Living With Schizophrenia and Thriving in Remission: 10 Years of Stress and Crises

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This article, written by a consumer of mental health services, focuses on four intermittent series of crisis episodes, applicable for persons with schizophrenia or bipolar disorder, making it clear what lessons in crisis intervention the author learned from his clinician and/or family member. The author then relates how he used new coping strategies learned from his clinician to help avert future crises. [Brief Treatment and Crisis Intervention 2:247–260 (2002)]

KEY WORDS: crisis intervention, schizophrenia, psychological crises, hallucinations, delusions, stress, mental illness, anti-psychotic medications.

Editor’s note: I am delighted to introduce this well-written first person account of recovery from severe mental illness. This article was specially written for our journal by a successful consumer of mental health services and anti-psychotic medications. Mr. Cunningham has been in remission from his long bout with schizophrenia and obsessive compulsive disorder for 32 years. He has a Master’s in Business Administration (MBA) from the University of Washington, and has recently retired from a 30-year career as an investment banker, vice president of several Fortune 500 corporations, and founder and CEO of several new ventures. He lives with his wife, a pharmacologist, and 24-year old daughter near Princeton, New Jersey. Mr. Cunningham is an active speaker and fundraiser for the Mercer County chapter of the National Alliance for the Mentally Ill (NAMI), and recently spoke at the New Jersey NAMI statewide annual conference. This article has been prepared at the invitation of Dr. Albert R. Roberts and has been revised in accordance with his suggestions and those of three anonymous clinician reviewers. Their principal suggestions were to (a) focus on three or four crises, making it clear what my clinician or family member did to help me with these, and (b) relate how I used coping strategies learned from my clinician to help avert future crises. I very much appreciate both the invitation from Dr. Roberts and the constructive suggestions offered by the clinician reviewers.

It is in the very nature of schizophrenia that its victims must constantly deal with a multitude of extraordinary stresses. The symptoms of the illness, such as the content of delusions and hallucinations, create stress. The conflicts between the victim’s ideation and the facts of the real world cause stress. The reactions of others to the victim’s changes in behavior generate stress. The side effects of anti-psychotic medications produce stress. The process of psychotherapy precipitates stress. The fact that the victim is assaulted with all this simultaneously greatly compounds these stresses. In
addition, the nature of the disease increases its victims’ susceptibility to stress. Given this increased susceptibility and the continuing high levels of stress, it should be no surprise that individuals with schizophrenia are subject to frequent and successive occurrences of acute psychological crises. And finally, in addition to all the above, the ever-present threat of having to endure the agonies of yet another such crisis is terrifying.

In this article I have provided highly abridged excerpts from the memoir I am writing, Once Around the Prickly Pear, along with commentary, both of which illustrate the continuing occurrence of acute psychological crises in schizophrenia. The specifications for such a crisis that I have applied to my personal experiences are those defined by Dr. Albert R. Roberts in the Crisis Intervention Handbook (2000, p. 9) as comprised of the following five conditions:

1. Perceiving a precipitating event as being meaningful and threatening,
2. Appearing unable to modify or lessen the impact of stressful events with traditional coping methods,
3. Experiencing increased fear, tension, and/or confusion,
4. Exhibiting a high level of subjective discomfort, and
5. Proceeding rapidly to an active state of crisis—a state of disequilibrium.

Through the use of excerpts, I have documented the devastating and often cumulative effects of these intermittent series of crises.

**Excerpt 1: Rapid Series of Crises in Schizophrenia**

This example in part recreates and in part describes the acute psychological crisis I underwent with the first appearance of my symptoms of schizophrenia. It is a complete illustration of a “Level 5: Severe Mental Illness” crisis as described by Drs. Ann Wolbert Burgess and Albert R. Roberts (2000, pp. 69–71). This excerpt is used to postulate a continuing series of acute psychological crises occurring with such rapidity as to be seamless or nearly seamless, thereby approximating a state of continuous acute psychological crisis. It is intended to define an important subset of the “Level 5: Serious Mental Illness” crisis defined by Burgess and Roberts.

**Crisis 1: The Traumatic Event—Sudden Onset of Illness**

At 3:30 p.m. on Sunday, April 8, 1956, Satan assaulted me for the first time, penetrating my mind, substituting his thoughts for my own.

“My father is God. I am the Son of God.”

“These are not my thoughts! I would never think this.”

“My father is God.”

“This is not true.”

“I am the Son of God.”

“No.”

My parents and I were on our way home to Spokane from Portland, traveling through the Dalles Mountain Pass in Oregon. Father was driving our 1948 Packard station wagon with Mother at his side. I was riding in the back seat. We had been on the road for about 2 hours when Satan suddenly began forcing these and similar thoughts into my mind repeatedly.

