



# The Schizophrenia Source

A newsletter of the National Schizophrenia Foundation

Winter 2006

## Dr. Phil schizophrenia show ignites calls to the NSF

The phone lines at the National Schizophrenia Foundation (NSF) office were all lit up just before 10 a.m. on Wednesday, Nov. 23. It was on this day that Dr. Phil devoted his nationally syndicated talk show to schizophrenia.



Volunteer Janet Maki sorts information packets to be mailed in response to the Dr. Phil show.

During the show, Dr. Phil interviewed three guests, including Mary S., a member of Schizophrenics Anonymous (SA). The NSF's toll-free number also appeared on-screen for viewers to call for more information regarding schizophrenia.

"We were pleased that Dr. Phil considered schizophrenia important enough to devote an entire hour to it," said Eric Hufnagel, President & CEO, National Schizophrenia Foundation.

"We were especially thrilled to have one of our SA members and toll-free number featured as part of the program. Mary is to be commended for her willingness – and bravery – to talk about her schizophrenia on national television." [See Mary's story below.]

Callers contacted the NSF from across the country and Canada on Nov. 23, and in the days and weeks that followed. Some callers were consumers with schizophrenia who wanted to find an SA group near where they lived. Others were family members seeking information about schizophrenia, as well as assistance for their loved ones.

"The number of calls received by

### The Dr. Phil Response

The NSF's toll-free number was aired during a program on schizophrenia. In the week that the Dr. Phil show aired, the NSF...

- Received 600+ calls
- Received 128,277 hits on its Web site
- Distributed 300+ information packets

our organization confirms the need for significantly more information and resources for those affected by schizophrenia," Hufnagel said.

The NSF received 260 calls to its toll-free number on Nov. 23, and an additional 368 calls Nov. 24-30, for a total of 628 calls during the week that the Dr. Phil show aired. In fact, the NSF recorded about three times its normal volume of calls in November overall.

In addition, the number of hits on the NSF Web site increased from 2,792 Nov. 13-19 to 128,227 hits

See Response page 6

## Mary talks about her Dr. Phil experience

A member of Schizophrenics Anonymous (SA), Mary S., appeared on a recent Dr. Phil show about schizophrenia. Here is an account of her experiences as interviewed by *The Schizophrenia Source*.

### Q. How did you get on the Dr. Phil show?

A. I went to the Dr. Phil Web site because my sister was on a show for something unrelated. I saw that they were looking for people with mental illness, including schizophrenia. I filled out the form, and they called me three hours later. Honestly, I did not expect them to call me.

See Mary talks page 8

Editor's Note: *The Schizophrenia Source* has been expanded to provide our readers with more information about schizophrenia and the activities of the National Schizophrenia Foundation. Previously a separate publication, the *Schizophrenia Update*, which is written by SA member John P., will now be incorporated into the expanded *Source*. Enjoy!

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# NSF welcomes new Board members

## Moe Armstrong

A nationally acclaimed mental health consumer and professional living with schizophrenia, Moe Armstrong has lived with schizophrenia for over 35 years. In 1984, Mr. Armstrong went back to college and earned two master's degrees. He went to work in the mental health system to create opportunities for other people with mental illness. He was one of the first people with schizophrenia to work as a mental health professional.

Mr. Armstrong later established the Peer Educators Project with his wife, Naomi Armstrong, at Vinfen Corp., the mental health provider in Cambridge, Mass., where he works. The Peer Educators Project was created on the belief that "people with mental illness and their families are an educational resource to learn about how to live with mental illness." An expert guest on Larry King Live, ABC Nightline and CBS Evening News, Mr. Armstrong willingly shares his personal struggles and successes.



## Jon Thorsen

Jon Thorsen is the Vice President and General Manager for Education and Hospital clients with Kintera, Incorporated, the premiere provider of software as a service to the non-profit community. Prior to joining Kintera, Mr.



Thorsen spent five years at the national headquarters of the American Red Cross, where he created the Development Resources team, bringing together development research, information systems, donor relationship management, government and foundation grants, and donor recognition and stewardship.

Mr. Thorsen spent his career in higher education before joining the Red Cross,

## Dennis E. Cichon

Dennis Cichon taught at the University of South Dakota School of Law before his appointment to the Cooley Law School (Lansing, MI) faculty. He has also served as a visiting professor at the Ohio State University College of Law and the University of Pittsburgh School of Law. Before entering the teaching profession, Professor Cichon was a staff attorney for the Ohio Legal Rights Service.



While in South Dakota, Professor Cichon was appointed to serve as principal draftsman of the South Dakota Mental Health Code. He has authored a book and several articles on law and disabilities and has presented papers on both a national and international level.

Professor Cichon serves on the Advisory Council of the Michigan Protection and Advocacy Services. He is a recipient of the Stanley E. Beattie Teaching Award. He teaches Contracts I and II, Secured Transactions, and Disabilities Law.

most recently as Director of Development Research at Princeton University during a comprehensive fundraising campaign that raised over a billion dollars. He earned his BA and MLIS degrees from the University of Wisconsin, Milwaukee, and worked as a college librarian and instructor before joining the development profession in 1987.

Mr. Thorsen is a former president of the Association of Professional Researchers for Advancement (APRA), and received the APRA Service Award in 1999. He is a frequent presenter at local and national conferences of APRA, CASE (Council for Advancement and Support of Education) and AFP (Association of Fundraising Professionals), and his articles on fundraising have appeared in such journals as CASE Currents, Corporate Giving Watch, Foundation Reporter, APRA Connections, and The Non-Profit Times.

## The Schizophrenia Source

is a quarterly publication of the National Schizophrenia Foundation (NSF), a not-for-profit 501(c)(3) agency. It is the mission of the NSF to develop and maintain support groups for individuals, and their friends and family members, affected by schizophrenia and related disorders; and to be a broad resource for all persons regarding schizophrenia and related disorders through education, information, and public awareness services.

