Dealing with the Disadvantaged

Understanding schizophrenics

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Schizophrenia is not a constant, even in the individual, and has no physical measurements. The patients themselves or their relatives may not be aware of the diagnosis or may not accept it. Confusing, contradictory, or even appalling comments may have been made by different doctors. Schizophrenics often complain about lack of information, and they may be

extremely depressed and frustrated at not being able to give satisfactory descriptions or at being received with incomprehension or rejection. The fact that a schizophrenic suggests some bizarre causes for his symptoms should not cloud the fact that the symptoms are real and often unpleasant.

Physical care

In hospital the schizophrenic's routine physical care may have been limited. He may not have had ready access to treatment or may have felt that his complaints had never gone beyond the nursing staff and had often been forgotten or side-stepped. Many patients feel that because they have a psychiatric label their real and unpleasant symptoms are too often regarded as of little importance. In the same schizophrenic patient pain tolerance may vary from extremely low to almost total anaesthesia. Many will feel that they have lost all capacity for enjoyment though they still hope for this. A state of healthy wellbeing may be almost a forgotten experience, and the only substitute may be a "high" phase followed by a severe let-down. At times patients will insist that they are now very well, but a clinical sense will indicate that this is not so.

The diagnosis and treatment of a straightforward physical condition in a well-controlled schizophrenic should present no additional problems unless the very appearance of a patient with "the label" elicits a reaction from the doctor. Patients are observant and often hypersensitive: even chronic cases have some awareness of their problems and that they are under-functioning in society. A common saying is, "The trouble is that you look all right." Like deafness it is invisible, and so provokes criticism but not understanding.

Relationship with the doctor

Long-term care will be satisfactory only if the patient has trust in the doctor. Promises should not be made unless they can be kept.

Giving advance thought to the handling of common problems can be helpful, especially in the choice of phrase. Tone of voice is more important than the words used. Direct statements can be made, provided that these are firm but understanding. In schizophrenia there is a strength of conviction that brooks no argument and goes far beyond normal experience: at these times argument is pointless. A statement such as "I accept that you believe that, but please accept that I am unable to do so," will sidestep many potential arguments. It is neither a confrontation nor an agreement.

Some patients, either from fear or desperation, may be aggressive and make immediate, excessive, or unrealistic demands. They will not respond to factual explanation and can usually find a way round any argument. Often a comment such as "I will need time to consider this," will be accepted, and the whole issue may have faded by the time of the next consultation. Others may be uncommunicative or even reluctant to consult a doctor about any condition. Having experienced traumatic times when they have felt that the evidence of others has always been accepted but never their own, which is always treated as suspect, they do not wish to expose themselves to further "insults."

Long-term improvement depends very much on patients challenging their own thoughts; recalling and learning from their own experiences; and then using this to control future episodes. Reminders of past insistence, certainties, and seeming delusions should be gentle. It is difficult enough to accept criticism about oneself from oneself.

Inquiry into what a patient means may be necessary. Patients may appear to understand but retain little. It is preferable to ask that instructions be repeated than to ask if they have been understood. Concentration will be impossible if the patient is totally absorbed in a subjective world when there will be limited capacity for attention to the outside world. Words can be interpreted very differently.

With whatever condition a schizophrenic patient may present it is likely that he will still want to discuss his central burning problem, because of the ever-conscious desire to be well. Straightforward replies lead to a greater trust, which will be of great help in any future crises. Patients and relatives soon sense if a doctor is trying to give an appearance of knowledge and clarity of thought that he does not possess. In the present state of knowledge there should be no problem in being able to say "As far as I know it is not known."

A sufferer from schizophrenia has a hard time and should always be regarded as an individual. Normal experiences can be used to give some insight to outsiders, but the intensity can only be experienced—it cannot be imagined. The incidence of suicide may give some indication of the unremitting waking experience. As a patient said to me, "I am too unhappy to live and too frightened to die."

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