Having been raised in a fundamentalist church tradition, these thoughts were considered blasphemous and were more than sufficient to send me to hell. Hell was not some vague future threat. A vivid and gruesome image of its eternal agonies had been created for me in Bible classes and in my parochial school instruction. Convinced that if I didn’t counter each and every thought insertion that God would think the thoughts were mine, I believed my only
hope of avoiding eternal damnation was to respond with emphatic, if silent, denials.

Despite being highly traumatized by the continuing thought insertions, my denials held Satan at bay for 2 hours. Then, suddenly, I felt Satan inside me.

His presence pressed outward against my ribs and my stomach seemed to bulge. Certain I would burst, fear pulsed through me like a series of electric shocks. I wrapped my arms around my stomach as if hugging myself in the cold, convinced that Satan was trying to possess me.

How could I keep Satan from entering my heart, from taking up residence, from blocking my denials? He was already moving freely within my mind.

A physical strategy was clearly needed, one involving decisive action. In an effort to remove Satan, to rip him out of my heart each time he tried to enter, I began to tear at my chest with my thumb and fingernails. Force was needed to counter force.

Shaking with fear, I covered myself with a blanket so my parents would think I was asleep. The digging at my chest soon drew blood. As the abrasion at the center of my chest expanded and deepened, a blood stain appeared on my shirt front and slowly increased in size.

Once home, I hid my bloody shirt under my mattress and went straight to bed. But, I couldn’t sleep. Later, in the middle of that first night, my mother found me pacing in the living room. Afraid to reveal Satan’s involvement, I told her that “a voice was in my mind and talking directly to me.”

**Failure of Traditional Coping Mechanisms: Prayer and Spiritual Advice**

Mother, always thinking first of the spiritual, took me to see Reverend Hellwege the next day, who proclaimed that I was faking the voice to get attention and to avoid school. Blaming me for my troubles, he made me feel guilty and told me that if I didn’t stop the “charade,” I was certain to go straight to hell. He even prayed that God would punish me to demonstrate the error of my ways.

As God’s representative on earth, I had been taught to believe everything our spiritual leader said. His “counsel” greatly increased the trauma associated with Satan’s continuous barrage of thought insertions. I was in a constant state of terror with salvation and damnation in the balance. My only hope, I had been told, was to stop the voice, and this I was unable to do. My continuing denials were a delaying action at best.

**Nothing Works: Entering a State of Disequilibrium**

Having seen the minister on Monday, mother sent me back to school on Tuesday. Arriving late, when I entered my classroom, all heads turned toward me. Trying not to look at anyone, I went to my desk, sat down, and put my books away. Satan hadn’t given up his attempt to enter my heart and I immediately began to tear at my chest.

My fellow students were puzzled by the sudden change in my behavior. Their stares continued even after Mr. Messerli, our eighth grade teacher, resumed his spelling lesson. Sweating profusely, my skin burned as if on fire.

My anxiety steadily mounted. What if the class discovered my secret? How would I explain the thoughts Satan was forcing into my mind?

My fellow students began to make fun of me, pointing and laughing.

“Why’s he scratching his chest?” Mary Lee had asked, leaning forward in her chair to get a closer look.

“Maybe he’s got fleas,” Bill said, his voice cracking.

Laughter danced around the room.

“Nah, he’s howling at the moon.”
The whole class was now in an uproar.
"Why don’t they just leave me alone," I thought. Their interruptions were interfering with my all-important denials.
"Class, that’s enough," our teacher said.
Six feet tall and muscular with wavy black hair, Mr. Messerli might, in another life, have been a matinee idol. An athlete of near professional skills, the boys in the church school, myself included, both idolized and greatly feared him. His discipline was swift and harsh, and he too represented God. He was quick to use the threat of eternal damnation to maintain discipline, instilling fear, guilt, and low self-esteem in all of his students.
"We’ll now move on to book reports," Mr. Messerli announced. “Last Thursday Robin submitted an excellent report on Huckleberry Finn, by Mark Twain. Robin, will you please come to the front and read your report.”
At the sound of my name, uncertain of what else had been said, I didn’t respond. As if I were the main attraction in a circus sideshow, the entire class was staring at me with perverted fascination in their eyes.
More and more of Satan's thoughts were slipping past unchallenged. It was becoming impossible for me to keep up. My soul was in the balance. Disaster was at hand. In fear and agony, I viciously clawed my chest. Blood again began to ooze from the abrasion. I prayed no one would see.
"Robin, did you hear me?" Mr. Messerli asked. “It’s time for your book report.”
“No, no, no,” I said, quite out loud, not in response to his request, but to Satan's continuous stream of thought insertions.
“Well, we’ll just see about that!” The rumble of self-righteous rage, the anger of the fundamentalist’s demand for submission, colored Mr. Messerli’s voice. Reverend Hellwege and he had obviously talked.
He marched down the isle and stopped next to my desk. With a vise-like grip on my arm, he roughly pulled me out of my chair. Leading me to the front of the classroom, he handed me a copy of my book report.
“No, now, young man.”
Standing in front of the class, shaking violently, the blood stain on my shirt was now visible to all, as were the tears running down my checks. No one moved. I had withdrawn into crisis. Silence prevailed except for my continuing recitation of no’s.

