The article that follows is part of the Schizophrenia Bulletin’s ongoing First Person Accounts 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, Division of Clinical Research, NIMH, 5600 Fishers Lane, Rm. 10C-16, Rockville, MD 20857.—The Editors.

A little knowledge, people say, is a dangerous thing. My problems first started when I decided to go back to college at the age of 27. My education and exposure to different lifestyles led to discontent with my life and especially my marriage. After taking a psychology course, I recognized signs of stress in myself and went for help to a school psychologist. He advised me to take some weeks away from home and consider a divorce. However, at the end of that time, I was convinced that I could not support myself alone and resigning myself to what seemed a problematic marriage; I came home in despair. It was on this ride home that I first heard messages over the car radio that I was sure were meant for me. I thought my old boyfriend was sending the messages.

That summer I had a very negative perception of my husband. In reflecting back on it, I realize that this did not have much basis in reality. There were quite a number of times that he tried positively to mend the relationship, but I didn't recognize it then. I attributed it to my state of mind. I began to relate incidents that were totally unrelated.

A friend of mine talked about my neighbor suing a large company. A week later, the neighbor’s daughter, who taught a summer class at college, defended the neighbor’s right to sue. I thought it more than coincidence. I felt these two were part of a group of people who were probing my reactions in the process of gathering information about me. I felt that the world was beginning to revolve around me.

In the fall, I threw myself into schoolwork to drown out the unhappiness. I was taking 16 credits, working full time in my business which was a day-care center, and taking care of my children in the absence of their father. He was working out of town and came home on weekends. This load was to cause a major breakdown, though no one noticed my illness, including myself, for 9 months.

During that school term, certain remarks made by my professors led me to the conclusion that they were all working to rescue me from what they thought was an abusive marriage. And I, contrarily, was convinced that I wanted to stay married. I realized that I loved my husband and needed his love in return.
This perception of what I thought was going on caused me to feel a great deal of fear and insecurity. I felt particularly influenced by a foreign language instructor. Because of my loneliness due to my negative feelings toward my husband and his absence, I had transferred my emotional feelings to this man and was prey to a full-blown infatuation which intensified into a very real moral battle within myself.

I was convinced that this professor and I had a private means of communication and, because of this, interpreted most of what he said in class as personally relating to me. Sometimes the things I heard in class were bizarre and had no relation to the class purpose. One time the professor asked the room at large, “So your husband used to be a minister?” I had not divulged that information to him, but because I had recently told my babysitter that, I felt the incident was more than coincidence. I felt that there was a large network of people finding out about me, watching me on the street for some unknown reason. This feeling of lack of privacy soon grew into thinking my house was bugged, a fear I would have on and off for the next 8 years. The bizarre and illogical statements I heard people make were later dismissed as auditory hallucinations. They seemed very real to me, however.

On one occasion, I saw a personal experience of mine written on the blackboard in French and English. I had dropped a history class because I had gone to a party instead of to a required class and so missed an important test I could not make up. All this was written on the board. I did not recognize it as a hallucination at that time. These things caused me considerable anguish, but I continued to act as normal as I could for fear that any bizarre behavior would cause me to lose my job. I did not talk about these things, so the only noticeable signs of my illness were that I became silent and withdrawn, not my usual ebullient and smiling self. I did not think I was sick, but that these things were being done to me. I was still able to function, though I remember getting lunch ready very slowly as if working in molasses, each move an effort. However, my ability to study and write were not impaired because I got As and B’s for that semester.

By Christmas I heard an actor call me a liar over the T.V., and I felt sure the media also knew about me. I was displaying considerable insecurity and fear, which caused my husband to quit his job and come home to look after me. However, my job became even more important to me then, and I continued to work though I quit college for a time. I continued to have recurring cycles of delusion and normality. I felt the language teacher was still conveying messages to me through the radio and would spend hours tuned to it. I found messages from my husband in the way things were arranged on the dresser or on the bookshelf. When I went to the store, I bought things that symbolically meant something else to me; each fruit, flavor, or color had a meaning that tied in with my delusion. For example, I would not buy Trix cereal, because it was associated with prostitution in my mind, but I bought a lot of Cheerios to make my day happier. The world of delusion soon became a world of imagined depravities that were a torment to my moralistic mind. I felt I was the only sane person in the world gone crazy.

