

CLASS 8
ADDITIONAL RESOURCES

The Other Side: Living with Schizophrenia

by Norma MacDonald

There has been so much written about acute schizophrenic illnesses, and there is so much material available on delusions and hallucinations, that I won't go further into those. What I do want to explain, if I can, is the exaggerated state of awareness in which I lived before, during, and after my acute illness.

At first, it was as if parts of my brain "awoke" which had been dormant, and I became interested in a wide assortment of people, events, places, and ideas which normally would make no impression on me. Not knowing that I was ill, I made no attempt to understand what was happening, but felt that there was some overwhelming significance in all this produced either by God or Satan. I felt that I was duty-bound to ponder on each of these new interests, and the more I pondered, the worse it became. The walk of a stranger on the street could be a "sign" to me which I must interpret. Every face in the windows of a passing streetcar would be engraved on my mind, all of them concentrating on me and trying to pass me some sort of message.

Now, many years later, I can appreciate what had happened. Each of us is capable of coping with a large number of stimuli, invading our being through any one of the senses. We could hear every sound within earshot and see every object, line, and color within the field of vision, and so on. It's obvious that we would be incapable of carrying on any of our daily activities if even one-hundredth of all these available stimuli invaded us at once. So the mind must have a filter which functions without our conscious thought, sorting stimuli and allowing only those which are relevant to the situation in hand to disturb consciousness. And this filter must be working at maximum efficiency at all times, particularly when we require a high degree of concentration.

What had happened to me in Toronto was a breakdown in the filter, and a hodge-podge of unrelated stimuli were distracting me from things which should have had my undivided attention. Work in a situation like that is too difficult to be endured at all. I withdrew farther and farther, but I became more and more aware of the city around me... by the time I was admitted to the hospital I had reached a stage of "wakefulness" in which the brilliance of light on a window sill or the color of blue in the sky would be so important it could make me cry. I had very little ability to sort the relevant from the irrelevant. The filter had broken down. Completely unrelated events became intricately connected in my mind.

Communicating with a Psychiatrically Disabled Person

A poet has defined mental illness as the “crippling of the organ of reciprocity.” Certainly one of its most characteristic aspects is the difficulty, even breakdown, of communication between the stricken person and others. What follows is some practical advice on the subject of communication.

Communicating effectively does not solve all problems or make your relative well. It usually makes things better. It won't make as much difference as you wish it would. Communicating in specific ways is very important for the mentally ill who are confused, don't understand, or misinterpret. Indirect speech is often misinterpreted. (Example: “Do you think you could take out the trash?” Answers: “I don't think about the trash at all.” Or “Of course I think I could do it,” followed by not taking out the trash).

Clearer communication is an efficient change to make, in that small changes will make noticeable differences. Individuals with psychiatric disabilities often have difficulty sorting out incoming messages. This requires you to communicate in special ways if you wish to be understood.

Persons with a Psychiatric Disability at Times Can:

- have trouble with reality
- be fearful
- be insecure
- have trouble with concentrating
- be overstimulated
- easily become agitated
- have poor judgment
- be preoccupied
- be withdrawn
- have changing emotions
- have changing plans
- have little empathy for you
- believe delusions
- Have low self- esteem and lack motivation

We Must be Willing to:

- be simple & truthful
- stay calm
- be accepting
- be brief
- limit input & not force discussion
- recognize agitation & allow escape
- not expect rational discussion
- get attention first
- initiate relevant conversation
- keep to one plan
- recognize their lack of empathy as a symptom of their disability
- ignore, don't argue
- stay positive

Making positive requests in a direct, pleasant and honest way helps you get what you want and need from others. Requests are different from demands.

Demands annoy people. Requests made in a positive way help you build cooperative relationships in which each person's contributions are respected and valued.

1. Look at the person.
2. Say exactly what you would like them to do.
3. Tell them how it would make you feel.

Use phrases like "I would like to... I would really appreciate it if you would... It's very important to me that you help me with..."

Expressing Negative Feelings:

Highly emotional expressions, blaming, threats (especially of withdrawal of love), and character assassination are damaging to all, but especially detrimental to people with mental illness. Research links these communications to re-hospitalizations! The goal is to state calmly the behavior you are unhappy about, giving an acceptable alternative and communicating a continued acceptance of the person.