My Perception of the Events: Beyond Remedy

My elders had repeatedly warned me about Satan’s threat to my eternal soul. Satan was now assaulting me, even trying to possess me, which was certain to lead to damnation, and they didn’t believe me. Our minister had condemned me. I felt betrayed. There was no hope for me.

Anatomy of a State of Continuous and Repeated Crisis

Once I had withdrawn into a crisis state, my extreme fear of eternal damnation and the delusion that Satan was trying to possess me maintained my level of trauma at a point just below that sufficient to induce an acute psychological crisis. Each hallucination I experienced thereafter, all in the form of thought insertions, pushed me beyond the breaking point into a new crisis. These thought insertions were occurring in rapid succession, creating multiple crises that occurred so frequently as to be seamless or nearly seamless, producing what was tantamount to a continuous state of acute psychological crisis. Remaining withdrawn, I was unreachable and almost completely dysfunctional.

In this example, I postulate that a series of acute psychological crises occurring in such rapid succession as to be tantamount to a continuous state of crisis may explain why brief treatment and crisis intervention is much more suc-
cessful after anti-psychotic medications are administered to patients presenting with severe mental illness. It is my experience that these medications reduce the underlying level of trauma sufficiently to break the vicious cycle of repeated and virtually seamless acute psychological crises, rendering the patient more susceptible to brief treatment and crisis intervention.

**The Actions of My Clinician**

My psychiatrist, Dr. Levy, was asked to intervene 3 days later. He immediately placed me on a sedative to calm me and on a neuroleptic to lessen the impact of my symptoms and break the cycle of continuous crises, and on the day I first met with him, he placed me in a private psychiatric hospital, where I was kept under continuous observation until I stabilized.

**Mounting Trauma Leading to Disequilibrium and Crisis**

The bell rang, marking another dreaded change in class periods. My muscles tightened and a sharp pain burrowed into the back of my head. My hands shook as I gathered my books and tucked them into my bag. A chill ran through me.

Remaining at the rear, I waited for the classroom to clear before entering the hall. Once there, they came at me from everywhere, a giant swirling mass of students that threatened me with every step. Every one of them was part of a Satanic conspiracy bent on my destruction. If any one of them touched me, I would be corrupted. I felt weak.

Hugging the wall, I started toward my next class, closing my eyes to shut out the confusion around me. But I could not shut out the noise, the slamming of locker doors, the shuffling of feet, the laughing, the shouting. Feeling faint, I leaned against an open doorway and let my bookbag drop to the floor.

Despite my resistance, I was overcome by the confusion around me. My points of reference and orientation were soon lost. Fear of losing myself within this chaos rose up within me, burning like acid in my throat. It was starting all over again, and I was helpless.

In the midst of this turmoil, I suddenly couldn't remember in which direction I had been walking. And then I couldn't remember why. Desperately, I tried to block out all the external stimuli that had flooded into my mind,

**Crisis 2: Intermittent Crises in Schizophrenia**

When I entered high school, I was under psychiatric care, but my schizophrenia remained in an active phase. Placed on the only neuroleptic than available and which for me was only marginally effective, I experienced acute psychological crises frequently, although not continuously. I lived in a near constant state of terror.

After 6 years in a small sheltered parochial school I entered a rough high school with a freshman class of 700. During my first 2 years of high school, Satan's thought insertions continued and my paranoid delusions became much more elaborate. I also developed delusions of grandeur and my hallucinations became more complicated. Satan had recruited a whole host of demons that talked about me among themselves and jabbered at me constantly, proffering advice and criticism concerning everything I did and didn't do. My defensive behaviors also became much more involved.

Crisis 2 illustrates another “Level 5: Severe Mental Illness” crisis (Burgess & Roberts, 2000). The principal underlying source of substantial stress that greatly increased my susceptibility to acute psychological crises remained my delusions. The precipitating event, however, was not a hallucination, but an external event made traumatic by virtue of my delusions.
but these were overwhelming. Then a student brushed against me. It was too late! As I withdrew into crisis, I heard a voice trailing off . . . “Look at Robin. The idiot is throwing another fit. He’s . . .” Silence. “Robin?” The voice reached out to me across a great distance. “Robin?” the voice repeated, now much closer. “I’m not sure he can hear you,” another voice said. “Robin. Can you hear me?” This time I nodded. “Are you all right?” Opening my eyes, I saw my math teacher, Mrs. Argrove, and the Vice Principal, standing with me in the otherwise empty hallway. “I’m fine,” I said. But, of course, I wasn’t fine. I’d been contaminated and this was very dangerous. I was unable to cope on a continuing basis with the cumulative trauma caused by Satan’s thought insertions, the harassment of his demons, and the ridicule of my peers. I moved from crisis to crisis, my life a living hell.

