**Schizophrenia Case History: Bill’s Story**

This account was written by Dr. Ken Turkelson, who uses the Story of Bill to illustrate how an individual with schizophrenia protects himself from humiliation. It comes to the NAMI course from Sheila LeGacy’s Supportive Family Training.

As the story begins, 28 year old Bill (not his real name), has been ill for ten years, was living in a halfway house and attending a day treatment program until he was rehospitalized a week ago. Just before entering the hospital, Bill was due to be transferred from day treatment to a rehabilitation program, in which he would start a transitional job. It would have been an assembly job,that would have allowed him to get going after a decade away from the job market.

Bill never made the transfer to the rehabilitation program because two days after agreeing to enter the program, he secretly discontinued all his medication. When I visited him in the hospital shortly after admission, he revealed, with a wide smile of immense pleasure, that he stopped the medications as an experiment - to establish once and for all whether he really needed it. I noticed that on the wall of his room he had hung a drawing completed in high school. It was a smiling, full-faced picture of himself. Above the face was the inscription “Bill Turner for President.” I learned that Bill had used this poster during an actual campaign for the presidency of his high school class. I was immediately struck by the contrast between this image and another that he had given me a few months earlier to hang in my office: That drawing shows an unshaven, unkempt man hunkering down in a cluster of garbage cans on a city street corner.

It doesn’t take a master clinician to realize that these two images speak for the two sides of a central life conflict that Bill was living out. His dilemma, like the dilemma of thousands of other young men and women afflicted with a psychiatric illness that does not go away and that leaves the sufferer partially disabled, is as follows; After coming to believe on the basis of his cumulative childhood and adolescent experience, that he is going to become a citizen, perhaps even an important citizen, he finds that he has become a mental patient instead. Professionals can point optimistically to the evidence of recoveries in the long-term outcome studies, and some know from direct personal experience of patients who were once brought low b schizophrenia and have gone on to recover. However, Bill did not have access to these sources of optimism. In fact, there was no evidence directly available to him that he would ever have a life he would want to be a part of.

That is not to say that Bill will always be incapacitated or that he will always require protection and supervision. Rather, it is an acknowledgement of his experience - of long and seemingly endless stretches of time ahead in which he will exist more as a mental patient than as a citizen. And with this anticipation, it is no wonder that, by surreptitiously rejecting drug treatment, he chose to return himself to the status of an institutionalized mental patient rather than suffer the larger blows to pride that would come with being, in his view, a substandard citizen. Being insane was less of an attack on his self-respect that being an employee in a supported workshop.

This is the end of Bill’s story as told by Dr. Turkelson, but it is just the beginning of learning how families and friends can assist people with mental illness in their struggle for self-esteem.

Perhaps because the world blames families for causing mental illness and blames the victims themselves for having the problem, it has been hard to recognize and accept the legitimate status of living with a mental illness. Many people with mental illness simply cannot assume the same life and prospects they once hoped for. What they need is help to rebuild their lives despite their illness, and also in light of their illness. It is called RECOVERY. There is HOPE.