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All news and information should be directed to:

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(517) 485-7168, ext. 105  
(517) 485-7180 (fax)  
www.NSFoundation.org

The NSF is a participating United Way and Combined Federal Campaign (#9895) Agency.

## Chris Paladino

Chris Paladino, a native of New York City, had his first contact with the Red Cross in 1986, when his family suffered a



gas explosion that destroyed much of their Staten Island home. In 1993, he moved to Bradenton, Florida, and joined the Red Cross professional staff as

director of public support for the Manatee County Chapter.

His 12-year career with the Red Cross took him across the country and around the world as a spokesperson for disaster relief operations large and small. He left the Red Cross in 2005 and has been consulting with corporate and not-for-profit clients on strategic planning and fundraising plans.

In 1999, Mr. Paladino was designated a Certified Fund Raising Executive (CFRE) by the National Society of Fund Raising Executives. He and his family reside in Silver Spring, Maryland.

## James G. Harold, MD

James G. Harold, MD, is currently a staff psychiatrist treating adult patients at the Sabine Valley Center, a community mental health center in Longview, Texas. Dr.



Harold was born in St. Louis, MO, but grew up in Houston.

His interest in medicine began while attending the High School for Health Professions in Houston. He

attended the Texas Tech University School of Medicine in Lubbock and El Paso. His psychiatric training was at the University of Maryland. After residency, he worked in clinics in Baltimore and Bethesda, Maryland, specializing in treating chronic illnesses such as schizophrenia, mood disorders, and substance abuse.

Dr. Harold currently lives in east Texas with his wife, Leslie, and sons, James and Benjamin. He enjoys reading, movies, eating out, sports, music and amusement parks. He also collects kites and kaleidoscopes. He is active in his church and civic organizations.

# Research News – The CATIE Trial

By James G. Harold, MD

Board Member, National Schizophrenia Foundation

Pharmaceutical companies are often criticized for presenting biased research showing their drugs are better than those of their competitors. The atypical, or second generation, antipsychotics Zyprexa (Olanzapine), Risperdal (Risperidone), Seroquel (Quetiapine), Geodon (Ziprasidone), and Abilify (Aripiprazole) have not been immune to this observation either. These medications are the mainstay of the medical treatment of schizophrenia today.

The National Institutes of Mental Health (NIMH) in 2001 funded, organized and carried out an 18-month, 24 state, 1460 patient, “head to head” study comparing the effectiveness of these medications and a typical, or first generation, antipsychotic Trilafon (Perphenazine). The Clinical Antipsychotic Trials of Intervention Effectiveness, or CATIE, as this study is known, is important for several reasons.

First, it was government, not company funded, thereby eliminating potential favoritism. It also included “real” schizophrenia patients that were racially and ethnically diverse with

substance abuse, and other mental and physical health problems. Patients with other illnesses are often eliminated from research studies so as not to complicate the evaluation of a drug’s performance.

The dosages of the medications were also more like those used by clinicians at the time of the study. These doses are often higher than those tested by drug companies and sanctioned by the Food and Drug Administration (FDA). The CATIE has three phases, and the results of the first one are in.

Phase I compared the effectiveness and tolerability of medicines by measuring the discontinuation rates for all reasons of patients taking all of the above antipsychotics except Abilify (aripiprazole), which had not been released on the market yet. It was included in Phase II, however. Just as in the real world, many patients don’t like their medications, and 74% of the patients by their own or their doctor’s decision stopped before the end of this phase of the study. Zyprexa was tolerated the longest time, followed by Seroquel, Risperdal, Geodon, and Trilafon. All of the medications, even Trilafon, proved to be effective, according to a symptom checklist test called the PANSS. Also, a larger percentage of the Zyprexa patients stayed on their drug longer than other patients stayed on theirs.

In addition to overall tolerability and effectiveness, Phase I looked at specific properties of the medications, some of which influenced their being stopped, and some being advantageous. Although Zyprexa was tolerated better than the other drugs, it caused the most weight gain and the highest levels of cholesterol and triglycerides, putting patients more at risk for heart disease, diabetes, and related health problems. Seroquel and Risperdal did so

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*Doctors, nurses, and patients must work together to find the most effective and least problematic, and sometimes most affordable, antipsychotic.*

– James G. Harold, MD

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See CATIE page 5



# SA Groups across the U.S. and abroad

Schizophrenics Anonymous<sup>®</sup> (SA) is a six-step, self-help support group for persons with schizophrenia and related disorders. Administered by the National Schizophrenia Foundation, SA promotes self-help as an adjunct to professional help and the use of medication.

SA groups are run by their collective membership, have no dues, governing bodies, or by-laws. The following is a current listing of active SA groups. For more information, call (800) 482-9534, ext. 109.

## ALABAMA

Mobile

## CALIFORNIA

Bakersfield  
Chula Vista  
Downey  
Fairfield  
Gardena  
Hollister  
Hollywood  
Lancaster  
Long Beach (2)  
Lynwood  
Palmdale  
Palo Alto  
Sacramento (3)  
San Diego  
Santa Monica  
Santa Rosa  
Tehachapi  
Van Nuys (2)

## COLORADO

Aurora  
Delta  
Denver  
Lakewood (2)  
Littleton  
Pueblo

## CONNECTICUT

Ansonia  
Bridgeport (2)  
Danbury  
East Hartford  
Enfield  
Hartford  
Middletown  
New Haven  
Newington  
Norwalk  
Norwich (2)

Torrington

West Haven

## FLORIDA

Delray Beach  
Fort Myers  
Hollywood  
Jacksonville (2)  
Lauderhill  
Oakland Park  
Port Charlotte  
St. Petersburg

