First Person Account: How I Cope

by Tracey Dykstra

The article that follows is part of the Schizophrenia Bulletin's ongoing First Person Account series. We hope that mental health professionals—the Bulletin's primary audience—will take this opportunity to learn about the issues and difficulties confronted by consumers of mental health care. In addition, we hope that these accounts will give patients and families a better sense of not being alone in confronting the problems that can be anticipated by persons with serious emotional difficulties. We welcome other contributions from patients, ex-patients, or family members. Our major editorial requirement is that such contributions be clearly written and organized, and that a novel or unique aspect of schizophrenia be described, with special emphasis on points that will be important for professionals. Clinicians who see articulate patients, with experiences they believe should be shared, might encourage these patients to submit their articles to First Person Accounts, Office of Scientific Information, NIMH, 5600 Fishers Lane, Rm. 10–85, Rockville, MD 20857.—The Editors.

Today is a good day. The sun is pouring through my windows. My cats are stretched out on the hardwood floors. I began the day by writing three pages in my journal, eating a healthy breakfast, exercising on my NordicTrack, and bathing. This is my routine. It is terribly important in helping me stay grounded and giving me a sense of achieving my goals. As I now write, I am struck by how far I have come in the 5 years since I was diagnosed with schizoaffective disorder (bipolar type) and confined in a State mental hospital.

My experience with mental illness began with melancholia when I was 17. I remember feeling alienated, sobbing uncontrollably, and being disturbed because my mood did not match how I should feel about what was going on around me. Between my junior and senior years of high school, my sleep habits started to fluctuate wildly and I felt wholly out of control. Then I experienced my first psychotic break—thinking people could read my mind. No one really seemed to notice I was suffering from a mental illness. My parents and other adults made comments to the effect that I was just going through my "teenage years"; however, I knew it was something more.

When I entered college, I sought professional help but was misdiagnosed with major depression and put on a host of antidepressants, most of which aggravated my condition and led to weight gain. My thoughts at the time were delusional and paranoid, but I kept them to myself. For instance, I was secretly convinced that I was the subject of a popular rock band's lyrics. Also, my bipolar symptoms became acute. Without realizing the consequences of my behavior, I acted rashly, became promiscuous, and went on spending sprees. For 12 years I lived essentially untreated, barely able to hold my job as a secretary. It felt as though I was living in a mine field: Any additional stress and I would be blown apart.

In my late 20s, stressors seemed to come in rapid succession: My father died, my boyfriend and I broke up, and I lost my job. Like a soldier with battle fatigue, I just could not cope any longer. My mind seemed to spin so fast with racing thoughts that I could not carry on a conversation with anyone, and I completely withdrew from others. I knew it was only a matter of time until my family sent me to a mental hospital, so I feverishly cleaned my apartment to show them I was not totally crazy. This would be the third time I was hospitalized, I thought. I hated everything about it, from the total loss of independence to the bad food and lack of exercise. Two men showed up at my apartment door and put me in the back of their car. Once at the hospital, I was told I was being committed. Convinced I was a danger neither to myself nor to others, I futilely argued with everyone about the grounds for committal.

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Stress and utter powerlessness led me into further delusion, accompanied by feelings of persecution—feelings that, to my mind, were validated by the treatment I received from those around me. By the time I reached the courtroom, I wanted to speak up. How could I explain? While I was on the witness stand, my mind collapsed under the stress of being represented by a lawyer who did little on my behalf and appearing before a judge who would decide my foreseeable future. All I could think of was the Dutch novel I had read before my psychosis. What I said on the stand made sense only to me, and I was committed to a State hospital. When I arrived there, I was put in a lockup unit for 3 weeks, diagnosed with schizoaffective disorder, and given mesoridazine besylate (a neuroleptic) and lithium. By the time a bed in the open unit was available, I felt relatively normal. I took part in off-grounds trips, joined a group to quit smoking, worked a few hours each week, and attended therapy sessions. When it came time to leave the State hospital, I counted my blessings in being able to return to independent living and attend a good day-treatment program.

After completing day-treatment, I was determined to finish my degree. College had been an on-and-off 14-year struggle. Studying was not easy. Because of poor concentration, I had to re-read countless sentences and settle for low grades on in-class exams. In the past, I even had to withdraw from several sessions because the stress was too much. Despite all the setbacks—not to mention being told by a psychiatrist that I would never graduate—I finally received my B.A. in political science from the University of Minnesota in 1994. Given my circumstances, I was proud to finish with a B average.