Learning New Coping Mechanisms: A Conversation with Dr. Levy

“So the harassment of other students creates problems in dealing with Satan and his demons, making it necessary for you to use all your physical defenses. And when you use all your physical defenses, it attracts the ridicule of the other students, which further interferes with your attempts to deal with Satan and his cohorts. Is that what you are saying?” “Yes.” “So, it’s kind of like quicksand. The more you struggle the faster you sink.” “Exactly.” Dr. Levy remained silent for a moment. “It’s just too bad . . .” “What’s too bad?” I asked. Dr. Levy appeared to be deep in thought. “What’s too bad?” I asked again. “It’s too bad there aren’t some defenses you could use that wouldn’t require all the conspicuous gestures. You know, scraping your chest and the like. Something more subtle, more mental, something that the other kids wouldn’t know about. You could fool them all. You could protect yourself and they’d never even know. Then it wouldn’t be so hard to deal with them. It might even be worth a good laugh once in a while. You know, just between you and me.” “Like what sort of defenses?” “Well, I don’t know,” he said. “That’d have to be up to you. You’re the only one that can determine what works.” Deliberately forgoing familiar physically oriented defenses that worked more often than not to experiment with more subtle, unproven, forms of protection was terrifying. Something about the demonstrative nature of my existing defenses provided a measure of reassurance. Abandoning these involved voluntarily placing myself in great jeopardy. But it seemed the only way that I could extricate myself from the “quicksand,” as Dr. Levy had described it, which was slowly destroying me with intermittent acute psychological crises. At first, my experiments resulted in many failures producing levels of trauma that precipitated an even greater number of crises. My existence became even more unbearable, but I was determined to see this new strategy through to its conclusion.

Slowly, I fought my way back. Carefully, I began to craft a strategy revolving around “mental defenses.” Success with this strategy depended, not upon physical expression, but upon the maintenance of a steady mental and emotional state. Maintenance of the stability at the center of my new defense required enormous amounts of
energy and concentration. This was especially true because the greater number of crises this strategy initially produced did substantial damage to my already fragile mental and emotional stability and greatly complicated my relationships with my peers. But it was all covert, just as Dr. Levy had suggested. Once the strategy began to bear fruit and the number of my crises declined, the only external evidence of this new strategy were periods of preoccupation during which my responses to the primary world were sometimes delayed. Many students came to think of me as shy and introverted. Some even thought me slow. Eventually, however, the other students stopped harassing me, enabling me to concentrate on protecting myself from Satan and his horde.

Anatomy of Intermittent Crises

In my first 2 years of high school, even though my schizophrenia remained active, the neuroleptic I was taking lessened the impact of my delusions and hallucinations. This reduced my overall levels of stress, rendering me less susceptible to acute psychological crises. Nonetheless these crises continued to occur frequently. The development of new coping mechanisms at first greatly increased my levels of stress and the resultant number of crises I experienced.

The Actions of My Clinician

Dr. Levy kept me on neuroleptics to lessen the impact of my active symptoms, adjusting dosages to optimal levels and trying new neuroleptics as these became available. He also offered advice on how to best cope with the many stresses to which I was subject and responded to those acute psychological crises that I did experience with suggestions for changes in my behavior that would reduce stress and avoid future crises. All this advice and these suggestions combined over time to provide a repertoire of coping mechanisms that steadily reduced the trauma associated with my disease and increased my functionality.

Crisis 3: Transitional Crises in Schizophrenia

Just prior to my junior year of high school, my schizophrenia went into remission as a consequence of new anti-psychotic medications. Although I experienced primarily “Level 2: Transitional Stress Crises” (Burgess & Roberts, 2000) characteristic of my age during this period, the trauma associated with these was significantly increased by virtue of continuing high levels of underlying stress resulting from the psychological therapy in which I was then heavily involved.

The destruction of personality that resulted from my aberrant belief systems during the florid phase of my illness required the creation of a new persona replete with integrated and reality-based beliefs, including moral values. A significant portion of the therapy I underwent once my schizophrenia had entered remission involved retraining my emotions, which had raged out of control during the active stage of my disease, especially in the very early stages. Once in remission it was necessary to retrain these emotions to conform with my new belief system and resultant persona. This retraining was the source of considerable anguish over an extended period.