## GEORGIA

Columbus  
Marietta

## HAWAII

Honolulu

## ILLINOIS

Blue Island  
Wheaton

## INDIANA

Bloomington

## KANSAS

Wichita

## MAINE

Portland

## MARYLAND

Gaithersburg  
Wheaton

## MASSACHUSETTS

Quincy

## MICHIGAN

Adrian (3)  
Ann Arbor (3)

Bay City  
Benton Harbor  
Big Rapids  
Charlotte  
Detroit (3)  
Eastpointe  
Flint  
Fowlerville  
Fremont  
Grand Haven  
Grand Rapids  
Holland  
Holly  
Ionia  
Kalamazoo  
Lansing (2)  
Lapeer  
Lincoln Park (2)  
Livonia  
Midland  
Muskegon  
New Haven  
Oak Park (2)  
Paw Paw  
Petoskey  
Plymouth (5)  
Port Huron  
Roseville  
Royal Oak  
Saginaw (2)  
Westland  
Wixom (3)  
Yale  
Ypsilanti (5)

## MISSOURI

Kansas City  
St. Louis

## NEW JERSEY

Jersey City  
Mountain Lakes  
New Brunswick  
Woodbury

## NEW MEXICO

Albuquerque

## NEW YORK

Bronx (2)  
Hudson Falls  
Rego Park  
Rochester (2)

## N. CAROLINA

Carrboro  
Durham

## N. DAKOTA

Grand Forks

## OHIO

Cambridge  
Columbus (6)  
Dayton  
Lisbon  
Mansfield  
Marysville  
Middleburg Hgts.  
Newark  
Port Clinton  
Springfield  
Toledo  
Worthington  
Zanesville

## PENNSYLVANIA

Erie  
Morrisville  
Philadelphia (3)  
Pittsburgh

## RHODE ISLAND

Providence

## S. CAROLINA

Camden  
Columbia

## TEXAS

Abilene (2)  
Austin  
El Paso  
Lubbock

## WASHINGTON

Medical Lake

## WISCONSIN

Madison

## ABROAD:

Australia  
Brazil  
Mexico  
Venezuela

to a lesser extent. Geodon on the opposite end caused no weight gain and decreased cholesterol and triglyceride levels.

Problems from abnormal movements were no worse with Trilafon than with the newer medicines, which pride themselves on rarely causing these types of side effects. Risperdal was found to greatly increase the production of a hormone called prolactin, which often results in breast milk production (embarrassing blouse stains in public) and breast enlargement (more painful than advantageous). Earlier concerns of Seroquel causing cataracts, and Geodon, abnormal heart beats, were not found to be problems in this study.

So, what's next? Phase II will examine how patients who stopped their medicines in Phase I did when switched to a different antipsychotic. The cost effectiveness of the medicines, as well as their effects on clarity and quality of thinking, will also be studied. Phase III will add Clozaril, the long-term injectable Prolixin Decanoate, and the option of taking two atypical drugs together.

In spite of all of these comparisons, the challenge remains of producing medications with the least number and severity of side effects while providing the most symptom relief. This will result in more patients taking and benefitting from medications by living more productive and satisfying lives.

In the meantime, doctors, nurses, and patients must work together to find the most effective and least problematic, and sometimes most affordable, antipsychotic. Side effects can be used to one's advantage, however. For instance, the sedative properties of Zyprexa and Seroquel can be used to help patients with sleep problems. Geodon could be useful for the weight conscious individual, and Zyprexa for those underweight. Stay tuned for more test results this spring.

## Mental Health Resources

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**National Schizophrenia Foundation**  
www.NSFoundation.org  
(800) 482-9534

**National Alliance for Mental Illness**  
www.nami.org  
(800) 950-NAMI (6264)

**NARSAD (The Mental Health Research Association)**  
www.narsad.org  
(800) 829-8289

**National Institute of Mental Health**  
www.nimh.nih.gov  
(301) 443-4513

**National Mental Health Association**  
www.nmha.org  
(800) 969-NMHA (6642)

**American Psychiatric Association**  
www.psych.org  
(888) 357-7924

**American Psychological Association**  
www.apahelpcenter.org  
(800) 964-2000

### *Schizophrenics Anonymous Materials Order Form*

Please note how many of which item(s) you are requesting. Make checks payable to **National Schizophrenia Foundation**.

- \_\_\_\_\_ SA Materials Order Form. A complete list of materials available for purchase (FREE).
- \_\_\_\_\_ Yes. I would like to receive a free brochure which briefly describes the Schizophrenics Anonymous program (FREE).
- \_\_\_\_\_ Yes. I would like to receive the SA Blue Book (\$2.25 each).
- \_\_\_\_\_ Yes. I would like to receive the SA 20th Anniversary Commemorative Booklet (\$2.50 each).
- \_\_\_\_\_ Yes. I would like to receive an NSF Apparel Order Form (FREE).
- \_\_\_\_\_ Yes. I would like to receive the video tape "Joanne Verbanic: On SA and Schizophrenia" (\$15.00 each).
- \_\_\_\_\_ Yes. I would like to support the National Schizophrenia Foundation with a financial contribution.
- \_\_\_\_\_ Enclosed is my check for (please circle): \$10.00 \$25.00 \$50.00 \$100.00 \$ \_\_\_\_\_ Other
- \_\_\_\_\_ Yes. I am interested in forming an SA group and would like to learn more about the "Start-Up Package."

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_ Debit

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

\_\_\_\_\_ Billing Address (if different than above)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_

Complete this order form and send it, along with a check, money order or credit card information to:  
National Schizophrenia Foundation, 403 Seymour Street, Suite 202, Lansing, MI 48933. Phone: (517) 485-7168. Fax: (517) 485-7180.

# Thanks to all our generous donors

The National Schizophrenia Foundation has received the following contributions from **September to December 2005**. Thank you!

