

Original Paper

Understanding Schizophrenia and Tackling Stigma

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The problem with explaining mental illness is that we don't really know what it is; we see and react to it as frightening, comical, fascinating, strange, absurd, dangerous, hostile and ridicule. All of which clouds our understand and perpetuates ignorance about the condition. We need to get past the outward appearances and the labelling that perpetuates them all.

The answer is that schizophrenia is a mental illness. People are going to ask what is that? To explain it we need to integrate a number of approaches which begin with the scientific then medical then. All of which have been used to explain the concept but needed to be considered each in turn.

The problem is the mind as the paranoid thoughts are problems causing the distress. This is difficult to explain as a mental illness and obscures that the causes are chemical not mental. From there we can begin to understand its scientific basis which again is obscured with the word mental as it refers to the mind instead of the brain.

We first need to begin with talking about scientists, biochemistry, research and experiments when explaining about chemical imbalances in the brain. This will not be obscured by talk of the same as doctors, medications, illnesses and symptoms which are more directly affected by the stigma of words like mental. To overcome this, we need to make clear some scientific knowledge.

Jan Anstis thinks the word mental obscures the understanding that schizophrenia has chemical causes by making it seem only to do with the mind. Yet it does at least say it is an illness to be treated with drugs which leads us back in the right direction so far. Yet the other side to the word mental and illness is much more difficult to understand.

The problem is to explain how the mind can be ill like the body as this is not going to be easily understood. Then there are new terms to be absorbed like delusions and hallucinations which is what the illnesses mental aspects consist of. It is no wonder people find it difficult and confusing so we need to start at the beginning by explaining it all.

Before we get to the notion of mental, we need to explain the scientific basis of why these thoughts occur. To do this we need to know about the relationship of the mind to the brain which is chemical controlled

and which can malfunction to produce the thoughts. After that we can connect the to the notion of being mentally ill.

These thoughts are crazy and abnormal as they are commonly seen to be, but they can be changed by altering the chemistry which controls all our thinking. Instead of being dangerous they can be brought under control, and this will become clear if we emphasize the scientific basis. This is the beginning of our understanding of schizophrenia.

The men in white coats were scientists and they studied brain chemistry. Research goes on in laboratories by performing experiments and we need to get this language across despite all the slang to the contrary. They are researching brain chemistry as it effects our thoughts, and this notion is not as confusing as that of mental health.

From here we can start to introduce the medical terminology that might explain things further. Schizophrenia is a diagnosis not a label. It is an illness and as such it has symptoms which can be treated with medications and drugs. It needs doctors to prescribe them in a clinical practice and provide treatment until the symptoms are healed. The illness may be cured or be treatment resistant and if more severe might need hospitalisation.

There is nothing mysterious or fascinating about a mental illness. It is just a disorder of the brains chemistry that affects the way we think. It is not strange or abnormal as it behaviour patterns are generally seen by people. It is just how the brains thinking affects the way we act. We think that we are being persecuted so we hide away from people. It is all very straight forward.

Another problem is that the science behind it is also classified as medical research so the medical side of terms like mental hospital, mental illness and mental health are going to obscure what this research is. The problem is too that insanity and mad were also diagnostic terms but we don't use them now. Trying to get across the scientific language is going to be difficult with the notion of men in white coats and psychiatric hospitals as nut houses.

Yet the science might explain the medical complications so that the medical profession might imply some authority when they say that their patients are not dangerous. From here we can then access the professional image of the doctor to the caring image of the medical professions so the medical notion of mental illness stands more chance to be got across. That should enlighten us and enable us to understand how a hospital works and what *care* in the community involves.

Having a social worker talking about chemical imbalances won't explain it and is better coming from a GP or a psychiatrist. Doctors don't exist in asylums or wear white coats anymore and the medical authority of the doctor is slightly different. Seeing it as scientific might carry more explanatory power here before we talk about medical things.

There is also the bio social model that schizophrenia is stress induced like depression. Two people subject to the same stresses will react differently hence it is a chemical imbalance. This versus the stigma that we let ourselves be driven so we are to blame for our own problems. People keep quiet about this as they know the same things could happen to them and they might be driven nuts too.