Coming from a fundamentalist religious background, I had been endowed with an enormous amount of guilt concerning sex. As a part of my continuing psychological therapy, I had been systematically reevaluating most of the things I had been taught as a child, deciding which I still believed and which not, when the issue of sex first came up.
The Overlay of a Transitional Stress Crisis

Donna was wearing a snug pair of jeans and a soft bulky sweater that left room for my imagination. With jet-black hair, an oval face, creamy clear complexion, big brown eyes with subtle points of temptation in them, and an infectious smile, she was most attractive. But most importantly for a boy on his first date, she seemed to genuinely like me and made me feel at ease. This was a relative thing, of course. Other than opening doors for her, I had little idea what was expected of me.

Donna and I were crowded, along with other young teenage couples, into a horse-drawn farm wagon full of straw that made a 45-minute circuit of a local farmer’s fallow winter fields.

“It’s getting pretty cold, Donna. We’d better get under the blanket if we expect to survive,” I said.

“O.K.” She laughed, grabbing a handful of straw and stuffing it down my shirtfront.

We wrestled our way under the blanket and huddled close together as we shivered. I could feel the warmth of her body next to mine. Immediately guilt and renewed fears of eternal damnation took hold of me.

“This straw itches,” I said.

Donna fumbled to unbutton my shirtfront part way down. She reached down inside my shirt and began to pick the straw out. My imagination soared, and my guilt and terror took flight with it. I put my right arm around Donna’s shoulders. My conscience protested. She eagerly cuddled in close to me, melting into my right side. It was heaven. My right arm was dangling off the end of her right shoulder. Much to my surprise and delight, she took my right hand and pulled it down off her shoulder and cupped it in a gentle embrace of her breast. She then took my left hand in hers and placed it in her lap. She turned her head and we kissed. It was a clumsy adolescent kiss, but ecstasy in all its parts. However, guilt and fear immediately overwhelmed me. I went into crisis and barely managed to complete the date, running in terror as I left Donna on her front stoop. Weeks of mental and emotional anguish followed.

Improving Coping Skills: Retraining of One’s Emotions

“So you engaged in a little touchy feely,” Dr. Levy said. “Did you rape the girl?”

“No, of course not.”

“Did you hold her down and grope her?”

“No.”

“I assume, then, that she was a willing participant in this touchy feely.”

“Yes.”

“Then what’s the problem? I don’t understand.”

“Well for one thing, Satan’s demons were encouraging me.”

“And because of that, you figured what you did couldn’t possibly have been right.”

“That and my old conscience has been threatening me with eternal damnation.”

“But you ignored the voices, and your old conscience, and did what you had decided was right.”

“You mean what the two of us did?”

“Yes. What the two of you did. It’s obvious that the two of you did this touchy feely thing together. The girl was willing, I mean.”

“Well, yes.”

“Now wait a minute. Was she willing or not?”

“She was willing. In fact, she started it.”

“There you are. So, I repeat, what’s the problem?”

“It’s just that I feel so guilty. And I’m worried. What if my old conscience is right?”

“Well, let me ask you this, do you really believe that what you did was wrong? Did it violate any of the new fundamental beliefs that you’ve adopted?”

I thought about this for a minute or two. Dr. Levy waited.
“No, I don’t think it violated any of my new beliefs. I think that what we did was good, that it was right for me to reciprocate.”

Dr. Levy remained silent.

“But then, why do I feel so guilty about it? Why am I so frightened?”

“Well, if it doesn’t violate your beliefs, what do you think?”

“It’s probably because I’ve been taught all my life that what we did was wrong. It’s probably like you’ve said before, that my emotions are lagging behind my intellect.”

“I would say that was it,” Dr. Levy said. Pausing briefly, he continued.

“Nevertheless, you went ahead and did what you thought was right. So, as we’ve discussed, you’ve begun to retrain your emotions, to bring them into line. This is good. This is progress.”

“But I didn’t think it would be so brutal. The guilt keeps coming back, again and again. I haven’t slept well for weeks. The guilt and fear are driving me crazy. It’s as if my old conscience has survived and gone out of control.”

“Well, we talked about the fact that retraining your emotions wouldn’t be easy.”

“But, I had no idea. I’ve got to retrain my emotions and wipe out an old misguided conscience too!”

It occurred to me that this was not just retraining, it was a revolution against a conscience that was fighting back. It was an internal war with emotional casualties and this is just the first skirmish.

“Just keep in mind that it’s all part of the same process. When you’ve completed retraining your emotions, you will find that your old conscience has disappeared.”

“Are you sure?”

“I promise you that it will be so.”

“God, I hope you’re right.”

“You’ll see. It’s not going to be a comfortable process, but you’ve got to look at the other side of it too, you know.”