## Corporate Contributions

Eli Lilly and Company  
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## Grants

AMI-Oakland County  
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Anonymous in honor of **Jesse Reid**  
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Albert and Mary Endruschat in honor of **George Larko**  
Edwin M. Gault in honor of **Ted & Liz**  
Margaret E. Kowalk in honor of **Morris L. Kowalk**  
H.L. Mayers, II, and Bonney B. Mayers in honor of **Frances Brodhead**  
Mark McQuinn in honor of **Rebecca McQuinn**  
Ronald L. Platt in honor of **his brother Robert**

## Honorariums (continued)

Thomas J. Powell in honor of **Joanne Verbanic**  
Sandra L. Tomalty in honor of **Derek Tomalty**

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*In Memory of* **Eleanor Berkowitz**  
Susan Janiger  
*In Memory of* **Howard Chesley's beloved niece**  
Arla & David Manson  
*In Memory of* **Stephen M. Dupre**  
Jonathan C. Dupre  
*In Memory of* **Harold Seymour Eichenbaum**  
Devorah & Fred Barry  
Levenson  
*In Memory of* **his Father & Brother, David**  
James Wilson Gladden, IV  
*In Memory of* **Paula Featherston**  
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Ko & Matty Iida  
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Anonymous

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## Giving options described in new brochure

Not sure what to do with that vacation home you no longer use? Consider donating it to the National Schizophrenia Foundation. This is just one of several giving options described in a new giving brochure from the NSF. For a copy of the brochure, call (517) 485-7168, ext. 105.

## *Response (continued)*

during the week that the Dr. Phil show aired. About half of those additional Web site hits (65,600) were on Nov. 23 alone!

Several SA leaders offered to make follow-up calls to those who would benefit from talking directly to someone with schizophrenia. In addition, several office volunteers helped to organize mailings to callers that requested additional information.

About 300 information packets were mailed as a result of Dr. Phil inquiries. Information packets contained brochures about the NSF and SA, fact sheets, suggested reading lists and other resources.

"The NSF staff is grateful for the help of our volunteers from the community and the SA network," Hufnagel said. "It was a team effort for a cause we all believe in."

# A Day in My Life

by Darrell H.,  
SA Member in Columbus, OH

*Darrell H. was diagnosed with schizophrenia in 1984 at age 30 while serving as a captain in the United States Army. His specialties were Field Artillery and Nuclear Weapons. Due to schizophrenia, Darrell retired from the Army.*

*He went back to college and got a computer science degree and began working as a professional computer programmer. He worked successfully at this profession from January 1987 to November 2004 when the stress of working became too much for him.*

*Darrell has not had a psychotic break since 1991. The following is what a typical day in his life was like while working.*

The alarm is ringing. I get up groggily to shut it off. I ask myself for the millionth time when I can't sleep, is it better to take the sleeping pill and be hung over, or just be sleepy from lack of sleep? I take my morning

medications. I shower and shave. I get dressed. No breakfast, can't eat for an hour after meds. It is off to work, the daily commute.

I arrive at my desk at 10 till 8. I check my voice mail. The boss wants to see me now!!! He has a new hot priority project. It is an ad-hoc report that one of the vice-presidents has suddenly expressed interest in. It is Tuesday; he wants it by Friday.

Discussing it with the boss shows that it will be a fairly simple program with a sort. It needs to read in the journal transactions for the company and spit out a report showing the detail transactions with a total for each account. I go back to my desk

and start writing Cobol Code. It quickly becomes obvious that the report will not fit across a single page of paper because there is too much information on a line.

A quick call to the business analyst reveals that they must have all the info. I suggest two detail lines for each transaction. He balks, but eventually realizes there is no better solution. I return to my coding.

By 10:30 I have a sample report to show my boss. He approves the report and we call the business analyst. He says it looks fine, but he wants a different header on the report. Also, he feels that any account with less than \$5,000 is not

See Day page 9

# Margery shares her experience with schizophrenia

By Margery W.,  
SA Member in Denver, CO

My name is Margery and I have schizophrenia. Precisely, I have the diagnosis of schizoaffective disorder. My mother has schizophrenia and my father suffered from major depression. Those unhappy little genes

found their way down to me, while my two brothers and my sister came out normal. I am happy for them.

I grew up in the remote Keweenaw Peninsula of Upper Michigan. When I was a child, there were no psychiatrists or psychologists there. No one to help me.

I started to hallucinate at the age of seven. I used to see what I called my Halloween faces in the windows, and I heard voices. I used to hide in the hall until they went away.

I also learned a dissociative technique which I used if there was fighting in the room or in the car. I called it "going out the window." If I could get near a window, I could project myself outside the window and no longer hear the angry voices inside the room or the car.

As I got older, I asked my teachers for help. Mr. Short. Mrs. O'Connell. Mrs. Barrato. "Please

help me," I begged them. "I have no personality." This was the only way I know to describe what was happening to me. But they didn't know how to help me. So I went untreated.

When I was seventeen I had my first major nervous breakdown. I was in London studying the piano when I started to hallucinate constantly. People coming and going in

the room, voices from the ceiling and horrible panic attacks in the middle of the night.

My friends finally noticed that something was terribly wrong. They put me on a plane back to the U.S.

I made my way to the apartment of a friend in Philadelphia. When I woke up in the morning a curious thing happened. I looked outside his bay window in the living room and I saw – London! The red buses, people walking, and the Thames River.

Hmmm, I thought. I went to the front door and opened it. And there was Philadelphia in the winter with snow. Then I went back into the living room and there was London again. There is much that we don't know about the mind.

That night I had what I call my night of terror. As I lay in bed I heard choruses of voices coming from the

See Margery page 10



Mary talks (continued) \_\_\_\_\_

**Q. Why did you decide to go on the Dr. Phil show?**

A. I wanted to go on the show to educate people and reduce stigma. I wanted to educate people not to be afraid of people with schizophrenia.

**Q. What was it like on stage?**

A. Being on stage was very stressful, but I kept my eyes on my therapist and Dr. Phil. I didn't look at the audience. I tried to forget they were there.