The fear has much truth in it but is misplaced as the mental health system has ways of coping with stress so we can be strong enough to stop it happening. One current approach is that of compassion focused therapy which can soothe all of life problems and will stop the illness developing in the first place. So, there is nothing to worry about. The current thinking is to catch the illness in its prodromal stage before it starts to develop which again is reassuring.

In my had a few of the thing's life can throw at you. Then I started hearing voices. This made things worse as I knew how it looked and the voices were criticising which so were stressful. These things combined really made me flip and then the delusions started. With all that the stress really did it and I snapped so things got worse and worse. I learned anyone subject to enough stress will crack up. From here we can begin to explain such notions as driven round the bend or round the twist reducing this aspect of stigma, so we are not labelled as weak.

Words have power because they are in general usage, but technical terms have meaning to people as well. So, the use of language could be challenged again. Then colloquial terms which appear as standard English can be counterposed to the technical ones which are medical and scientific. In particular use of the term mental falls into all these categories.

To help further explain the medical side we can use slang and as the oxford English dictionary says some of these words signify mad in the clinical sense. So, reclaiming as medial terms could draw on the slang in the way the layman understands it and could then help get us back to explaining the medical jargon.

The media uses slang which perpetuates and reinforces general usage of it in the language. This is what medical correctness is up against and also with renaming schizophrenia. Calling it all slang is going to run against the problem some of these terms are colloquial and as the dictionary of slang says these terms all mean crazy and eccentric.

Some colloquial terms have two means so for example crazy can mean something humorous while it can also signify danger. The term mental we have been examining has some insight but also signifies danger. Mental can be counterposed to other terms like crazy as both appear to be standard English.

Slang is coined in ignorance and reflects the underlying prejudices we began by listing. They are born of ignorance and as William Hazlitt said "prejudice is born of ignorance". The language reflects the underlying prejudice, and each reinforces the other. To enlighten us we need to get across what the illness is and is best done through something first-hand like a narrative which we shall describe later.

As far as the stigma goes we don't call hospitals lunatic asylums any more and they were originally built to provide sanctuary from the society. So, they were not as they were also called a loony bin. Then when we find out what lunatic means, behaviour influenced by changes in the moon, we can see its defunct and strange in its meaning.

Psychiatric is another difficult term and again psyche refers to the mind. This again is misleading and links with the notion of psychiatric hospital. Then it is possible to get the wrong impression of being mentally ill as something solely to do with the mind. Yet we will understand a psychiatrist is also another scientist and not just a medical doctor which should further establish its professional reputation.

In trying to rename the word schizophrenia such as altered reality syndrome or Buellers syndrome people are again going to be asking what is that? So, you have to say hearing voices and delusional beliefs and again this links with the medical terminology and the stigma of mental attached to them.

Another colloquial term is zany which makes the illness appear comical when there is nothing funny about it. We can still laugh at its eccentricity through the use of slang terms like dotty, potty and batty etc. Yet again the slang is reinforced by the colloquial side as something eccentric and further than this some comic images like the mad hatter reinforce this language and are part of our general knowledge.

Yet some people think the funny side might have some insight and reduce stigma as we can laugh together about it. The problem is that when the dangerous side is thought of, we stop laughing. Another point here is that terms like potty are not just eccentric but dangerous as for example the word nutty relates to nut house and the colloquial term zany might refer to the funny farm.

The character Doctor Silverman in the movie terminator is asked “is Reece crazy?” and relies “in technical terminology he is a loon.” In the scene we can laugh at crazy things together but lieutenant Traxler is not amused and thinks Reece is dangerous. So, as we laugh at Reece the word crazy has another more dangerous usage and Silverman being a doctor relates back to the medical technical terminology examined here. The depiction clouds our understanding of it.

There is a continuum of usage from danger at one end to being comical at the other. This goes something like insane, mad, crazy, eccentric and most words fit into these categories. So, we stand more chance of explaining words like crazy as compared to others like insane. There the connotations of danger are more pronounced although we can still laugh otherwise about being insane.

The labels are just slang so many are coined out of ignorance. The problem is that the media uses slang and reinforces the wrong impression. Mental as we have seen is such a term which infects such terms as mental hospital, mental illness and makes them sound dangerous. Here some of the more dangerous terms cannot be reclaimed, renamed or used to generate insight. Words like unstable or disturbed also link with other labels preventing these explanatory outcomes with them too so once we realise this we will stop laughing again.

