

Psychological Causes of Schizophrenia

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This article outlines not only the path of my recovery but also the conclusions of my therapeutic journal that developed over a period of several years. This journal evolved into the following structure: description of personal pain body, moving forward with transformations, and active living—implementation of intention and desire that continues. My journal has evolved from the written word to transformation, current lived experience, and the expectation of good things yet to come. Many transformations were integrated into my thinking and emotions over the years. As I developed solutions to my pain body, the structure of the psychological causes of my paranoid schizophrenia became clear. The voices and interference are at bay, hallucinations and delusions are understood, and paranoid disposition transformed to a more normal way of thinking and reacting. I continue on a low maintenance dose of atypical antipsychotic medication. My hope is that my conclusions will inspire researchers and clinicians and help other peers with their recovery. An open mind, moving forward in work, self-direction, and transformative learning have contributed significantly to my recovery.

Key words: recovery/transformation/integration

Recovery means following your dreams and charting one's own path in life. Within this framework, I have created a model of constantly moving toward greater and greater independence in society.

Recovery from severe mental disability is a testament to courage, determination, and hardwork and demonstrates the power of human spirit and ingenuity in the face of setbacks and hardship. In the darkest moments, there is always a goal, a dream, and hope. A good doctor sees himself as part of the drama while the support of numerous friends and skilled counselors is paramount to a successful recovery.

I was diagnosed with paranoid schizophrenia in 1978 during my 3-month inpatient stay at a psychiatric hospital in Toronto, Canada—The Centre for Addiction and

Mental Health. I have always been comfortable with this diagnosis.

In the discharge planning process, I made a conscious decision to return to work and negotiated a bridging bank loan to help me transition for 6–8 months until I was back at work. Fortunately, I had the support of an individualized vocational program to help facilitate my plan and provide support.

My recovery has been gradual and in stages. The recovery followed a series of cycles of success and emergence of negative symptoms with 10 years between peaks and valleys. I have followed 3 cycles. I have worked for 20 of the last 30 years full time as a manager, book program officer in the nongovernment organization sector in Canada, and community college instructor facilitating adult education classes in functional mathematics and English. I have also owned and operated my own bed and breakfast and farm. I have always lived independently and negotiated my own contracts. Currently, I manage my own modest stock portfolio and have successfully been an oil and gas investor since 1999. The highlight of my investing career was attending North America Petroleum Explorers Expo in Houston, TX, last February. The current financial crisis of 2008 continues to challenge me in new ways.

I continue to do my best with my own financial management, but this serious global financial crisis is unnerving. A modest government disability pension and income from my investments are my sources of income. Medication side effects from 3 mg risperidone are on the mend with nightly dosing. My family doctor gave up her practice, and I have had to adjust to my new family doctor who approaches her practice in a different way. It has taken several months, but I now have a plan that has been negotiated with my new doctor. I have accepted recommendations of a medication assessment program to switch to a target dose of 10 mg aripiprazole and a second recommendation to return to exercise—walking and the gym. I am also participating in a social networking group and experimenting with mainstream dating. With life and recovery, it is not about seeing me as a victim; it is about trying new things and moving forward with an attitude of victory.

I set goals and objectives and solve problems using generally accepted principals of decision making. This involves defining the problem, analysis of alternatives, and including a decision and action plan with a strategy

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to achieve the plan. In the event, things go wrong; it helps to have a backup plan in place because as a crisis develops, I have found I cannot always think logically at the time. Several examples include the collaborative process of identifying a need to switch medication and follow a process that has led to a change. Another example of a need for a backup plan is with my finances. I have made income recently negotiating the huge volatility in the equity markets. I am looking to the future rather than nursing my wounds with asset write-downs. This process reduces stress and leads to success.

To achieve greater independence and integration into society, I find that I have developed an inventory of coping skills over the years. This inventory includes life skills, workplace and office skills, household management and budgeting skills, personal coping skills for managing schizophrenia that include a therapeutic journal, and skills at personally developing and learning. My budgeting includes managing expectations, financial planning and control, and strategies for risk taking. This list is not exhaustive but covers many of the skills. Knowing I have these skills helps to develop confidence to join social groups and engage in activities and develop new interests. I have taken golf lessons with my city's parks and recreation department. During the summer, I entered a golf tournament. Both activities were fun; I met lots of nice people, learned a lot, and continued to move forward.