**Q. What was Dr. Phil like in person?**

A. He was a very kind man. He seemed sincere and caring. He immediately put me at ease.

**Q. Describe the process leading up to the show?**

A. I wrote in. They called me and asked for pictures. I e-mailed pictures. They called me back. They sent a crew to my house to film me at home. That was 13 hours of constant videotaping. It was tiring, but they were very nice.

After a couple of days, we flew to Los Angeles. I found out that my therapist was coming. My husband, my therapist, his wife and I all flew together. The limo took us to the hotel. They taped the next morning, and showed me the stage beforehand. They also showed me the video that was compiled. They did my hair and make-up. Then they did the show.

**Q. Was there anything that you didn't get to say on air that you'd like people to know?**

A. I realize that I'm very functional, but I have access to an ideal job that accommodates my needs. I have

health insurance. I have a loving husband. Not everybody has that. We need more mental health services. A lot of people have a mental illness, but they are still in the closet. We need to erase the stigma and put a greater light on mental illness, not just keep it in the closet. It needs to be talked about.

**Q. When were you diagnosed with schizophrenia?**

A. I was diagnosed six years ago, but I resisted getting help for a long time. I had a full psychotic break at 18. I was seeing demons, and it came and went in cycles. I drank to self-medicate.

After I found out I was pregnant with my son, I realized it wasn't a healthy way to cope. I was in denial for a long time because my mom has schizophrenia. I didn't want to be like her. Now I know that even though I am on medication and seeing doctors, I am my own person, handling it in my own way.

**Q. How do you cope with your schizophrenia?**

A. I talk to my therapist a lot. He's a good sounding board. I trust him. When I bounce something off of him that doesn't sound right to him, he lets me know. I also bounce things off my husband. I learned to ignore the voices and delusions and say, "Hey, did you just see or hear this?" That's not to say I don't have bad days.

**Q. Describe your family/work situation?**

A. My boss has done his best to accommodate me, especially keeping the office I'm in. My work environment is ideal. I don't have windows, don't interact much with people. It



*NSF President & CEO Eric Hufnagel meets Mary at the airport as she heads off to Hollywood for the taping of the Dr. Phil show on schizophrenia.*

reduces the paranoia. I don't have to be embarrassed if I talk with the voices. At home I have a husband and a son. Now I have a friend who's visiting from Australia, and we just came back from a trip to Canada.

**Q. What would you tell a person newly diagnosed with schizophrenia?**

A. Build a relationship with a therapist and a psychiatrist. Above all, take your meds. I don't want to take them either. But I learned the hard way what can happen if you don't.

**Q. What would you tell their friends/family members?**

A. Try to be supportive. Ask them how they're doing. Ask them questions. Are you hearing any voices? Any problems lately? Get the patient to agree to let a close loved one have permission to talk to their providers, especially when they sense trouble is brewing.

**Q. What is the biggest challenge facing people with schizophrenia?**

A. Stigma. When people understand and are not afraid, they're willing to make accommodations. Education is invaluable. People are afraid of the word "schizophrenia." They have

*(continued)*



preconceived notions. They need to be educated that people with schizophrenia are not violent.

**Q. What can be done to overcome this challenge?**

A. People need to stop being ashamed. I was ashamed, so I didn't get the help I needed. Who knows what I could have accomplished all those years I was unmedicated and not under the care of my providers.

**Q. Would you do the Dr. Phil show again if given the option?**

A. Yes, I would do it again. Based on the responses on the message board (at [www.drphil.com](http://www.drphil.com)) and responses the NSF received, it reached a lot of people who had been suffering alone. They don't need to suffer alone.

**Q. Has the Dr. Phil experience changed you?**

A. It's made me less ashamed of my illness. It's also made me proud of what I've accomplished with what I've gone through. I still hear voices, but it's under control. I know now that the schizophrenia is a big part of who I am and the motivations I have as a person, but it's not ALL that I am. I am more than just my illness.

**Did you know?**

The number of reported cases of schizophrenia is divided rather evenly between men and women, although the disorder tends to present itself at different age groupings for the two sexes.

Onset of the disorder tends to occur earlier for men – usually in the late teens or early 20s – compared to women, who generally begin to show signs of trouble in their 20s or early 30s. Onset of the disorder is rare before puberty and very uncommon after age 45 for both sexes.

Source: National Women's Health Resource Center ([www.healthywomen.org](http://www.healthywomen.org))

Day (continued) \_\_\_\_\_

enough to worry about and he doesn't want to see them on the report.

While this discussion is going on, I become aware of a whispered conversation about me coming from the adjacent cube. It quickly becomes obvious that this conversation couldn't be real. It must be my voices. I have lost my place in the conversation. It ends. I get my boss to summarize the new requirements so I can cover for being distracted by my voices. Neither he nor my coworkers know that I have schizophrenia. It quickly becomes obvious that once again we have given the client exactly what he asked for, but naturally this isn't what he wanted.

I head back to my cube to write a new set of programs. Due to the new requirements, it will take two much more complex programs to produce the report. On my way back, a woman I have seen but don't know says, "Hello, Darrell." How did she know my name? What does she know about me? Stop!! You don't have time for paranoia; there is work to be done.

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*How did she know my name? What does she know about me? Stop!! You don't have time for paranoia; there is work to be done.*

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Eleven-thirty, lunch time, and I have to make my monthly visit to my doctor. In the car, a quick drive through McDonald's. Eat a sandwich while I complete my drive to the doctor's. As usual, he is on time. We spend 15 minutes discussing how things are going, and he writes me new prescriptions. I make an appointment for next month. I drive back to the office. I am back at my desk at 12:40. We only get an hour for lunch. Did anybody notice I was late?

Back to the programming. The phone rings. It is production control. A job has gone down. A quick check shows that it is a server problem. I call the support center to open a ticket to fix the server. Back to the programming. I hear another whispered conversation down the hall. Ignore it; they can't be talking about me.