The technical diagnosis is of paranoid schizophrenia makes it sound dangerous and combines with the word mental making each more difficult to explain. So when we talk about this being a diagnosis instead of certified we may still get the wrong impression. Then talking about the technical use of these words as symptoms is difficult as these are hearing voices and paranoid delusions which may also be perceived to be dangerous. This is because the voices can tell you to hurt people and feelings of being persecuted leads schizophrenics to retaliate. The truth is we are more likely to be afraid than violent.

The notion that schizophrenics are psychopaths comes from a number of different sources and this need tackling together rather than separately. One is the notion that schizophrenia means literally a split mind or schism and is a split personality. From here we get the notion of a Jekyll and Hyde image where one half of the personality is dangerous. That leads to the equation of schizophrenia as something psychopathic and the term psycho is part of the slang vocabulary used for it.

Another problem is the notion is that schizophrenics need confining, and that this is the role of a mental hospital. In particular the dangerous use of the term mental is reinforced. Hospitals are characterised in many ways as dangerous including straitjackets and padded cells to stop lunatics harming people. They do not get let out and must try to escape. Insane people need locking up and must be taken away or carted off somewhere else away from the society.

Then we need to get across the idea of care in the community. So, lunatics are not thrown in the bin and locked up but are there living in the community and are not confined in an asylum. So, we can challenge terms like nut house and lunatic asylum. This should help with the frightening labelling and even with disturbed and unstable connotations they have.

Yet there are further difficulties arising from the diagnostic terms: one is the use of the term psychotic which sounds a lot like psychopathic. Here psycho is one of the slang terms used for schizophrenia. It needs to be made clear that psychotic has a technical meaning again as being unable to challenge the paranoid belief as not being true.

If lunatics are thought to be dangerous the authorities wouldn't let them loose so they are not insane. The psychiatric profession would not be allowing psychopaths into the community if they were going to be dangerous. People get discharged even though they are sectioned. This sounds a lot like the old word committed but can still be so explained.

The problem is some hospitals are locked up as in Broadmoor in the UK, so we need to explain what the difference is. This is going to be difficult given the carceral history of psychiatry and use of the word lunatic asylum which has always conveyed this image. Changing that is going to be difficult but brings us back to the issue of political correctness as many of the labels of themselves reinforce the wrong impressions.

We need to get into questions about madness and insanity and the fact these are no longer used as technical terms albeit once closely connected with asylums. Madness just means the loss of reason and insanity the loss of sanity or a normal state of mind. We get the impression of people fighting to prove their sanity to get out of asylums so the whole thing still sounds very dangerous.

We need to get behind the walls of the mental hospital and asylum. This needs a vivid description of what they are like, and they are facilities not prisons. We also need to know why they are necessary. The best answer to this is that it is like a physical illness and that they are there to make you feel well. When there is a medical problem that needs treatment. We need to integrate the political correctness approach with some personal narrative and use this also to question the stigma.

When new to the mental health system you learn the ropes and see how it all works. That results in a learning curve which is instructive. Firstly, the idea of it being an illness will also be understood contra the media image when families see hospitals with doctors nurse and patients. This will all bring the message home that drugs are being used to provide therapy.

Hospitals are not bedlam, a state of uproar and confusing. There are general very quiet, social and aim to calm you down. It is important from a therapeutic point of view that we can relax as much as possible and there are any different ways of being able to do this.

The first thing we learn is how frightening the symptoms are and that they generally take two forms. One is paranoid delusions that people are spying on or are out to get you (in my case for being responsible for 9/11) and that you hear voices that are criticising you. As you can imagine this is very frightening and we cannot cope with it all.

So, we need to be in hospital because we are so frightened that we cannot look after ourselves and so stop functioning. This can get to the point where the fear can freeze you, flip out, go into shock and have panic attacks. It needs something like a Valium to calm down. Hospitals are there to help you feed, wash and looked after yourself but also to try to make you feel better as the fear is also depressing.

The nurses can provide conversation if you are depressed and as with normal things that can cause depression this can cheer you up. it is nice to see a friendly face when you are feeling down and this is true for ordinary life as well as with schizophrenia. Having a chat can also distract you and take you mind off your problems which again we can all understand.