1. Look at the person. Speak firmly.
2. Say exactly what they did that upset you.
3. Tell them how it made you feel.
4. Suggest how the person might prevent this from happening in the future.

Use phrases like "I feel angry that you shouted at me, Tom. I'd like it if you spoke more quietly next time."

Setting Limits:

Be clear, specific, and firm about what is acceptable versus unacceptable behavior. Remaining calm but firm increases the chances that the person will comply and not become more upset. Sometimes you should make calm, clear demands. Example: "Set down the knife," or "To live at home you must take your medication." Use this technique very rarely and only in situations which are very important. You have only a certain number of limits you can set. Use them wisely.

Praising (Seeing the Glass Half Full):

Use praise to encourage any progress, no matter how small. Praise can be attention, physical affection, expression of interest, and commendation. Notice any improvement or effort and ignore flaws in performance. Be specific about what you liked. Don't sugarcoat a punishing remark. (e.g.: "Thanks for doing the dishes, but you put the plates in the wrong place," etc.)

Source: Adapted from a talk given by Christopher Amenson, Ph.D. to NAMI San Luis Obispo

Expressing Negative Feelings

1. It is important to communicate negative feelings in an effective manner. Generalized expressions of negative feelings (“How can you stand to lie around all day doing nothing?”) are not only ineffective in bringing about behavioral change, but this high expressed emotion can increase the risk of your relative’s illness taking a turn for the worse.

This does not mean that we need to bottle up our feelings, but we need to be thoughtful about when and how we express ourselves. Expressions of negative feelings for specific behaviors, coupled with requests for behavioral change (“I get mad when you stay in bed past noon. I would appreciate it if you try to get up out of bed by 10:00 a.m.”) are much more effective than just being hostile or critical.

2. Negative feelings—such as anger, annoyance, irritation, hurt, frustration, anxiety, uneasiness, fear, sadness, and unhappiness—occur as part of normal living. Negative feelings, when they are expressed directly and clearly, can be constructive in some instances. We must learn how to express the negative emotions we have in such a way that our family relationships are strengthened, not weakened and hurt.
3. Expressing negative feelings directly with as little hostility as possible will help you solve family problems by getting them out in the open in honest, clear and constructive ways. Do not let family tensions and dissatisfactions build up and simmer. They will come out eventually in harmful and indirect ways that will make problem solving difficult.
4. **How to Express Negative Feelings Directly:**
 - Always allow yourself to “cool down” before you approach your relative. Otherwise you will act on your angry feelings rather than expressing them more calmly.
 - State specifically what it is that the other person has done or said or failed to do or say which is producing the negative feeling in you. Be clear and specific, not vague.
 - Express yourself when the problem behavior occurs; do not wait until later.
 - Say how the person’s behavior is affecting you by owning up to the real feelings you are experiencing. Be direct and honest about how the other person’s behavior is making you feel. Do not be indirect.

- Request that the person change his behavior or ask the person to help you try to solve the problem by coming up with alternatives.

Example: “When you pace back and forth and spend so much time just staring into space, I feel very sad and uncomfortable. I would feel much better if you would try to do something constructive and helpful here in the house. Can you think of some things that you could handle right now?”

Example: “When you pace up and down in front of the house, I feel uncomfortable. I would feel better if you would stop that.”

Notice how the last part of this communication incorporates a positive request.

Example: “When you refuse to take your medication, I feel helpless and annoyed. I would be relieved a lot if you would take your medication without being reminded. What could we do to help you remember? Would it help to keep the bottle of pills on the dinner table in full view?”

- Look at the other person when you are expressing Negative Feelings. This helps to make your expression more direct. Lean toward the person or come close to him.
- Have a serious expression on your face and use a firm tone of voice but do not be overly dramatic about your negative feeling. Crying or yelling is not helpful. It is important to keep your facial expression and your voice in tune with the feelings you are expressing but remember that your ill relative may become overwhelmed if they are trying to understand your words and at the same time trying to read your nonverbal expressed emotion.