By 4:00 I have the programs written and debugged. Back to the boss. He looks it over and says it looks good. Call the business analyst. He looks it over and approves. He wants the same report for all companies in group 1, and can he have it tomorrow? We agree. My boss says, "Thanks! You are my best programmer and fast too!"

Five o'clock and quitting time. Time to think about supper. One of the nice things about being a programmer is that I am well paid. I feel like celebrating a bit because I did a tough job well. After a good meal at the steakhouse it is back to my nice two-bedroom townhouse.

I walk into the living room and turn on my stereo. I sit down at my PC and check my e-mail. Then it is off to [www.schizophrenia.com](http://www.schizophrenia.com) to see what is new. Hmm, another kid doing a term paper that wants all the answers handed to him. An interesting and informative post by the site psychiatrist. After I finish the posts, it is time to check on the chat rooms.

"Friend3" says her son was recently diagnosed with schizophrenia, and after three months in the hospital he is coming home. He is 15. She is concerned about schooling for him. She wrote a local school that specializes in mental patients. She asked them how many of their students go on to college. She was told to be realistic and to realize her son's potential. She wants to know what is possible. He wants to be a computer programmer writing computer games. What can she tell her son? Tell him that you met a professional programmer who has schizophrenia and works full time. He got his degree in computer science after being diagnosed with schizophrenia.

Margery (continued)

ceiling. I listened to a symphony on the radio and it sounded like Schumann, but I knew the four Schumann symphonies and I didn't recognize this one. When I woke up, I found out that the radio was unplugged. I had composed the Schumann 5<sup>th</sup>! Also that night, I turned over in bed and there was someone in bed next to me. As I looked at them, they disappeared into thin air.

When I told my boyfriend what was happening, he took me to the Philadelphia City Hospital and I was admitted to the psych unit.

One of the first days I was there I saw my chart in the corner of the nurses' station. It said I was schizophrenic. You would think that would frighten me, but I had the opposite response. Schizophrenic! There was a name to my disease. If there was a name for it, then maybe we could do something about it. I was actually happy to have a diagnosis.

The next months were terribly painful. I wanted to scream every second. What many people don't know is that mental illness can be excruciatingly painful.

Fast forward. I spent about six months in the hospital. Then, against all odds, I began to get better. I was discharged from the hospital and got a job working as a waitress.

Unfortunately, a friend got me into a satanic cult. They described themselves as the psychiatry of the future and said they could cure my schizophrenia. Of course, they didn't. They just gave me new problems. I stayed with them for twelve years.

From 1982 until 1995 I was hospitalized 55 times. I just couldn't get my feet on the ground. Because I had no health insurance, I spent most of my time in the state or county hospitals.

A miracle started to happen. In between hospitalizations, I began to be functional. I went to college by

## Spreading 'Hope' for Schizophrenia Awareness Week: May 21-27, 2006

Spread a little hope for this year's Schizophrenia Awareness Week (SAW): May 21-27, 2006. The theme for the 2006 week-long observance is *Schizophrenia Awareness Week: Hope is Today's Reality*. See the back cover of this newsletter for a list of 25 things you can do to observe SAW. Or come up with

one of your own ideas. Community Action Kits are also available to help plan your SAW activity or event. To get on the mailing list, call the NSF at (800) 482-9534, ext. 105, or go to [www.NSFoundation.org](http://www.NSFoundation.org).

Schizophrenia Awareness Week has its origins through the membership of our Schizophrenics Anonymous (SA) self-help network. The intent was to honor a man whose efforts were based on the belief that even persons with mental illness deserve dignity and the right to appropriate treatment. May 24, 1793, was the actual date on which Dr. Philippe Pinel ordered the removal of chains from the patients at Bicetre, the men's "insane" asylum in Paris, France.

Previously, the NSF had recognized National Schizophrenia Awareness Day on May 24. However, because of the increased number of activities and the significance of the cause, the NSF expanded the observance to a full week beginning in 2005.

It is in this context that SAW has been designated by the NSF as an observance to help raise public awareness regarding schizophrenia and related disorders. The main messages educate the public about symptoms and treatments, and aim to dispel the painful and unnecessary stigma that surrounds the disorder (which not only hampers recovery efforts, but also inhibits access to treatment).



correspondence, and in 1984 got a Human Resources degree.

I thought, "Well, that went OK," so I went back to school and got a Master's degree in Social Work. I worked in Tampa, Florida, as a hospital social worker until I had a relapse and had to go into the hospital.

I heard from a friend in Colorado. His power of attorney called me. She said they were going to put Bob in a nursing home. I said, "Don't do that. Friends don't let friends go into nursing homes. Just let me get some CNA (Certified Nursing Assistant) training, and I will come out and take care of him." So I did.

And there is something that I am very proud of. The last day I was hospitalized was November 25, 1995.

I want to say this. There IS life in spite of mental illness. Today I have a life. Maybe not the life I dreamed of, but a life nevertheless. I take care of two sick people, and I volunteer at the Chinook Clubhouse. I have friends and I have a social life. I am proof that life with mental illness is possible.

For those of you who have loved ones with major mental illness, I want to say this: **Be patient, be understanding, be supportive and most important, never, ever give up hope.**



**Increase the Awareness,  
Spread the Hope**

**Schizophrenia Awareness  
Week:  
Hope is Today's Reality  
May 21-27, 2006**

Schizophrenia Awareness Week is just around the corner. To receive your free Community Action Kit, call (517) 485-7168 or visit us on the web at [www.NSFoundation.org](http://www.NSFoundation.org). These kits include ideas and tools for local activities. Participate in Schizophrenia Awareness Week this year, and help make hope today's reality!

Sponsored by the National Schizophrenia Foundation  
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# Schizophrenia Update

The Latest Information Regarding Schizophrenia... by John P.