As anyone will know with anxiety and depression that it is important to keep busy and take your mind off things until these feelings pass. You cannot simply snap out of it and need soe distraction with something enjoyable. Hospitals provide much to do in terms of different activities. You can share these with other patients and chat about what you are doing.

Hospitals have natural woodland surroundings and nature can be pleasurable and soothing. You can enjoy being near wildlife and think how beautiful the birds are. Again, this will cheer you up and as you come round to your senses you will realise things are not just endless suffering. Going for a walk is relaxing as it is for everyone, and it is easier to breathe and calm down with this despite feeling anxious with the symptoms all the time.

Hospital has to be somewhere quiet and restful, and this allows for some healing. You can reflect on your life which is full of problems and remember the good parts, so you start to feel a bit better about things. This is aided by the atmosphere of the place which combines a family/affiliative context with an ethos of care, so you are not on your own with things.

You need something relaxing in another way when hearing critical voices. Nobody likes being criticised and you have to stand up for yourself. This is an experience that any people will know. If the criticisms are all the time you are going to need help with it. That means someone taking your side and standing up for you to answer the voice especially if what it says is true.

Hospital will keep you safe from stigma and you can have a chat with a nurse who will not treat you as mad. Not everyone is judging you by the outward appearances of the symptoms and you will begin to see them as just misunderstandings. When discharged you will have social support at day centres where you can socialise with people who understand the condition, so you learn stigma is nothing to worry about. Once understood this will calm you down further.

Valium and sedatives are used for calming down and sleeping, eating properly. Having a chat and keeping busy all help you build your strength up helps confront things. If these are not enough they will use compassion to lighten the load of the illness and make you more resilient. Having been driven round the bend in the first place could be cured with this so you will realise you are not to be blamed for getting the illness in the first place. Once you are coping again you will be discharged.

My feelings of being responsible for 9/11 caused much emotional pain and anyone who has done something wrong may know this too. That extreme form of these schizophrenic feelings of causing so much harm gives you terrifying nightmares about punishment. Yet with the compassion these feelings can be soothed too so getting restful sleep is then possible.

Finally, the most difficult treatment to explain for schizophrenia is cognitive behavioural therapy which aims at developing insight. We will know how the illness appears to other people as not being real and it tries to get patients to see it in the same way. Then we can question the scary thoughts and feel a bit less frightened and more functional again.

We also need to explain schizophrenia first hand to destroy societies mistaken ways of engaging with 'madness' to get across what it is. Medical terminology or conceptual explanation of mental illness is not enough here. Rather we need to get across what it is like despite its otherness. We need some examples of its severity and how the stigma just causes more pain. That should enlighten us and make us sympathise while bringing the issues of stigma to life.

We need a description of the suffering if we are to sympathise and my psychiatrist described mine as particularly severe. The public image of it as walking alone through the valley of the shadow of death but this is a bit vague so we will describe my case as an example below. We imagine it as something unimaginable and it is important to realise this is not entirely true.

So communicating the suffering should be the first step to talking about it in a compassionate manner which should then help reduce stigma. Instead of labelling the symptoms as with words like paranoia or mental we need to know how they work to cause more fear and pain. This should help us to be more politically correct.

If we can see the suffering it involves, we might be more sympathetic. Yet this suffering is still connected with the labelling and being labelled insane. When we use the word madness we signify it extremes at the same time so this needs to be got around making the suffering into something more sympathetic.

It also thought that the suffering is our own fault. We are self-induced psychopaths because we are not tough enough to cope with life. So, we have allowed ourselves to hurt people. The problem here is that being weak and dangerous carries an equal amount of stigma and makes it all much worse. What has got to be got across is that people with schizophrenia show a lot of courage in the face of the symptoms though they obviously need help in doing this.

If we are sensitive the suffering, we may be able to become compassionate about it. That should motivate us to want to do something about it. To be able to do this we need to be receptive to what is happening and get passed the normal reactions and labelling which prevents this sympathy. Once we understand

what people are up against with schizophrenia, we can see how courageous many people are with the condition which will also increase the respect we have for them.

Being delusional is best explained to the people in society as like having a nightmare. This is more than just bad dreams and as the poet Coleridge described in his poem *The Pains of Sleep* “I tempesting anew the unfathomable hell within” If we are walking alone through the valley of the shadow of death Coleridge’s hell puts this rather well.