“What’s that?”

“Do you really have a choice? Could you go back now even if you wanted to?”

Dr. Levy was right. I could not go back. As the magnitude of this sank in, I felt a shudder run through me. My focus blurred. A sense of separation rose up within me, a separation from my past and from myself. This was a departure from troubled yet familiar waters. As if I’d cut my moorings and was now adrift on uncharted and angry seas, I had once again committed to a promising course of action, but one that was proving to be extremely painful and fraught with potentially devastating consequences. The metallic taste of fear settled yet again upon my tongue.

Anatomy of Transitional Stress Crises

I experienced most of the Transitional Stress Crises (Burgess & Roberts, 2000) endemic to growing up, leaving home, and eventually establishing my independence. The agonies of all these were, however, greatly heightened by the continuing levels of stress associated with my illness. During this period, when my illness was in remission, most of this stress revolved around the fundamental changes required of me by the process of psychotherapy. Although the process was excruciating, these stresses were all systematically and successfully addressed as they arose by employing the common sense and therapeutic advice provided by Dr. Levy.

The Actions of My Clinician

As a child I was endowed with a system of beliefs and values that were internally inconsistent and even contradictory, and that were often at odds with the behavior of my teachers. Dr. Levy realized this long before I. But once it became apparent to me, Dr. Levy agreed to help, vowing that he could not tell me what to believe, but offering to help me figure out how to sort out my beliefs for myself. He kept his
commitment, and with his counsel I eventually worked out an internally consistent belief system that was my very own. This greatly reduced my levels of stress and contributed to a sharp reduction in the number of acute psychological crises that I experienced. The thinking processes he taught me has been of great assistance to me throughout the remainder of my life.

Crisis 4: Psychiatric Emergency Leading to a Catastrophic Crisis

The chain of events leading to my only Catastrophic Crisis (Burgess & Roberts, 2000) commenced with my first serious involvement with the opposite sex that began in the third quarter of my senior year of college. Eight years of increasingly effective anti-psychotic medications and retraining of my emotions had provided the emotional basis for a mature and intimate relationship. But this involvement, which lasted for 15 months, produced a series of subsequent crises that would have a profound effect on my life.

Traumatic Event Crisis: The Loss of a Loved One

Barbara and I met in my senior year and immediately fell in love. Our relationship progressed rapidly into a passionate affair. The expressions of love that we shared quickly became complete and uncomplicated, and both physically and emotionally binding.

The relationship was also of special significance to me because our involvement had served as the final break with the tyranny of my fundamentalist religious upbringing and provided an opportunity for an important last step in the retraining of my emotions related to my new beliefs regarding sex.

But after 15 months of deeply fulfilling friendship, love, and passion, our separate educational circumstances found us facing the possibility of a long-term separation.

The prospect of leaving Barbara, and our deep emotional and sexual involvement, behind in Seattle to go on to graduate school at the University of North Carolina sent me into a downward spiraling, but situational, depression. Barbara had become an essential part of me and it felt as if I was being struck asunder. This adversely affected our relationship. The fellowship from the National Institute of Health that would have financed my PhD in psychology seemed little consolation, but it was also impossible to walk away from the enormous opportunity this represented.

My increasing agitation over this conflict further complicated my relationship with Barbara, threatening what I then valued most in life. The rising levels of stress and trauma associated with this deteriorating situation pushed me ever closer to yet another horrific acute psychological crisis. All too familiar with the destructive power of such crises and desperate for some remedy for our deteriorating relationship, I decided that the neuroleptic I was taking was responsible for my increasing depression. Without consulting Dr. Levy, I stopped taking the medication. It was the first time in 9 years that I had not been in compliance. My depression did not lift, of course, and I was totally unaware of my decompensation and precipitous decline into the greater dissolution of schizophrenia. My thinking rapidly became distorted and I became excessively sentimental, losing touch with reality.

The highly traumatic phone call that marked the end of our relationship came on a Thursday evening about 8:00 p.m.

“Hi love,” I said. “How did your anatomy lab go today?”

“Fine.”
“Did you finish with the brain?”
“Yes.”
Silence.
“Cat got your tongue?”
“I’m just tired.”
“What are we going to do tomorrow night? Do you still want to see The Sound of Music?”
“I can’t go tomorrow night.”
“What?”
“I can’t go tomorrow night.”
“Why, we’ve talked for weeks about seeing the movie as soon as it opened.”
Barbara didn’t respond.
“What’s wrong sweetheart?”
“I just can’t go, that’s all.”
“But why?”
Barbara said nothing.
“What is it?” I insisted.
“I have a date with someone else.”
“Why?” It was all I could think to ask.
“Because you’ve changed.”
Knowing full well the implications, the trauma I experienced upon hearing these words was instantaneous and devastating. My functionality was virtually destroyed. I managed to keep my job for several weeks, primarily because I worked without supervision and had minimal contact with others, but I accomplished nothing.

