Altered Levels of Consciousness in Schizophrenia

Maureen Mates, M.S.W.[1]

Abstract

This article discusses a new concept on the disease of schizophrenia, known only to the schizophrenic himself because of his intimate knowledge of the experience of the disease from the interior—altered levels of consciousness. This has implications for the understanding and treatment of the disease of schizophrenia. It also discusses some features of the personality and the functioning of schizophrenics from the perspective of the schizophrenic himself.

Thus far, in the literature, altered states of consciousness in human beings have been discussed primarily in relationship to a biochemical response to hallucinogenic drugs. In the disease of schizophrenia there are altered levels of consciousness which are related to different levels of suffering (shock) experienced by the schizophrenic.

The example in the previous article (Mates, Vol. 7 No. 3, 1992), that of the widow who experienced shock and "denial" at the abrupt death of her spouse, to whom she had been happily married for years, may be one case of a "normal" individual experiencing an altered level of consciousness. Individuals who have experienced the shock of incest, and who are unable to report this experience sometimes for years, may also be experiencing an altered level of consciousness. The illness of Multiple Personality may be a third such related instance of an altered level of consciousness. The end result of this illness is the separation into sometimes many different personalities.

In the chronic schizophrenic, altered levels of consciousness are a way of life. He lives psychologically on top of multiple levels of shock, which are indicated in many ways. He will relate horrifying delusions, ideas of reference, auditory hallucinations, and paranoia, which will maintain him in continuous shock, but he may often report, at the same time, that he feels fine. This is not denial. Denial would be to not register his shock, whereas this is an acceptance of the shock, and an automatic response of his psyche by a kind of rising above the situation for the sake of his survival. Once I pointed out to a schizophrenic the profoundness of the suffering in the disease of schizophrenia and he responded with extreme anxiety, "Don't talk about this or I'll kill myself". I have had similar reactions from many other schizophrenics. They literally cannot afford to acknowledge the level of shock and suffering they are enduring from the horrors of the disease of schizophrenia, so they "rise above it", to function.

Whereas "normal" individuals experiencing severe stress will tend to talk about how they feel, a schizophrenic will talk about his symptoms, because even the symptoms are less horrifying than his feelings about them. If the symptoms of the schizophrenic are not overwhelming his conscious mind, the schizophrenic will tend to talk about problems of even lesser concern than the symptoms of the disease. If, on the other hand, the symptoms are too severe, he will talk about nothing at all and perhaps report feels fine, when asked how he is doing.

The inability to cry is another symptom of altered levels of consciousness in the disease of schizophrenia. An astute observer will notice that when a schizophrenic enters the bottom level, where he is no longer able to register emotion normally, of altered levels of consciousness, he will lose the capacity to cry. As he is forced to cope with increasing levels of shock, he will again be able to cry but this crying will not be experienced as a refreshing, deep relief of his suffering, rather only an expression of the "tip of the iceberg"—shallow and unfulfilled weeping. As he continues to ascend to the higher levels of consciousness, he will lose the capacity even to smile. I know of one schizophrenic who was not even aware that he had not smiled for three years, during the most serious part of his illness, until he at last smiled, for the first time, three years later, following an improvement in his illness. The

1. 2821 Hillegass #24, Berkeley CA 94705.

highest altered level of consciousness occurs when the schizophrenic weeps but no tears come, and there is no real "feeling" capacity at all. Dry sobs, coupled with severe, profound shock. No emotion is registered in the psyche on a feeling level at all. When recovered schizophrenics call the experience of schizophrenia "Hell" they do not mean very bad suffering like the "normal" individual would mean but rather the "holy Hell" of the Bible.

Altered levels of consciousness are not only observable in the emotional reactions of the schizophrenic. They are also observable in his perceptual reactions. As the altered levels of consciousness increase with the magnitude of suffering, he is able to comprehend less and less in his psyche of his life circumstances, and he behaves increasingly as if his circumstances weren't true, until he reaches the point at which the additional environmental strain doesn't exist at all for him. For example, if a schizophrenic is destitute and friendless, living on the streets, and then is told he has a brain tumor, he is in some cases unable to relate to the information. He can hear it intellectually, but he is unable to absorb it emotionally. The schizophrenic is telling himself he knows thus and so is true, but he can't believe it, it is unbelievable or even inconceivable. So he is unable to absorb the situation. Thus, if the psyche is too shocked, it simply shuts down in an increasing stepwise manner until emotion itself and the ability to absorb factual material and express both verbally is shut down.

His shifting levels of consciousness are often difficult for the schizophrenic to keep track of, and the mental health professional must always ask himself what level of suffering would I think I would feel under similar circumstances, to be able to understand the contradictions in what the schizophrenic is saying, what his affect and emotional response are, what his behaviour consists of and what the nature of his real circumstances is. The mental health professional, since he is not inside the mind of the schizophrenic, and often not aware of the suffering involved in experiencing the disease of schizophrenia itself from the interior perspective, must rely heavily on the schizophrenic to help him with the analysis of his altered levels of consciousness.