## *Role of GABA in Schizophrenia*

Most of the time when we speak of the biochemical influences on schizophrenia, we refer to the neurotransmitter dopamine. But scientists are now finding other brain chemicals that impact schizophrenia, with hope that there may be medicines that reduce the effects of those brain chemicals.

GABA is a brain chemical (or neurotransmitter) that many scientists are now looking at that has a role in some cases of schizophrenia. GABA is the short name for gamma-aminobutyric acid. GABA works to inhibit the over-firing of some other key brain chemicals. When GABA activity is low, parts of the brain fire-up excessively. One key area this can happen is in the connecting points between the prefrontal cortex (the thinking part of the brain) and the limbic system (the emotional part of the brain). These portions of the brain can malfunction when GABA is low.

Scientists have found that GABA operations are abnormal in schizophrenia. This problem with GABA also appears in bipolar disorder; though in schizophrenia the GABA dysfunction is more in the prefrontal cortex, while in bipolar disorder the dysfunction is in a brain location called the hippocampus.

The functioning of GABA is linked with the operation of another neurotransmitter called glutamate. When glutamate activity is too high, the additional nerve excitement can wear down the GABA, or even cause GABA cells to die. Thus, the ability of GABA to “calm down the brain” becomes impaired. Other models for how GABA can impact on schizophrenia have also been put forward, and also involve the brain chemical glutamate.

Some people with schizophrenia take mood-stabilizing medications in the form of anticonvulsants. These anticonvulsant medications help GABA to operate normally, and can reduce the chances of GABA cell death. In this way, some of the mood disturbing elements of schizophrenia symptoms are calmed.

SOURCE: NARSAD Research Newsletter (Summer 2005) – publication of the National Alliance for Research on Schizophrenia and Depression

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## *Thanks to Another Schizophrenia Researcher*

Many scientists are spending their careers trying to reduce the suffering of schizophrenia. We want to thank them for their effort on our behalf.

In the GABA article above, the information was written for NARSAD by Francine M. Benes, MD, PhD. Dr. Benes of Harvard University won in 2002 the Lieber Prize for Outstanding Achievement in Schizophrenia Research. This prize is given by NARSAD among all those who do research on mental illness.

## Schizophrenia Update

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### Meditation and Relaxation Techniques

Researchers from Harvard Medical School have found that meditation and relaxation techniques can produce deep relaxation and help reduce negative stress and anxiety. Other researchers have picked up on this application of relaxation techniques.

Andrew Weil, MD, is a clinical professor of medicine at the University of Arizona. He has written extensively on integrating conventional medical treatments with alternative treatments. In *Time* magazine (Oct. 17, 2005), Dr. Weil suggested the following method as a simplified relaxation technique. The words in *italics* are directly quoted from Dr. Weil.

1. *Place the tip of your tongue against the ridge behind and above your front teeth, and keep it there throughout the exercise.*
2. *Exhale completely through your mouth, making a whoosh sound.*
3. *Inhale deeply and quietly through the nose to a count of four (with your mouth closed).*
4. *Hold for a count of seven.*
5. *Exhale audibly through your mouth to a count of eight.*
6. *Repeat steps 3, 4, and 5 for a total of four breaths.*

*Practice the exercise at least twice a day and whenever you feel stressed, anxious or off center. After a month, if you are comfortable with it, increase to eight breaths each time.*

Herbert Benson, MD, of the Harvard Medical School, has done studies and found that meditation and relaxation techniques can improve many health problems, such as those listed below:

- Relieve headaches
- Reduce angina pectoris pains
- Reduce blood pressure and help control hypertension problems
- Help alleviate backaches
- Control panic attacks
- Lower cholesterol levels
- Alleviate the symptoms of anxiety that include nausea, vomiting, diarrhea, constipation, short temper, and inability to get along with others
- Reduce overall stress and achieve greater inner peace and emotional balance

Note that the above health problems are made worse by stress. So by reducing negative stress through meditation and relaxation techniques, the physical health problems worsened by stress can be lessened at the same time. It's important to remember that relaxation techniques become more effective with practice, and that it is normal early on to have difficulty sitting still while meditating.

SOURCES: *Time* magazine (Oct. 17, 2005); Herbert Benson, MD, *Beyond the Relaxation Response* (1984)

## **Schizophrenia Update**

(Continued)

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### ***Thirty-eight Risk Factors in Schizophrenia***

Scientists at the University of Edinburgh have identified 38 risk factors leading to schizophrenia. They believe that this line of research may someday enable clinical practitioners to identify who will develop schizophrenia up to seven years before symptoms appear.

In doing the research, the scientists began keeping data since 1994 on 150 people who were deemed to be at high risk for schizophrenia – people who had two or more close relatives who had the illness. Up to now, 20 members of this study sample have developed schizophrenia.

The scientists then began closely identifying comparisons between the members of the group who have developed the illness and those who haven't. It is from this comparison, between those who became ill and those who remained completely well, that the scientists were able to identify the 38 risk factors for schizophrenia.

These risk factors largely involve differences in the structure and functioning of the brain. Another set of factors were that those who developed schizophrenia had a higher incidence of anxiety, depression, and memory loss prior to becoming ill.

The scientists are hopeful that someday the schizophrenia risk factor data will be strong enough to enable practitioners to identify who will develop schizophrenia years before the symptoms appear, and, thus, enable treatments to be applied early. In this way, much of the trauma and chaos of developing schizophrenia would be prevented.

According to Dr. Stephen Lawrie, a member of the research team at the Royal Edinburgh Hospital, "We may be able to detect this condition years in advance. It will allow us to use interventions to prevent these patients becoming ill with what has been described as the worst disease affecting mankind."