Psychiatric Emergency as a Result of Suicidal or Homicidal Ideation (Burgess & Roberts, 2000)

My emotional state continued to deteriorate rapidly and I was soon contemplating suicide. Fortunately, I recognized the danger to myself when these suicidal thoughts took the form of detailed plans that would have been easy to implement and effective. Finally, completely over-run with loneliness, depression, and despair, on a Friday evening, I called Dr. Levy at home, and on his advice, checked into the University of Washington Hospital Psychiatric Ward that night.

Failure of the Traditional Coping Mechanism: Seeking Psychiatric Assistance

I was in the hospital for 2 weeks. The doctors put me back on the very first anti-psychotic medication that Dr. Levy and I had tried, one that had never done very much to help me. My schizophrenia worsened.

Relapse of My Schizophrenia

By the time I arrived in North Carolina for graduate school, my schizophrenia had reentered an active phase and continued to worsen. Paranoid delusions involving suspicions of conspiracies among my professors and peers to ensure my failure in graduate school developed over the ensuing months and superstitious behaviors began anew. Hallucinations finally began to plague me. The levels of stress associated with my illness quickly reached high levels and continued to mount.

Second Failure of Coping Mechanism: Seeking Psychiatric Assistance

The psychiatrist I saw in North Carolina knew little of my background and seemed even less interested. His methods were unfamiliar to me. He knew nothing of my sensitivities or responses to medication and, without a history of working with me, he did not see the danger signs in my condition.

Accumulation of Traumatic Events (“Last Straw” Effect): New Place, New School

North Carolinian culture was foreign to me, producing a series of stresses that would have un-
doubtedly been manageable to a healthy individual. However, for me, these stresses combined with the high levels of underlying psychological stress due to my illness to create circumstances and events that produced a series of “Level 3: Traumatic Stress” crises (Burgess & Roberts, 2000).

Language differences were involved in these crises, creating communication problems that were a constant reminder that I was an outsider. Relations between the sexes were highly regulated. Dating was difficult under the circumstances, and peer pressure upon young ladies resulted in a series of promising dates that were broken because I was a “Yankee.”

My academic circumstances also contributed to these crises. The course of study prescribed for my first year did not include anything in which I was remotely interested. Because I was involved in behaviorism, a newly evolving field of psychological study that was not yet fully accepted, many of my professors were hostile and other students disrespectful.

Even my physical circumstances were instrumental in precipitating these traumatic stress crises. The dormitories were old and deteriorating. Bathroom fixtures were rusty and smelled bad. The local soil was clay mixed with sand and university building floors were marble or ceramic tile, the combination creating sounds comparable to fingernails scraping down a blackboard when one walked.

Much of the food was unfamiliar and distasteful. And finally social issues made a contribution. I supported the civil rights movement, which resulted in a number of verbal philosophical and moral altercations.

**Dysfunction in Graduate School**

The words on the pages I studied so diligently were recognizable, and appeared to be arranged into sentences, but I could not string them into meaningful, coherent ideas. Reading the studies over and over, I still took away no substance, no meaning. For the first time in my life I felt stupid. The presentation I was scheduled to make to a graduate seminar was 40% of my grade. It was essential that it be done well.

Ralph was to present his research in the first half of our 3-hour seminar and I in the second half. Ralph, who had begun work on his thesis, was Professor Anderson’s pet student. To make matters worse, Anderson was his thesis advisor.

Ralph’s presentation lasted for precisely his allotted time, but since it dealt with one of the professor’s special area of research, it prompted a vigorous response. After a half-hour of discussion, I was becoming more and more nervous about my presentation. I still didn’t know what I was going to say, but I was resentful that a third of my time had been consumed.

After another half-hour had passed, I had become quite anxious, my stomach turning, acid rising up in my throat. I wouldn’t have enough time. Anger at Ralph and Anderson burned within me. They were obviously conspiring to disrupt my presentation. Anderson had it in for me because I was a behaviorist, all of whom he considered fools, but this was patently unfair. When the discussion finally ended with just 10 minutes remaining, I was thanking God. My presentation would have to be postponed.

“All right, Mr. Cunningham, you’re on,” Professor Anderson said.

My hands began to shake. My palms became damp. I was suddenly weak.

“But, Professor, there are only 10 minutes left.”

“Then you’ll have to be succinct. That shouldn’t be hard. Behaviorists are men of few words.”

I felt dizzy. Sweat formed on my temple at the hair line.

“But, Professor, there isn’t enough time to make a decent presentation.”

