feel myself any more. The dot in my »i« is missing. (She knocks her head pointedly to indicate the dot.) The word »marriage« has a special meaning, M for Marriage. If you turn the M upside down, there are three marks that look into the sky. That's what I tripped over. Look at the R in marriage. I fell down the R. I fell down deep... a long, long way, until I came to the doctor.

He gave me a tablet (the patient draws an R on the table, then an arrow underneath, and finally a circle to represent the tablet) and here I almost fell apart.«

This fragmentation of the thoughts is often underscored by a peculiar disturbance affecting handwriting. Figure 9.2 shows an example of the handwriting of a man during a psychotic episode, before he was treated with medication. Notice the uneven lines, the broken sentences, the des-

Figure 9.2: Example of handwriting in psychosis



perate attempt to make himself understood to the reader.

The affected patients are aware that they can't connect their thoughts any longer, especially when too many impressions crowd in at once. »My thoughts greet one another, but I don't know which one I should shake hands with«, is how one young woman expressed it. Often at the height of an episode patients will become so absorbed with what is going on in their mind, that they are unable to turn their attention to another person, let alone apply themselves to a job. They seem completely »gone out«. But you do these people an injustice to describe them as »insane«. They are just incapable, for a certain time, of processing the impressions that bombard them from within and without, in a normal way.

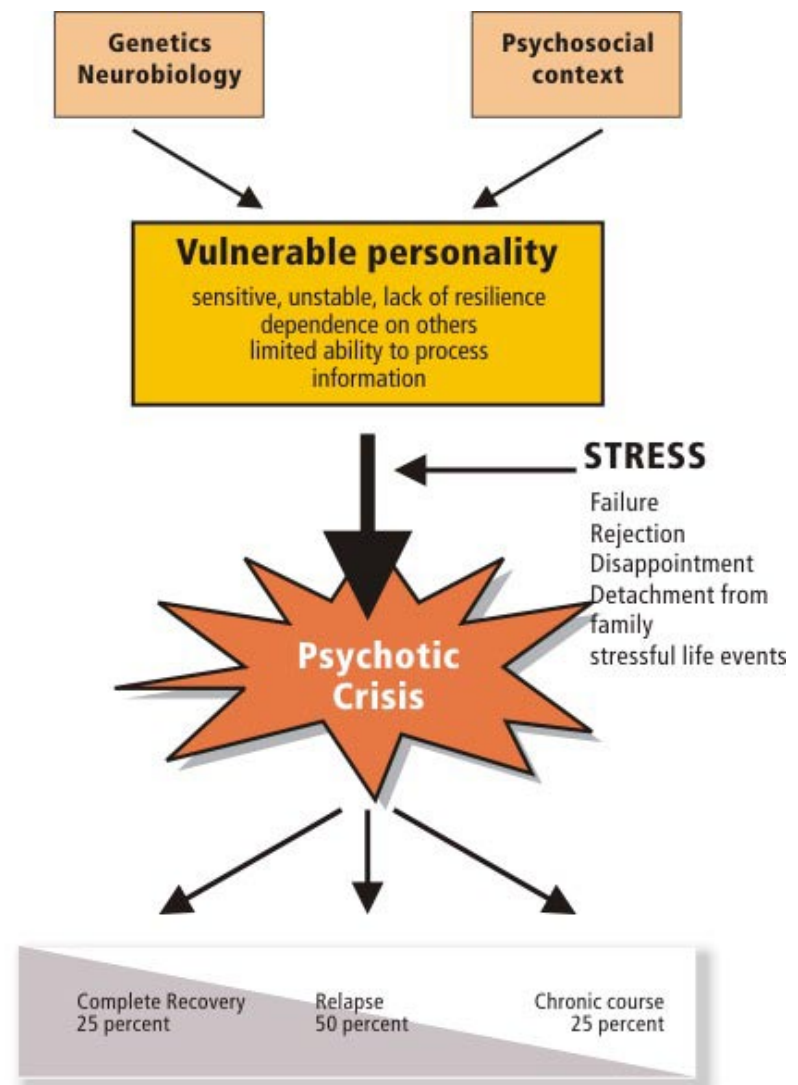
Yet, many aspects of their personality remain healthy. The healthy person is not lost, merely hidden behind the psychosis which takes the front stage. The psychosis often »jams the programme« so persistently that it can only be understood in a fragmentary way. It is precisely those who depend on the orderly processes of their mind for a career (e.g. teachers, engineers etc.), who suffer most when they can no longer make use of their ability. It is much more difficult for them to find suitable employment, than it is for a simple factory worker who remains capable of routine work after the acute phase has subsided.

How Does Schizophrenia Develop?