The next thing to realise is that in a dream the fear feels like it is really happening along with the visions and voices you hear in your sleep. This is what the delusion is like in that what is happening in your dream feels real and you don’t realise it is just a delusion. In schizophrenia you cannot distinguish the real from the imagined and this is the nightmare you are in.

Finally thinking you are responsible for 9/11 gives you the dream that you have killed all those people and there was going to be some terrible punishment for it. I dreamed I was going to be crucified and Coleridge described this well too as “the horror of their deeds to view.”

Where there is insight, you may question why you have been inflicted with the suffering and as Coleridge also said “such griefs with such men well agree but wherefore fall on me.” Sadly, there is only so much insight you can have so you cannot always avoid this feeling.

The problem with schizophrenia is that these nightmares are not just one offs and keep recurring. This gets to be emotionally and physically exhausting. Even when you are awake you are still delusional, and you need to rest to have the strength to cope with it. Without proper sedatives you will be going for days without sleep until you eventually crash out.

What happens with all this is that you are on your own confronting these problems as if you told anyone about them, they would say you are mad. Without proper emotional support for the fear and pain the delusional experience we have described becomes even worse than it might be. Being labelled mad just adds to the levels of fear you are undergoing.

If things weren’t bad enough another symptom is possible at the same time. I began to hear voices criticizing me for causing 9/11. This added to the emotional overload and again caused the bad dreams so to be more severe. Trying to ignore the voice was difficult as I believed I had caused what it was criticising me for so being distracted was particularly difficult.

The fear it was causing was extreme and nightmares are only one analogy. Another experience I could relate it to was like being in a way where the suffering of being shot or wounded by shrapnel would have been a terrible way to die. I thought there was some connection here.

I thought the neighbours were spying on me about 9/11 and passing information back to the CIA. This too was system overload, so I had to get away from them. That meant running off into the night or sitting alone in the dark with the blinds drawn on the windows. This in the hope the spying people would think I was out. Either way the voices followed me wherever I was and I couldn’t hide from them or escape in any way.

Trying to survive all this required much courage and I was on my own with the terror. That meant I couldn't overcome the danger without fear. Yet although it didn't solve the problem, I was able to endure what I was going through and to stay as functional as I could.

The fear sapped my strength as I could neither eat or sleep but the need to survive took over when running away from the neighbours. Already feeling tired and weak I wandered the roads to get away from the people who I thought were spying on me. The result was both emotional and physical exhaustion together and the impact on my normal life was shattering.

Walking the roads at night during blizzards and in the freezing cold added to the danger felt I was in. I couldn't believe it was really happening. The whole thing felt like being in a dream. It went completely over my head though I could still watch it all with some disbelief.

Then it hit and I realised the danger I was in. That was a shock to the system and with the combined effect of everything happening to me I went into shock. This is the bodies way of protecting you from danger, but it didn't stop the fear from the thoughts and voices. So, later drove me deeper into shock.

Instead of being weak as the stigma suggests it is recommended common practice for schizophrenia that we confront things instead of hiding away from the at home. As we have seen with the severity this is easier said than done and requires support by a social worker or nurse.

The help I had with confronting this allowed some for strength in dealing with it though as I said I couldn't have done this on my own. I could get through the worst times doing this, but I couldn't overcome the symptoms which were stress induced and self-perpetuating.

To confront things, I had to be around the people I thought were spying on me and passing information back to the CIA. Instead of using just courage this had to be supplemented. This by relaxation techniques for the physical exertion and had emotional support for thinking I wasn't such a bad person about 9/11. So, I wasn't drained in both ways.

Anyone who has been really frightened by something will know that it is not all just down to being strong with it. you need help in other ways. There are many things that can be taught in relaxation classes like breathing, safe place imagery and most especially compassion. This sort of help for fear is used by normal people to help with anxiety and this is needed for schizophrenia as well.

Instead of blame of being weak with schizophrenia there are other things that are widely used that are needed to help people cope. Things like rock rose and lavender can soothe the fear and anxiety caused by the paranoia and might be used instead of Valium. Again, these cures are widely known about and the fears they are used to treat are available to everyone.