“Then it should suit you just fine,” he replied.
Left with no choice, I went to the head of the conference table and wrote some points on the blackboard. These were copied from bullets I had seen in one of the books I had used for research, but I had never really understood. Turning to face the class, I tried to summarize.

After having said very little, I was startled when Professor Anderson interrupted to say that I had exceeded the time available to me. He dismissed the class.

As I left the building, Jerry, one of my roommates, ran to catch up.

“What the hell was that all about?” he asked.

“You tell me,” I said. “It wasn’t fair and he knows it.”

“I agree it wasn’t fair, but I mean your presentation.”

“What about it?”

“No one understood it.”

“Well, I was rushed. What do they expect?”

“No, I mean what you said. You never completed a sentence. In fact, you never even started one. You just rattled off a bunch of words that meant nothing. None of it made any sense at all. And what you wrote on the blackboard was gibberish. You’re going to flunk the class.”

My Perception of the Events: Beyond Remedy

Early the next morning I took a walk in the little wooded area behind our apartment and considered my situation. All was lost. Of all the crises I had endured, this was the worst. I had been totally defeated, even humiliated, left devoid of all hope. After years of crises and crisis resolutions, I was well schooled and it didn’t take me long to realize I had to remove myself from the offending circumstances. In a strangely quiet, fatalistic mood, and yet with a sense of relief, later that day I went to the Administration Office and resigned my fellowship. In a daze, the next morning, I loaded all my belongings into my car and headed west.

Anatomy of a Cumulative or Catastrophic Crisis (Based on Burgess and Roberts’ Typology, 2000)

This excerpt reveals how the loss of a loved one resulted in a “Level 3: Traumatic Stress” crisis. As this crisis continued without intervention, suicide became a realistic prospect, precipitating a “Level 6: Psychiatric Emergency.” This was followed by a long series of “Level 3: Traumatic Stress” crises resulting from my social and cultural displacement, which combined with a “Level 5: Serious Mental Illness” crisis to precipitate a “Level 7: Catastrophic Crisis.”

Stabilization: A Return to Familiar and Effective Treatment

“It was the lousy medication,” I said. “It destroyed my memory.”

“Are you still taking it?” Dr. Levy asked.

“Yes, but who cares? The doctors in Seattle have destroyed my life.”

“Now, there you are wrong,” Dr. Levy said. “The hospital did you more good than you know.”

“Then what the hell happened to me? I think it was the medication they prescribed.”

“Robin, you’ve had a relapse of your schizophrenia.”

I didn’t respond immediately.

“I would have known.”

“Not necessarily. It’s a common symptom of schizophrenia for the patient not to be aware of his illness. It’s called anosognosia. It was part of your relapse.”

“But what about my memory?”

“What you’ve described may have been a memory problem, but it sounds much more like receptive aphasia.”

“What’s that?”

“In your case it took the form of an inability to synthesize words in a sentence into a meaningful
idea and it’s also one of the symptoms of schizophrenia. It was also part of your relapse.”

“You may have a memory problem, but the loss of memory can also be a side effect of the medication you’re now taking. From all that we’ve done together, I’d say that you are overmedicated. But despite this, the medicine has almost certainly prevented your relapse from becoming much, much worse.”

“But why did I relapse?”

“You told me when you called the night you went into the hospital that you had stopped taking your medication. That was probably what precipitated your relapse.”

“So what happens now?”

“We’ll try a new medication. I’m going to start you on one that has just come out. We’ll see if that helps.”

This new anti-psychotic medication turned out to be the one medication that brought all the symptoms of my schizophrenia under my control and changed my life forever.

The Actions of My Clinician

Dr. Levy intervened twice during this my last and most difficult series of acute psychological crises. He first responded to my “Level 6: Psychiatric Emergency” by ensuring that I got the treatment needed to prevent my suicide. And then, in response to my “Level 7: Catastrophic Crisis,” he introduced a new anti-psychotic medication that brought my symptoms under control. Once stabilized, this enabled me to employ all the coping skills he taught me over the years as means for achieving personal growth.

From start to finish, Dr. Levy’s ministrations have kept me off the back wards of state psychiatric hospitals and off the rolls of the homeless mentally ill. They have endowed me with an opportunity for a full and satisfying life equal to that of my mentally healthy peers.

The Anatomy of Multiple Crises in Schizophrenia

This article has illustrated through anecdotal evidence that individuals with schizophrenia, when in an active phase of their illness or when in recession and undergoing the traumas of therapy, can experience a significantly greater level of susceptibility to acute psychological crises than a normal person. It has also documented that these individuals may also experience a very wide range of crisis types in greater frequency. In addition, the author has postulated that individuals with schizophrenia when floridly psychotic may experience a frequency and duration of crises that are tantamount to a continuous state or long series of successive psychological crisis.

References