Niacin, vitamin B3, has been used with varying degrees of success in the treatment of the disease of schizophrenia. Obtaining reports of its success from the schizophrenic during treatment with niacin is quite complicated, partly because of the length of time it takes for the vitamin to be effective (sometimes 5 plus years) and partly because during treatment the schizophrenic is experiencing altered levels of consciousness. It often takes several months after a psychotic symptom has disappeared before the schizophrenic realizes that he is no longer delusional, paranoid, etc. In addition, as he comes out of the higher levels of altered levels of consciousness, his complaints increase. He begins to come out of shock very slowly and he is convinced he feels worse, and his symptoms are worse. This is true in the sense that he is able to absorb his circumstances better, to increasingly feel emotion, and to express himself better. It no longer is a disease whose suffering is so profound it has no voice. Research efforts to examine the efficacy of niacin therapy must be made with this in mind.

One might ask if the suffering of schizophrenia is so profound, why is the suicide rate not higher than it is among schizophrenics. Just as widows rarely kill themselves before the funeral of a beloved, long-time spouse, so schizophrenics, because of the altered levels of consciousness, are often psychologically unable to overcome the shock enough to take action. Also, as mentioned in my previous article, the phenothiazenes impair initiative. Altered levels of consciousness in the disease of schizophrenia have implications for therapeutic treatment techniques for the schizophrenic. Because he is frequently unable to report his emotions or absorb his circumstances, dance therapy, for example is recommended, especially in hospital settings where the schizophrenic is most apt to be severely ill—i.e. in the highest levels of altered levels of consciousness. One is often able, with no training whatsoever in creative dance, to dance one's feelings and symbolically relate to one's circumstances when one is no longer able to express them or acknowledge them more concretely. It appears that verbal behaviour requires an acceptance of one's circumstances that is greater than movement requires, just as writing a letter "putting it down in black and white" requires an even greater acknowledge-

ment psychologically than speech. The less you ask a schizophrenic to acknowledge his still altered levels of consciousness directly and yet enable him to express it indirectly, the more therapeutic it is for him.

It is inadvisable to verify the phenomenon of altered levels of consciousness closely with the schizophrenic himself since he often becomes desperately suicidal in response to such an inquiry. Even the recovered schizophrenic, if he has a healthy psyche, attempts to deny the experience of the disease as much as possible in order to go forward with his life. The shock is often so great with schizophrenia that it literally cannot be "cried out", as can other emotionally trying experiences. It should be simply denied in most cases. Because of this, I have looked for outside references for the phenomenon of altered levels of consciousness. There are many examples throughout the Bible of altered levels of consciousness which has been heretofore described as examples of disbelief. It is my opinion that I would be more precise to analyze these examples of disbelief as examples of different levels of shock on the human psyche, i.e. altered levels of consciousness. I will cite only a few such examples here. In Luke 9:33 when Christ was transfigured, Peter spoke of making three tents for Moses, Elijah, and Christ, but he was in such shock on seeing the heavenly trio the Bible reports, "he did not really know what he was saying", i.e. he knew intellectually what to offer, but he was unable to absorb the experience emotionally. In Luke 18:34 when Christ spoke of his coming death for the third time "but the disciples did not understand any of these things, the meaning of the words was hidden from them", i.e. again they heard the words of Christ, but they were unable to absorb the situation emotionally. In Mark 8:17-21, Christ is berating his apostles about, among other things, their lack of understanding that, although he had already performed the miracle of feeding 5,000 people using only five loaves of bread, with twelve baskets of loaves left over, and then of feeding 4,000 people using only seven loaves of bread with seven baskets of bread left over, "you still don't understand". There are other examples of Christ lowering high altered levels of consciousness (shock). In Luke 25:31, after Christ's resurrection, he walked with two of his followers, but they were unable to recognize him until he broke bread. This act improved their perception. Again, in John 20:15-16 when Mary Magdalene, after the resurrection, first saw Christ, she thought he was a gardener (presumably her eyesight was still good), until he called out her name "Mary" which enabled her to perceive him "Rabonni". I have noticed that some schizophrenics, when entering a church, experience a similar lowering of their altered levels of consciousness, presumably because of their religious feelings about Christ and they begin to weep profusely (an increase in capacity to express the emotion of their suffering).

Altered levels of consciousness of the disease of schizophrenia have implications for "normal" people in a non-religious context also. For example, during nuclear war, political leaders could very well experience some of these higher levels of shock, and suffer from impaired judgement, judgement so vital to millions of citizens. Studying the disease of schizophrenia from the perspective of his interior, is not important only for the schizophrenic!

The Schizophrenic, His Personality and His Functioning

There is a misconception among many less informed people, and misunderstanding among many mental health professionals that schizophrenic behaviour is often a symptom of that individual's own psyche. Therefore, schizophrenics are not "normal" people with a biochemical brain imbalance, but emotionally disturbed people. In fact, schizophrenics, like victims of heart disease, have as varied personality structures as anyone else. Some are conventional, some eccentric, some are "neurotic", some "character disordered" and some "normal".