After graduation I tried to find a job with the help of an employment service, but my symptoms made it obvious that I could not hold a full-time job. (For several months I was depressed, sleeping 14 hours a night.) During interviews I became paranoid that the interviewers were aware of what was “wrong” with me, even though I rarely disclosed my illness. In addition, I had great difficulty accounting for the widening gap in my work history. That job search continued for 1 year with no luck. Fortunately, through Vail Place, I found a temporary part-time job delivering interoffice mail. I worked 10 months but had to quit before the assignment was over because of recurring paranoid thoughts and stress-related symptoms. I really miss the money but would not trade it for another hospitalization.

Having a major mental illness has had a devastating effect on all aspects of my life. My relationships with others are, at best, very loose. I recently read in a brochure that people with schizophrenia have difficulty making and keeping friends, which has definitely been true in my case. I have given up on the idea of getting married and having children someday. Instead, I have decided to devote my life to writing. Above all else, I want my life to have meaning apart from my diagnosis.

My work and educational experiences illustrate just how hard I have to work to stand on a level playing field with “normal” people. It is often difficult not to compare myself with others and feel discouraged. Finally, I am currently working to restore my finances. At the time of my committal, I owed a modest amount to two credit card companies and had a fairly sizable guaranteed student loan. (I would emphatically advise against anyone with a mental health problem taking out a student loan. The government has no provision in the event of mental illness preventing one from paying the loan back.) On an ironic note, although I was committed against my will, I was held responsible for the hospital bill when I was released. The bill was excused after several letters.

I find it very troubling that most of the information available to patients merely describes the symptoms of schizophrenia, rather than suggesting what they can do to help themselves (other than take the prescribed medication). Several wellness strategies work for me. First, journaling has proven valuable for making sense of my jumbled thoughts and for venting anger. I also used journaling to quit smoking a year ago. Second, I keep a separate, easy-to-read log with general comments about how I feel, what medication I took, and what exercise I got during the day. Since the log tracks the cycles of my illness, it reminds me that episodes of severe depression do not last forever. Third, I keep a box of ideas of free or inexpensive things to do. The box comes in handy when I feel isolated or in need of some intellectual stimulation. Since I live in the city, there is almost always something to do. Fourth, I occasionally read self-help books (I particularly recommend Own Your Own Life [Emery 1982]). Although such books may not be written for someone with an illness as severe as schizophrenia, they are beneficial. While these strategies require effort, I believe I am doing much better because I am heavily invested in my own treatment plan.

I hope by writing this short essay that I have provided a glimpse into my life and given hope to any patient who wants to attend college but does not think it is possible. Nothing is more frustrating to me than encountering people who confuse mental illness with mental retardation. We are not retarded. To the contrary, I believe that schizophrenia patients who respond well to medication are capable of functioning at a relatively high level when actively involved in their treatment. While today is much brighter for me than the days I spent locked away on mental wards, my life is a constant struggle. I have, however, learned ways to cope. Trying to live in the moment, as
well as getting regular aerobic exercise and an ample dose of "pet therapy," is the best way I know.

Reference


The Author

Tracey Dykstra, an aspiring fiction writer, lives with her two cats in downtown Minneapolis, Minnesota.

Minority Research Training in Psychiatry

Through a 5-year grant from the National Institute of Mental Health, the American Psychiatric Association (APA) is seeking through the Program for Minority Research Training in Psychiatry (PMRTP) to increase the number of minority psychiatrists entering the field of psychiatric research.

The program provides medical students and psychiatric residents with funding for stipends, travel expenses, and tuition for an elective or summer experience in a research environment, with special attention paid to trainees' career development in research. In addition, stipends are available for a limited number of 1- or 2-year post-residency fellowships for minority psychiatrists. Training takes place at research-oriented departments of psychiatry in major U.S. medical schools and other appropriate sites throughout the country. An individual at the site (the research "mentor") is responsible for overseeing the research training experience.

The program, administered by the APA's Office of Research, includes outreach efforts to identify minority medical students and residents who are potential researchers and to put them in touch with advisors who counsel them about careers in psychiatric research. Additional activities assist fellows and alumni in their research career development.

The director of the PMRTP is Harold Alan Pincus, M.D.; the project manager is Ernesto Guerra. An advisory committee of senior researchers and minority psychiatrists developed guidelines for applicants and criteria for selection. The members of this committee evaluate and select trainees, oversee the research training experiences, and play a role in evaluating the effectiveness of the program.

The deadline is December 1, for applications for residents seeking a year or more of training and for post-residency fellows. For medical students and other residents, applications are due 3 months before training is to begin. Summer medical students who will start their training by June 30 should submit their applications by April 1.

For more information about the PMRTP, call the toll-free number for the PMRTP, 1-800-852-1390, or (202) 682-6225, or write to Dr. Pincus at the American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005.