

A Psychologist Describes His Own Experiences with Schizophrenia

Summarized by Thomas T. Thomas

What is it like to be schizophrenic? What is really going on inside the mind of a person with schizophrenia? Members got a chance to experience some of the thought processes and coping mechanisms of a recovered psychotic at our September 23 meeting, with a videotape prepared by the Minnesota Alliance for the Mentally Ill featuring **Dr. Fred Frese**, the director of a large mental health clinic in Ohio, a trained psychologist, and a diagnosed schizophrenic.

Dr. Frese began by briefly describing a journey down the street by a young man who stopped at every red light, whether he was standing at the corner or not. He then went into a catholic church, helped the priest celebrate mass, and began barking like a dog. He was admitted to a mental institution and subsequently passed into and out of ten hospitals in six states, diagnosed as hopelessly insane. This was Frese as a young man.

In the years since his last hospitalization in 1974, he has earned three degrees, practiced psychology for 15 years, considered himself recovered, and told no one about his illness. Until, that is, the work of the Alliance for the Mentally Ill convinced him it was important to talk about his illness and offer his coping skills, which he calls mechanisms of recovery, for other people with schizophrenia and their families.

There are 183 names for people with this illness, Dr. Frese said. He personally prefers to be called “a person with high-density dopamine-2 receptors in my basal ganglia.”

“This is a disorder of the brain,” he explained. “We don’t know exactly, but we have a high degree of confidence that there are physiological mechanisms related to the disorder. People with schizophrenia have more D2 receptors—whether caused by the medications we take, or as part of the disease—and this causes us to behave differently from other people.”

It helps a person with schizophrenia, Dr. Frese said in an aside, to show him or her a slide illustrating these brain differences, just as it helps a person with a broken leg to see an x-ray. This proves it’s not that they are crazy or wacko, but that they have a malfunctioning brain.

As to names, Dr. Frese mostly called himself and others with schizophrenia “consumers” (that is, of medications, of mental health services). The rest of society he called “normals” or “chronically normal people” (CNPs).

“Normality is seductive,” he said. “It has been my personal and my patients’ experience that, after a psychotic episode, we can look back and say, ‘It’s all over.’ But it’s *not* over.”

Dr. Frese would go three to four years without a breakdown, then be hospitalized again. At about age 50, he said, he began to understand the episodic

nature of the disorder. “If you have not had a breakdown, you are just lucky. You have not been put under the conditions that cause your vulnerability to precipitate the disorder.”

For the remainder of the video, Dr. Frese catalogued some of those vulnerabilities and some of the coping mechanisms that let him and others among his patients deal productively with “normals.”

Response to Criticism

“We are susceptible to criticism and hostility,” he said, “and that puts pressure on us that exacerbates the illness.” The solution is to arrange the consumer’s life so that he or she avoids these situations and to deal with the criticism when it arises.

Dr. Frese said he carries a card in his pocket with the following notice: “I need to tell you that I am a person suffering from schizophrenia. When I am criticized, it tends to disable me. Could you restate your concern in a manner that does not disable me? Thank you.”

Because they have an excess of D2 receptors, recovered psychotics are also susceptible to excitement. A large group of people or a bright, noisy place like a shopping mall can exacerbate the disorder. Schizophrenics are drawn to this excitement, so they have to learn to increase their medication when going into potentially unsettling situations, or they need to make time for themselves in a withdrawn place when they feel affected.

Dr. Frese advocates a partnership model among family, mental health professionals, and the patient to help with these situations. “The recovered mentally ill welcome our partners,” he said. “This is the dawn of dignity for people with serious mental illness. The light is beginning to show after a long period of darkness.”

Differences in Timing and Social Cues

Dr. Frese cited a psychological study that describes how the communications skills of schizophrenics in social settings differ from those of normal people. Generally, their timing is off in what looks like—from the outside—a simple delay.

Actually, from the inside, Dr. Frese said, the consumer’s mind has so much internal material to work on that he or she has to put the outside world on hold, work through all the thoughts, then return to the conversation.