Being frightened with schizophrenia is an experience that causes much suffering and once explained many people with understand and sympathise. People will have some knowledge of what sufferers are going through and the fear and pain should come through in the descriptions provided here.

All the same we need to get across the confrontational strategies as this shows we can overcome our weaknesses. What is needed here is some support to rely on before you can do this on your own which is what prevented you dealing with it all fully in the first place.

This help made me feel better about talking on the initial challenge of going out the house. I had to do it when there was no one around. This made things a bit easier, and I learned as Susan Jeffers famously said, to feel the fear and do it anyway. This also helped at this point.

Once out I couldn't get my thoughts about 9/11 out of my mind. As with thought about the neighbours spying on me I felt I was highly visible and that therefore people were watching me. Although they weren't looking directly at me, I thought they were aware I was there.

That prompted me to avert my gaze which calmed me down a bit but it didn't erase the thoughts I were having. Not being able to run off I had to deal with them. I had to build up to tackling them head on so I tried coexisting with them first. It also helped as well to try to take my mind off them a bit by chatting with my support worker. I found I could deal with the terror by being exposed to it gradually.

The things that required the most courage was making eye contact with the people I came into contact with when out. It is the eyes that could give away being responsible for 9/11 and it took everything I learned with confrontation to be able to do this. I got there in the end.

Conclusion

Once we explain what schizophrenia is and what it is like we should be able to enlighten people with the conceptual side by putting that understanding into practice with a personal narrative. The stigma has many aspects that can be dealt with in these ways, and only together can they be used to tackle the ignorance, prejudice and fear that surrounds the condition. These approaches should make a difference and there is growing evidence from mental health charities like MIND and RETHINK that attitudes are beginning to change.

Living with the Stigma of Schizophrenia

On first getting schizophrenia the diagnosis turns is an overwhelming experience and in my case put me into shock. The lack of education about the condition means that anyone newly diagnosed will be hit by the full force of the stigma without having been prepared. So, it is necessary to explain what can be done about the terror of the word and that things can be manageable despite the realisation we might be in much danger.

When first diagnosed I was mindful of what Francis Jeffrey said that "opinion based on prejudice are always sustained by the greatest violence." This was especially true of mental health prejudice which falls into this category especially given the extent of negative material coverage. This is stirring things up on the grand scale. At first, I panicked but the more I thought about it and experienced the mental health system I realised it was possible to live anonymously free from the stigma and its dangers.

My psychiatrist described my symptoms as particularly severe, so it is instructive to know why; I had fear as terror for causing 9/11 combined with intense emotional pain thinking I had killed all those people. The two together were crushing. I snapped, went into shock and had a breakdown. The terror of stigma

will issue in all these problems and the ensuing depression will add to your list of problems. Having snapped there wasn't a chance to come through your breakdown with the symptoms and stigma.

Sigma will also shut down your emotions so stigma can stop you getting emotional help from friends and family. That might stop providing the strength for dealing with the fear. Otherwise, your family will be able to bring them out by supporting you when frightened. Again, during an episode at home, you could ring your family so the positive emotions will soothe the fear of stigma and they can also remind you they will pass. Failing that taking your antipsychotics early could knock you out asleep.

With the fear side you have got to multitask to be able to coexist with it. The same is true for the emotional pain. This does not make it go away but you are more able to wait till it wears off or to get distracted which does the same. This might stop you being frozen with it and might localise the pain. You can try and sit it out but you cannot do this forever. Then you cannot distract so you have to immerse. The problem is that you cannot lose yourself completely as you will come out of the immersion. afterwards you have to try to coexist again.

During periods of realisation of the danger you are in from the stigma you will eventually learn not to panic as the only danger is when you come into the contact with the other people. This means you won't panic so you can calm down at these times. You need a wise threat system so you can think the chances of things going wrong with people finding out can be minimised. You will need to learn not to panic when by yourself as you cannot rely on another person to calm you down.

Stigma can give you nightmares and that can mean you are frozen. Again, this will affect your ability to rest especially when stigma is combined with the psychoses. It is something else that will cause problems facing the day. If there is no rest during the psychotic episodes the delusional phases will be worse and more frequent. These together with the stigma may mean a constant state of exhaustion.