SOURCE: Schizophrenia Digest (Fall 2003)

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### ***Nicotine Addiction and Psychiatric Hospitalizations***

There is a high incidence of cigarette smoking among those with schizophrenia. Robert Freedman, MD, Chief of Psychiatry at the University of Colorado, reports that as hospitals are setting limits or prohibitions on smoking, nicotine-addicted psychiatric patients who need to be hospitalized are resisting efforts to get them admitted. Once hospitalized, the prohibitions on cigarettes often causes the patient a brief period of agitation.

SOURCE: NARSAD Research Newsletter (Fall 2004) – publication of the National Alliance for Research on Schizophrenia and Depression



## Schizophrenia Update

(Continued)

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### *Time magazine: The Science of Happiness, Part #6*

Optimism and Happiness. Optimistic people are happier people – the survey research indicates this. Also, Time magazine in its telephone poll of adult Americans found that 79 percent of its sample said they were optimists. Similarly, 80 percent of the same sample said they wake up in the morning feeling happy.

Pessimists, according to one study, may at times appear to be “sadder but wiser,” but the pessimists also are plagued with pervasive negativity and with ideas that are distorted on the gloomy side. But, optimists may see things too rosy sometimes (according to one study), and may not see problems that actually exist. Both optimists and pessimists have useful roles that they can fulfill in organizations, according to the Time magazine special issue.

Still, optimists are happier, and the University of Pennsylvania researchers have developed a method for helping pessimists to become optimistic, via cognitive therapy (called learned optimism).

Coming to the discussion at a different angle are Lisa Aspinwall’s studies at the University of Utah. These studies show that when given unsolvable problems, optimists quickly pass over strategies that don’t work, whereas pessimists get bogged down in futile approaches, trying to make the unworkable work.

Another side of it is that a bright viewpoint may come with us at birth. Time magazine reports: “A cheerful outlook may be inborn. Babies with less activity in the left prefrontal cortex [of the brain] tend to cry when their mothers leave the room; those with more activity stay placid. By looking at brain scans, researchers could predict which infants would cry.”

But, again, people can learn to become happier!

Gratitude – this sometimes is associated with optimism. And the social scientists are finding that gratitude is connected with happiness. Sonja Lyubomirsky at the University of California at Riverside found that people in a study who kept a journal each week of the things they were thankful for were able to increase their overall satisfaction with life over a six week period; and a control group who kept no gratitude journals saw no such increase over the period of the study.

Robert Emmons at the University of California at Davis found that similar gratitude exercises can reduce fatigue and increase energy levels. Martin Seligman at the University of Pennsylvania found that people who did “gratitude visits,” that is, took time to thank people who ever helped them in the past or present, had measurable increase in reported happiness and less depression. (Sonja Lyubomirsky found that doing five acts of kindness a week boosted the moods of her study participants.)

Seligman also found that people’s moods went up if each day they wrote down three good things that happened and why (the three blessings exercise). An attitude of gratitude works!

SOURCE: Time magazine (Jan. 17, 2005), The Science of Happiness special issue. Also, staff comments.

*Editor’s Note:* If you are interested in any of the previous Happiness articles (Parts #1-5), please send an e-mail to [info@nsfoundation.org](mailto:info@nsfoundation.org).



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## 25 Things you can do to observe Schizophrenia Awareness Week

*SAW takes place May 21-27, 2006*

- Hold a kickoff event announcing Schizophrenia Awareness Week in your community. Invite the mayor, other community leaders, health educators, the media, and the public.
- Write a letter to the editor of your local newspaper.
- Organize community activities such as “breaking (paper) chains” or conducting a balloon launch to “raise” awareness.
- Show a movie relating to schizophrenia (such as “A Beautiful Mind”), and hold a discussion about it afterward.
- Incorporate schizophrenia lectures and discussions into health education programs at health departments, schools, and other community meeting places.
- Sponsor an awareness walk/jog and provide participants with information on schizophrenia.
- Ask local churches and other faith-based organizations to talk about Schizophrenia Awareness Week from the pulpit and to include information about it in the church flyers/newsletters/bulletins.
- Ask your local unit of government (i.e., City Council) to issue a proclamation for Schizophrenia Awareness Week. Alert the media, and invite community members to the signing/presentation.
- Ask a local university or hospital to host a schizophrenia symposium or “grand rounds” to update physicians and other health care professionals on recent research about schizophrenia. Work with them to identify topics and speakers.
- Encourage your local newspapers or school districts to sponsor essay, poetry, oratory, and/or poster contests for Schizophrenia Awareness Week.
- Support the Mental Health Awareness U.S. postage stamp petition at [www.amhca.org](http://www.amhca.org).
- Set up a display at a local shopping center, and distribute public education materials about schizophrenia.
- Schedule an open house in your facility, and provide information on schizophrenia.
- Sponsor or coordinate a community picnic, potluck, or brown bag event with a SAW theme.
- Ask a local restaurant to place schizophrenia facts/misconceptions at every place setting, and ask them to donate a percentage of sales to the National Schizophrenia Foundation (NSF) in honor of SAW.
- Order your “I support NSF” apparel, and wear it to a scheduled event.
- Send an e-mail announcing SAW to 10 friends, and ask them to forward it to 10 of their friends.
- Organize a Blue Jean/Casual Day at work where co-workers can make a donation to the NSF in exchange for “dressing down.”
- Talk to your library about adding resources about schizophrenia.
- Consider your own “lending library” with books/videos on schizophrenia.
- Make a donation to the NSF in honor of SAW.
- Sell items on eBay to raise money for the NSF. Go to [www.missionfish.org](http://www.missionfish.org).
- Announce or make a link to [www.NSFfoundation.org](http://www.NSFfoundation.org) on personal Web pages, or start a blog.
- Contact your local service clubs (Lions, Kiwanis, Optimists), and schedule a presentation by a consumer with schizophrenia.
- Host a “Hope is Today’s Reality” educational/fundraiser event in your own community.



Contact the NSF at (800) 482-9534, ext. 105, if you are planning an observance for SAW. We'd like to help promote your efforts.