For decades now, researchers have been working on this question. Every year thousands of articles and books appear addressing this subject. Research is being carried out into many areas, from neurobiology to behavioural studies. The workings of our brain are so complex that so far we have only been able to propose models which may help us understand schizophrenia. Nevertheless, a number of main guidelines have been established, which can be supported by extensive research. The Swiss psychiatrist, Professor Ciompi has summarised these factors in a model (figure 9.3) which I will briefly describe as follows:

The *hereditary influence* can be regarded as established by the studies that have been made of twins and adoptive children. Schizophrenic patients obviously have an inherited weak point in the metabolism of the brain. The influence of the environment in turn chips away at this weakness. Over months and years they develop a *vulnerable personality* which is less able to cope under stress. This in turn can be recognised by the following characteristics, among others:

Figure 9.3: A Model for the Understanding of Schizophrenia



adapted from Ciompi 1991

- Impaired resilience and sensitivity
- Abnormal anxiousness
- Reduced ability to experience joy (anhedony)
- Reduced ability to express feelings
- Withdrawal into an inner world (introversion)
- Reduced self-reliance
- Difficulty in making and keeping up relationships
- Reduced performance at work or in school
- Limited capacity to process information.

When this vulnerable personality comes under pressure or stress, it ceases to be able to cope with the thoughts, feelings and responsibilities which arise, and a »nervous breakdown« occurs, a psychotic crisis such as has already been described. The triggers for this can be very diverse:

- failure (e.g. at school)
- rejection (e.g. by a person they love)
- disappointment (e.g. in attaining a career goal)
- excessive pressure (e.g. during a divorce)
- leaving the family to take up a new assignment or role (e.g. military service, the birth of a child)
- any other difficult experience (e.g. bereavement)

The relationship between vulnerability and stress can be presented in a simple diagram (see figure 4.2). Notice the distinction between *triggers* and *causes*. If a bridge collapses when a lorry passes over it, the weight of the lorry is only the final trigger for the bridge's collapse. The cause will lie in some weakness, perhaps the fact that for years the pillars of the bridge have been rusting without anyone noticing.

It is the same with the experiences which lead to the onset of schizophrenia, however stressful they may seem. The problem is not in the first instance with the experiences themselves, but with the way in which a person responds to those experiences. How many feelings of guilt, how many accusations, and how many empty clichés could be avoided by this way of viewing things! This is especially valid with regard to the religious triggers of schizophrenia, of which I shall speak later.

Schizophrenic Phenomena and their Explanations

How can we explain a person hearing voices which make negative comments or give her orders? How can we explain the situation of a young woman who refuses to eat because she is afraid of being poisoned? How is it possible for a man to become violent, just because his father asked how he is getting on? What causes a grown man to stop washing himself, never change his clothes and sleep every day until noon?

We have seen that medicine assumes that schizophrenia is basically a disturbance in the neurobiology of the brain. In chapter 3, I proposed a model of the brain as a computer. In so doing I was careful to make sure that this way of looking at it does not exclude pastoral concerns, but rather extended them, and particularly where schizophrenia is concerned, leads to a better understanding of the illness.

Let us briefly recall what is involved in the *information processing in the human brain*. First of all comes perception. We continually receive impressions through our sense organs (ears, eyes, etc.). In the brain's control centre this information is interpreted, sorted, and stored. We call this process *thought*. In connection with this we distinguish between the *content* of thought, and thinking as a *process*. The sentences you are reading here are part of the »content« of this book. However, what you do with them, how you take up the information and hold it in your memory, would come under the heading of the thinking process.

Now let us turn to our schizophrenic patients whose control centres so to speak have been disturbed. Their thought process is no longer capable of correctly interpreting, valuing, sorting and storing the information which keeps pouring in. Perceptions are distorted and linked with inappropriate feelings retrieved from the memory. Hallucinations are the result. The contents of the memory are called back to the conscious mind (on to the projector screen) without the voluntary command of the control centre, and then combined with other things. For example the sick person may suddenly hear his own thoughts, but in the tones of his sister's voice.

Experiences and ideas, fears and desires, are called out of the memory store without obvious reason and thrown together as if in a gigantic jigsaw puzzle. For near relatives the individual ideas and words still, more or less, make sense. They know the experiences of their sick relative and can still draw together threads from the bizarre comments but the outsider is a stranger in this world. During a schizophrenic episode, the divisions between real experiences and the inner world becomes permeable. Fantasy and reality are melted together into a chaotic system of delusion. The

afflicted person tries in vain to drag his surroundings out of the deceptive world of his madness and into reality, but again and again waves of psychosis break over him.

It is no wonder that this also leads to reactions in the patient which can be difficult to understand. He is no longer in a position to apply his faculties and his behaviour to a concrete situation. Once I waved to a patient in a friendly way. But he ducked as if I had thrown a stone at him. He had noticed my movement, but interpreted it wrongly, and linked it with feelings of fear and threat. For him, his reaction was logical, but from my point of view it was bizarre.

So now we understand better how schizophrenic symptoms come into being. But in Christian circles there are further questions to ask: What is the explanation of religious mania? How should schizophrenic symptoms be categorised from a spiritual perspective? I will deal with these questions in the next chapter.

References Chapter 9: Schizophrenia

- Torrey E.F.: *Surviving Schizophrenia: A Manual for Families, Consumers, and Providers*. Perennial Currents.
- Foster M.: *Schizophrenia Revealed: From Neurons to Social Interactions*. W.W. Norton.
- Woolis R.: *When Someone You Love Has a Mental Illness: A Handbook for Family, Friends, and Caregivers*. J.P. Tarcher

A wealth of information can be found in the internet (www.google.com).