“When normals talk,” he said, “they look for facial cues from the other person, feedback to signal that their meaning is getting through. Recovered psychotics are processing so much information that they don’t give these signals. Then the normals get angry.”

Recovered persons need to know they do this and that the lack of signals makes normals feel uncomfortable. The consumer needs to compensate and modify his behavior in order for the normal to feel comfortable again.

Also, the consumer is easily distracted by the rapid eye movements of the normal, who is searching for facial cues. That is why the recovered psychotic may stare at the wall or off into space when talking, because it’s easier to respond without having to make difficult eye contact. “This staring into space also makes normals uncomfortable.”

Poetic Logic and “Circumstantiality”

Consumers tend to go from rational, linear logic to a more poetic, relational, metaphoric, mystical logic, sometimes called “paleo-logic” or “circumstantiality” by psychologists. “If we go into it too deeply, we get lost, and that’s where we get into trouble,” Dr. Frese said.

He gave the example of a party where everyone was talking excitedly about the World Series with the Atlanta Braves. The consumer might focus on the word “brave,” and say something like, “Well, those people who fought in the Gulf War, they were very brave to do that.” He has made a connection that is well outside the conversation, and once again the normals are upset.

Recovered psychotics also tend to exaggerate under the influence of this metaphorical logic. These are not exactly lies, Dr. Frese said, but when you’ve been kicked out of so many schools, you might happen to mention that you were at Harvard, and that association leads to remembering teachers at Harvard, and the next connection is a claim to have worked alongside Einstein at Harvard. This also upsets normals.

In conversations, as a result of this different logic, the consumers tend to hit the topic somewhere, rather than answer directly. Also, because they are not sure that communication is being achieved, they tend to overexplain things that normals can take for granted. The trick is to catch yourself sliding into these logical excursions and stop before you go too deep.

“If you have the disorder,” Dr. Frese said, “if you know what it is and how it affects you, then you can work out ways that let you interact in a socially acceptable manner.”

Talking to Oneself

Because they are sensitive to criticism, consumers tend to rehearse what they should say in social situations, especially if confronted by criticism or hostility. This can lead to a certain amount of staring off into space and moving one’s mouth. Normals tend to think that the consumer is hearing voices and answering them. Instead, he or she is just running over possible “what I should have said.”

The coping skill Dr. Frese suggests is to withdraw from society when the consumer has to do this. He personally steps into the shower, or goes out and pushes a noisy lawnmower. A woman he knows drives along and pretends to be leaning over, talking to a small child in the front seat.

Inability to Decide

E. Fuller Torrey’s book *Surviving Schizophrenia* describes the schizophrenic’s tendency to vacillate in small matters. Answering a waiter’s question about taking cream in coffee can take ten minutes. Choosing a toothpaste in the drugstore can take even longer.

Once again, the recovered psychotic is becoming involved with his or her own thought processes, Dr. Frese said. He becomes focused on issues of cholesterol in the cream, or fluoride in the toothpaste.

“One coping method is, if there’s a normal around, do what the normal does,” he said. “If the menu confuses you with all the choices, wait for the normal

to order then say, 'I'll have that too.' You may not like what you eat, but the meal will go better."

Delusional Thinking

Schizophrenia is an episodic disorder, which means that the consumer goes from behaving normally to having abnormal thoughts. It is a disorder of the belief system. Abnormal thoughts come on by stages, and each new idea presents itself as a new understanding, and as something that's absolutely the truth. Often, the new understanding leads the person to think she or he is on a "special mission," like Joan of Arc taking control of the French king's armies.

"You need some signal to indicate when this is happening," Dr. Frese said. "The best way is to develop confidence in another person who can tell you when the episode is coming on. A gentle reminder like, 'Did you take your medicine this morning?' can pull you back.

"You have to be reminded," he concluded, "that you don't want to get into your special mission to the degree that you leave the people who care about you."