

The Trauma of Schizophrenia *Fourth Quarter Newsletter, 2002* Written by Tanina Davanzo, M.A.

Exiting the theatre, after seeing the film "A Beautiful Mind", I had the proverbial lump in my throat, a faint smile on my face and an ache in my heart. I could also feel the heat burning in my advocate's soul for the majestic courage it takes for an individual to recover from a major mental illness. In this instance it was schizophrenia.

The passion that precedes my private practice, here in Boulder, is the last ten years that I have had the honor of treating those suffering from schizophrenia and other psychosis. After completing my Master's Degree, I did an intensive training with Jack Rosberg, my mentor, at the Anne Sippi Clinic in Los Angeles. The Anne Sippi Clinic hosts up to thirty-six inpatients, and is dedicated to the sole purpose of treating schizophrenia. It was at Jack's clinic that I began referring to the clients as "the divine ones" and "the severely sorrowed."

With the advent of movies like "A Beautiful Mind" and the recent television special "My Sister's Keeper", which authentically portrayed the tragic and triumphant, the stellar and despairing journey of a woman suffering with schizoaffective disorder, there has hopefully been some long overdue empathic dust kicked up on the still too closeted subject of mental illness. Silence is Trauma.

"A Beautiful Mind" captured one man's courageous assault against his own schizophrenia with the sheer power of his self-determination, the unfailing love of another human being, his wife and the strong support of his friends and colleagues. These three powerful elements are huge resources not readily available to the majority of individuals attempting to recover from an episode or a lifetime on the battlefield of madness. Isolation is Trauma.

Schizophrenia is the mother lode of mental illness, (the ultimate of the fragmented sense of self), the behemoth of anyone's greatest fears coming to life in the psychological arena. Contrary to one of the many myths about schizophrenia: Human beings suffering from this disorder are far more suicidal than homicidal. Schizophrenia is terrifying, lonely and something that no one should ever have to experience or face alone. Ironically, schizophrenia is treated as the bastard child of the mental health system when it comes to supportive funding for necessary treatment, health care insurance and educating the public out of its stigma stupor. Ignorance is Trauma.

The debate will continue on the causes of schizophrenia. Whether it is linked to a genetic vulnerability, trauma, a spiritual emergency, sheer imbalances in the brain's neurotransmitters or a combination of any of the above, the point is once they hold the 'ticket', for the ride they didn't knowingly stand in line for, they are at the mercy of the kindness of strangers or more hopefully an educated public and ideally a loved one (be they a clinician, family member or friend) who will stay the course with them. Lack of love and support is Trauma.

For myself, I believe that schizophrenia has a cunning all its own. The disorder is rarely a single illness but more a myriad of disorders. Inside this mayhem stands a

human being. Providing treatment for a client who is attempting the magnificent feat of recovering from a major mental illness is not for the meek or the impatient. Madness is rife with elements of hopelessness, isolation, boredom, tedium, depression, suicidal ideation, suicide, exhaustion, paranoia, rage, grief, terror and a narcissism that can push away even the most seasoned clinician. Abandonment of a client is Trauma.

I was drawn to the Hakomi Somatics Institute Trauma Training as I believed it would address the trauma component (s) associated with the pre-onset of the disorder, the unrelenting traumatic issues of the day to day living with a severe mental illness, and the potential trauma of working through the labyrinth of recovery. Schizophrenics are, after all, human beings with a past a present and a future. To believe otherwise is to treat a diagnosis and not a whole person. Not seeing a client as more than their mental illness is Trauma.

If I had graduated from the training with only the knowledge of how NOT to re-traumatize a client, that would have been leagues ahead of any other trainings that I had previously attended on how to work with trauma. The HSI training greatly supported each student's innate human and clinical sensibilities. Dissociation from the body is prevalent in so many of my client's experience as to be an almost part and parcel feature of the disorder of schizophrenia.

Recognizing the value of studying how the therapist and the client can remain 'mindful and conscience versus fragmented and dissociated' in resolving trauma, one could then begin to utilize an extremely potent tool of exploring, supporting and inviting the client's uniquely individual resources (internal and external) to be an ally and a strong basis with which to contain and be curious about the ways in which the body, mind and spirit is availing itself organically to heal itself. Dismissal of the power of organicity is Trauma.

Another exclusive feature of the HSI training, invaluable when working with the population of the severely mentally ill, was learning to teach the client how to normalize and stabilize traumatic arousal patterns. Learning this type of 'self-regulation' can be one of the most life altering experiences for someone who has possibly never experienced the power of feeling in control of one's emotions or being able to titrate an emotional response consciously. Bringing the mastery of self-regulation into episodes of hallucinations, paranoid thinking or delusions is experienced by the schizophrenic as almost miraculous. Indeed, this new cognition and skill practiced time and again does bring about miraculous strides in recovery. Not resourcing a client is Trauma.

The 'core' of a schizophrenic is not schizophrenia. The core is a human core, a divine core, with all the attributes and facets of any other human being. Building a relationship of integrity with the client is to be willing to be with all of who they are; the sane and the insane aspects of their experience. Holding a space for whatever wants to emerge in the relationship with the client to the therapist and in relationship of the client to Self is paramount. Inviting either of those experiences, without a cognitive and felt sense of the therapist's boundaries fully intact is dangerous. Therapists without boundaries is Trauma.

I have nothing but praise for the 'boundary work' that is taught in the HSI training.

One of the hallmarks of schizophrenia is a skewed sense of ego boundaries. HSI gives a thorough understanding of how trauma affects boundary styles and how boundary styles affect the body. If someone suffering from mental illness can begin to understand even the rudimentary beginnings of boundaries it sets them on a path of recovery that is stabilized in the body. Stabilization is a precursor to thriving. Dissociation from the body is Trauma.

It is debatable whether trauma alone can cause schizophrenia. I do believe that trauma plays an intrinsic role in the onset, exacerbation or perpetuation of the disorder. Personally, I have never encountered an individual suffering with schizophrenia that has not had trauma (s) in their history. Schizophrenia is a treatable illness. People can and do recover either partially or fully from the disorder. Lack of excellent treatment is Trauma.

"A Beautiful Mind" may be a passing phenomenon in beginning to portray the angst, beauty, terror and divinity of the state called schizophrenia. Long after the hype from the movie has faded there will still be schizophrenia. Hopefully, many of us have awakened to what it really means to live a life of a tortured mind. Some of us may even begin to dispel the arcane and cruel beliefs surrounding those challenged with a mental illness. Those of us fortunate enough to have had the training, the likes of HSI, have the razor's edge on empathic and excellent clinical skills to guide us for the journey.

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