I am very auditory, and the radio and audio content such as books and podcasts intrigue me and are helpful. I use the content to help me move forward. An example is in music—I listen to popular and jazz. If I face a life challenge, I may listen to a song like Mariah Carey's "Hero." It talks about solving challenges by looking to the hero inside you. I draw inspiration to move forward. If I have a home improvement problem, I listen to a home improvement show. If a relationship problem or financial problem or spiritual problem—often syndicated radio works for me. I also listen to subscribed podcasts with my Google Reader or iPod Touch. I believe spiritual power helps with the synchronicity of finding the right message at the right time. You can control a lot in life, you can make plans, you can expect good things to come your way, you can move forward with expectation, but perhaps all the subtleties of life have some divine influence. I believe all of us—regardless of ability—have a unique gift to offer the world. In my case, I am good at adult education, managing and planning, analysis of information, and moving forward in the face of adversity and hardship.

The more consumers work in a structured fashion with encouragement to develop cognitive skills, the more success they will experience. A stable lowest dose of medication contributes to long-term success. In my case, I took 5 mg of trifluoperazine for 20 years followed by 3 mg of risperidone and am now in the process of switching to 10

mg aripiprazole. Recovery includes housing, support, education, life skills, technology, employment, and enjoying the arts.

I think the psychiatrist and mental health team can help by projecting hope and optimism for the future in a positive framework. Nothing can replace this attitude. Coordinated care is essential particularly when the client is first ill and early in recovery. I believe people with mental illness need to move forward in life. One needs to grow in life's experience and cognitive functioning. The help and support of a specialized vocational program can be an excellent resource. A positive environment, positive outlook, and can-do attitude will help guard against the negative symptoms of schizophrenia.

Active living embodied by fitness, outdoor recreation, nutrition, occupation, and community can help to change unfortunate circumstances to successful outcomes. A balanced life is a key success factor including realistic goals, inner motivation, a daily plan, and weekly achievement. Wise life choices combined with sensible risks and a balance in lifestyle contribute to health. This process can take many years.

In 2005, I got totally frustrated with managing schizophrenia so I decided to make an attempt at finding my causes and solutions to my dilemma. I started my personal therapeutic journal and did not know how difficult it would be to uncover causes and categorize and systematize them with solutions. It was by far the most difficult thing I have ever attempted. The results of my effort are summarized in my submission.

In 1972, I was influenced by a course in management science that included not only statistics but also decision making under uncertainty including statistical inference and modeling theory. After discharge from hospital in 1978, I developed an open mind in terms of searching for solutions to my schizophrenia and adopted a heuristic model to search for solutions to my dilemma. I knew the doctors did not know a cause or solution to schizophrenia and neither did I so it seemed consistent to search for outcomes using the influence of best practices. There were many transformations. Recently, an occupational therapy professor I had coffee with suggested I look at complexity theory, I did, and found it helpful in explaining my recovery. There was a plan, a structure, and a method to my search. My therapeutic journal that I started about 4 years ago moved this process forward. I have shared the major conclusions in my journal with the following first-person account of the psychological causes of my schizophrenia. I know that my findings have helped me. I hope others will find my conclusions helpful too.

In my opinion, the origins of schizophrenia lay in a very confused sense of self that manifests in a model of very low self-esteem. The boundaries of the individuals self are confused with the self of the mother and/or father. My impression is that the individuals know that their

world is very different from a normal world as experienced in general society. This psychological state leads to a splitting of emotions in the individual.

This situation the individuals find themselves in can be further complicated by a history of psychological abuse and repression of feelings.

When the individuals understand their pain body, they can move forward by reframing and transforming. They develop a healthy self and establish firm psychological boundaries between their self and their identity and their parents. The parents become greatly reduced in importance and perhaps replaced by other parental and adult role models.

Paranoia and paranoid states and reactions are simply child-like states similar to a child's temper tantrum. Paranoid thinking is probably learned from the parents in terms of their reaction to the world. The parents react in a child-like paranoid way to stimuli and events. This is all abnormal learned behavior in the developing child. Hallucinations are based in fear and learned in childhood. They are triggered by the dominate sense in the individual in response to a fear and paranoia because of some risky

behavior such as entering into conflict with an authority figure. Delusions are also based in fear and paranoia and represent a false belief but have a basis in reality. It is possible to understand and unravel hallucinations and delusions so that one does not react in a paranoid way to triggers.

Recovery from schizophrenia is possible when one develops a healthy self and establishes firm psychological boundaries with each of their parents. The role of the parents is pushed to the background and replaced with the self. Paranoia can be unraveled when the healthy self decides that it does not want to react in this unhealthy child-like manner no matter how hard it may be to change. The adult in the healthy self will eventually realize and unravel paranoid thinking into rational and logical adult thinking and models.

When the above is understood, it makes perfect sense why the recovery model and strategies of appropriate work contribute to healthy development and recovery in the individual. The answer to this lies in my opinion to the fact that both events foster the development of the self and healthy identity in the individual.