Finally, my sleeplessness and delusions led to an inability to function at all. That spring I was supposed to go on a trip. I drove aimlessly around town, afraid to leave, calling my husband frantically and speaking of the fears that bound me. I was hospitalized for 7 days after a checkup by my doctor, and I was referred to a psychiatrist.

Though the Navane he prescribed did help me function again, and I regained my trust in people and my smile, the delusions were always in the background. My husband and children wrapped me in arms of love and acceptance, taking on household duties so I would not be stressed. I continued to hold down my job, after a short rest, but still lived in two worlds. The psychiatrist never asked me about my delusional world, so I never talked about it. Actually, the psychiatrist did not tell me the extent of my illness, only saying that I had a chemical imbalance for which I needed pills. While this gave me the confidence to resume my job and normal living, it also allowed me to believe my delusional world was real. When I finally did some research on my own about the chemical dopamine, he told me I was schizophreniform. After my second acute episode 2 years later, he told me this illness was for life. At this time I joined a very nurturing civic theater drama group. This increased my confidence and memory skills preparatory to going back to college. In the last 3 years, I have returned to college part time while working, and have been successful.

The world of delusion and symbols is as real to me as the normal world. When coincidences happen or people speak in a strange way, I am very likely to take what they say as applying to my delusional world even though I do not usually act on those delusions. Most of the time I...
see my delusional world superimposed on the real world. At times, the network of people who watch me seem to be benevolent. At other times, I feel controlled and manipulated by my delusion and become so afraid and tormented that I have considered suicide or running away from home to escape. I still have trouble with making up symbols that I compulsively act on to appease my inner needs. For example, when I need to be close to my grandfather, I buy blackberries.

Several years ago, I had visual images of gross, sexual, or obscene images floated in front of my eyes when I least expected them. This mortified me, especially as I thought others could see these images of mine. The experiences really unnerved me until my therapist gave me Theodore Rubin's *Compassion and Self-Hate* (1975) to read. I learned to like myself and accept myself in spite of the ugly tricks my mind plays. Now I do not claim these images—I laugh at them and they go away. They haven't bothered me much since then.

This winter, I was acutely sick for the third time with 7 sleepless nights. I continued to work even though I was convinced that my work was part of an extrasensory perception (ESP) project designed to make me a teacher of ESP. All the remarks the children and other teachers made were integrated into and reinforced by my delusion. However, I continued to behave in a very conservative and rational manner, purposely avoiding behavior that might brand me as different. The abundance of sensory input during this time made the delusions run wild and added to the cumulative effect of the delusions. I wonder now if I wouldn't have been better off to have taken time off from work and waited until the added medication took effect. Perhaps, I could have avoided the sensory input which seemed to have intensified the construction of delusions.

Now, 3 months later, I am free from the delusions for the first time in many years. I find I am able to fight the delusional thinking better by discussing it with people. It also helps me to hear other patients in my Emotions Anonymous (E.A.) group talk about their delusions, because then I realize that I am sick and not the victim of some plot. My illness has caused me to grow in my inner self to discover who I really am with the help of my therapist. There are many unsung heroes and heroines behind the scenes in this saga of mine. I have not been in this battle alone. My family and relatives have offered financial and emotional support throughout my illness. I have a widespread circle of nurturing friends in church, E.A., the civic theater, work, and college. The acceptance I have found gives me courage and fulfills my life in a way no fantasy can. When my delusions threaten to turn to paranoia, I remember my friends and dare to trust, to reach out, and to be vulnerable.

Reference