The fear of stigma adds to the fear of the schizophrenia, and both will shut your emotions down. when you come to your senses with stigma there is going to be much emotional awareness which again is very stressful. This could add to the lack of rest you get with the paranoia and stigma. So, making friends and meeting partners you have time to spend with you is going to be very important for having a break from the stress. Again, with no let-up you could end back up in hospital.

Like a paranoia the danger you are in with the stigma goes completely over your head but come back to you as a constant form of anxiety. This is much more manageable for keeping busy and allowing distraction. unlike a psychosis it is easier to get these thoughts out of your head so the residual anxiety can be more effectively dealt with. That makes finding solutions to the other paranoid anxiety more possible and effective. Sometimes this answer is still not available when trying to get the stigma out of your head.

Anxiety and depression often go together and with stigma you will be getting both together. You may get sick of years of stigma and like the paranoia it can all get too much. It is possible to live on your own but for years this could be much more depressing over time, and you may get to questioning the point of it

all. Even if the anti-psychotics stabilise you to being more functional there are still going to be other problems despite the lessening of the paranoia.

Stigma can destroy hope for achieving your goals and this is a very important coping strategy for being distracted and learning to live with it. John Nash is very important here as he was able to work as a high achiever despite people knowing about his problems. That should motivate you take steps in this direction which might overcome the social exclusion by being able to still do what you want. It will give you a focus to fill the time in and to stop worrying about what might happen to you.

Where stigma stops you working, and your family are too busy to spend time with you there is going to be time on your hand even if you can only work part time. Leisure activities can only fill this in so far and without anything to occupy the mind it might drift back to thinking about the problems you face. These cannot avoid thinking about stigma completely but without meaningful distraction you will start to worry more. Then anxiety and depression will go together as they often do.

The scale of stigma is similar to schizophrenia and particularly the labelling is all you ever hear about in common parlance. It might be something difficult to distinguish from the paranoia and again the two things together will make you feel like you are particularly severe. Also, with the emotional pain of what you are going through will be significant as you won't want life to be like this. Yet we know that if schizophrenia can be confronted so can the stigma and knowing this it should provide much hope here though the converse is stigma could trigger a relapse here.

You still have to avoid the neighbours' as if they cotton on to the symptoms, they will start to watch you closely. Again, this will double the problem of living with them, and this cannot be distinguished from the paranoia and surveillance with them. This is particular so with the paranoia about 9/11 as if they think I have done something wrong they might try to punish me for it and drive me away. There would be nowhere I could hide and might end up homeless.

One difficulty arises from answering the door as this requires one to one eye contact which is difficult to make. This is especially problematic if it might be one of their neighbours and I have been caught out with this from time to time. Everyone might see you being evasive if there is a knock at the door, but you have to answer it. yet sometimes as household repairs or getting packages delivered to neighbours can put you in this situation. Family help to take deliveries can help here.

In particular they might see you when you go out of the house but getting out might be the only break from the stigma so often it is worth the risk. It is frightening if someone knocks at the door, but you are in the same situation getting over the doorstep when going out. This is good practice as if anyone sees you doing this you won't be put in a one-to-one situation, and you don't have to look at the person. looking is more frightening but not going on your own might help which might be an encouraging thought. Stigma isolates and excludes you the way the schizophrenia does and with the paranoia you are not living a normal life. yet despite being afraid of stigma it is possible to do something about this so far. Once the schizophrenia has been stabilised it is more possible to get out away from the stigma. The hope is that

you won't be worrying about going back home during this time otherwise there will be no rest. You are limited to the time you can afford when out so long periods at home will add to this worry.

Both the paranoia and threat of stigma will activate the brains threat system and click the amygdala back. This might get in the way of intellectual functioning and stop you from being distracted using this faculty when trying to study at home. Homework on a further education course will be affected and the constant anxiety experienced by the worry of getting back home will stop you understanding things in class and disrupt your concentration.

The fear of stigma might reduce the ability to rest in between psychotic episodes. So overall it can severely affect your mental health as there will be constant stress. This means you have got to get out of the stigma created by the confines of your home. That will be difficult with the paranoia and in my case, I spent ten years locked in a room, so there was no way to get out and about away from the stigma. Eventually with help I could go out if someone came with me which helped take my mind off the fears the stigma created. This took a lot longer than it might as I had to be strong with both problems and found overcoming them was very gradual.