When one looks from the interior of the schizophrenic mind, it becomes evident that much of the behaviour of the schizophrenics is sound—frequently all of it. They are engaged in perfectly normal responses to abnormal brain input. Their behaviour often has an even curative effect.

Why do schizophrenics respond to their symptoms? Because it gives them relief psychologically (see previous discussion on auditory hallucinations), and because they respond to their brains' input like any "normal" person would. If

the Mafia were truly following a "normal" person, he would behave like a schizophrenic who thought the same thing, particularly if he were without resources, which the majority of schizophrenics are. Talking back to voices, running from the Mafia, performing delusional missions, striking out sometimes at people who you are told will kill you or others, by auditory hallucination, etc., are what any "normal" person would do under the circumstances. If a schizophrenic drinks excessively, walks excessively, stops taking his medications, talks to himself out loud (see previous discussions), he is being "normal", i.e. this is a normal reaction to his disease, as there are normal reactions to grief, to cancer, to paralysis, etc.

One cannot surmise the real personality characteristics of the schizophrenic by observing his external behaviour. In altered levels of consciousness, with dysperceptions, and on drugs that distance him from his self-identity, his behaviour may appear far removed from what one would think might be a "normal" response. In these situations, the particular behaviour he might engage in, e.g. masturbating at a public street corner, is quite possibly not even in his own personality's behavioural repertoire. It is not uninhibited behaviour of a mentally ill person. It is not at all necessarily an indication that he has a sexual dysfunction. For example, sometimes the phenothiazine heighten the libido unbearably and this behaviour is preferable to having sex with a stranger. Why in public? Maybe his voices, delusions, ideas of reference told him if he didn't do it, others might die—an act of altruism. This behaviour is probably not an unconscious impulse either. Possibly, he is in an altered level of consciousness, where the suffering is unbearable and the sexual response happens to lower high levels of altered levels of consciousness. It can also put a schizophrenic more in touch with himself (see drug effects). It is extremely important to know the interior of schizophrenia and to know interior drug effects before a mental health professional can draw a valid conclusion about schizophrenic behaviour.

One might say: but the schizophrenic can't "function". What is functioning if you are profoundly ill and engaging in behaviour that makes you better. A bed-ridden quadriplegic is not considered non-functional when he engages in physical therapy. It is often less healthy schizophrenics who repress their symptoms, don't react to them, and don't ever act on them. They are psychologically repressed even though they are respected for their better-than-average "functioning". They are not giving themselves physical therapy, they may in fact be making themselves sicker by increasing the profoundness of their interior symptomatology.

When a "normal" person is sick, he stays home to recover with bed rest before returning to work, if he is "normal". In the same way a healthy schizophrenic focuses on his recovery first rather than getting a job except in so far as that facilitates his recovery also. One cannot, in this society, maintain a job and exhibit schizophrenic symptoms at the same time. I am not suggesting that a schizophrenic should actively engage himself in and act on every symptom he has. That is acting out. I am suggesting that there should be a balance, as there is with any "normal" person. But that balance should not be determined by convention—get a job, get married, buy a home, have children. That is not necessarily how you assess "normal" functioning, or lack thereof, of a schizophrenic.

I would like to mention briefly that when a schizophrenic is recovering (such as on niacin), he can actually begin to use his symptoms to assist him in his daily living. For example, when a "normal" person hears a song that reminds his of someone, he can think vaguely about that person and his role in his life, etc., and sometimes have insights on how to include him more positively in his lifestyle, etc. A schizophrenic who remembers the symptom of ideas of reference, (i.e. the symptom is no longer spontaneous and unwanted but rather mild and controllable or remembered) can really throw himself into this process—rather than having the vague thoughts of the "normal" individual. He can work out outstanding intuitive, innovative ideas about this individual because of greater remembered emotional investment in the song. When talking to fading auditory hallucinations (out loud is better because it helps to use the voice to assist concentration and to avoid the distraction of the symptoms in the brain) one can think up all kinds of insights and new ideas which would be difficult to do with the "silent" brain of a "normal" person. I am by no means recommending the disease of

schizophrenia. Nor am I by any means recommending less than a full recovery for every schizophrenic. But, when he begins to recover, the schizophrenic can use positively and creatively these very same symptoms that are disregarded by the less knowledgeable mental health professional.

I would finally like to mention briefly two interior side-effects of phenothiazines which effect the schizophrenic's functioning. These drugs put a schizophrenic in a chemical strait-jacket. They significantly narrow his scope of concentration, the range of the field of stimuli, which gives the schizophrenic a narrowly focused, wooden, non-spontaneous appearance, feeling, and behaviour. This is not a symptom of the schizophrenic personally, or of the disease of schizophrenia, it is a side effect of the drug. Flexibility, creativity, and spontaneity are crucial contributors to the "quality" of life, and this is taken away from the schizophrenic who is using phenothiazines— thus affecting his real (as opposed to conventional) functioning. Also, the phenothiazines make the behaviour of the schizophrenic excessively compliant. This may impress others as to his increased sociability, but does not serve the schizophrenic who needs so desperately to be himself.

Therefore, it is my belief that the phenothiazines should be used only with great caution by the schizophrenic.