Once the fear of the stigma wears off it causes emotional pain with the psychoses pain. Both will be examined here as at the times you will experience the emotional force of the isolation combines with feeling responsible for having killed all those people with 9/11. To make it possible to cope with this it can be soothed with the compassion to give you periods where you can bear up better even with the stigma realisations of terror. This should have a good impact on mood and help keep you functional.

At other times when it is much worse you might need a Valium. Once you are not afraid of other people and what could happen to you it is possible to stop looking guilty and attracting attention to yourself. Getting over the psychological barrier of going over the doorstep could be eased here, and you will feel more safe and able to do this. Also, during times when you are not so caught up with the paranoia about stigma you could use Valium to calm down and stop the problem working on your mind.

Stigma is a worry, so you have to keep busy and use safe place imagery to clear your head. These are not effective during a full-blown episode of the fear with stigma but in so far as you can possibly put it out of your mind, they may help with the anxiety it may cause. Having a clear head is another way you can think of things with education to further distract you and for weighing up the pros and cons of your life with stigma. This may produce some very positive outcomes.

At home with the stigma, you have to keep the blinds drawn. It is only safe to leave the house by the back door and you have to be especially careful when putting the bins out so this is best done late at night. Without being able to look out of the window in case anyone catches sight of your unusual behaviour adds to the feelings of isolation and confinement. You cannot even consider getting a window on the world by watching television so there is little to fill the gap here.

Living with the stigma is an ongoing worry that never really lets up and life with it needs addressing so we can live with the problems it causes as well as possible. When the paranoia wears off thoughts about stigma will come to mind but is a bit easier to keep busy with them as compared to paranoia. Paranoia is

generally more severe so the thoughts about stigma, so they tend to take a second seat. In between episodes the stigma thoughts are often not as fully realised as the psychoses which allows some rest.

The fear of stigma is taxing, and the stress may tire you out. So, you are not functional for cleaning or cooking. Yet there are a few hours in each anywhere you are a bit more functional. When the paranoia wears off you will have more of a chance of staying functional. If stigma is the only worry you can either through confrontation or distraction ease having been too frightened to eat or do housework. so, this will give you an immediate lift and some strength for coping with the anxieties of stigma.

Staying in the house concentrates the mind on the voices and the stigma with the neighbours will worsen this. It makes hiding at home very difficult as it is in addition not being able to concentrate on things there that might distract you. it is easier to go out than to hide. So, when out you only have to confront the paranoia not the voices and stigma, so this is a useful way of confronting things first before you get back. Yet getting out will be less effective for when you are back in the house as combined with the fear and emotional pain this is going to be very difficult when back home.

Still, you can be free of the stigma when you get out which will provide a break from your paranoid house. then when you get back you might be able to break these associations of the place as somewhere you have been suffering. You are more likely to cope with it in your safe place at home if there is insight into the other psychotic symptoms so these negative memories will begin to fade. Eventually once your emotions are not shut down you may get positive feelings of being there.

Stigma dangers might trigger off a psychosis and you might end up back in hospital. You will be safe from the stigma in there, but hospital can feel like confinement so might perpetuate the illness in other ways. When you get out you will be frightened the same thing will happen again This may create a fear you will never get out of hospitals and having to keep going back in even though you are safe from other people in there. Hospital may be confining so going back is something more to worry about.

Stigma will cut you off from media as this will jog your memory about the dangers in the same way schizophrenia does. If you are trying to take your mind off things this will not distract you as you will start worrying about your neighbours again. The only way to do this given the lack of media with positive images is to listen to music without lyrics and stick to movies that contain something positive about the issue. This may mean watching the same thing over and over, but it can be made to work so far.

If you aim to live in sheltered accommodation you are protected from stigma and instead of being on your own in a house, you can keep the corridor open to other residents who will also understand your condition. You have to be very careful about the stresses of moving out here but it is thought that independent living is more therapeutic than a project. The problem is that this will leave you more exposed to the possibilities of stigma made worse by the possible social isolation.

Like the schizophrenia you can get a break from the stigma and the neighbours by getting out and about. When you are frightened this will provide a break as it is anonymous and then like the schizophrenia again you can tell yourself the fear will pass. You will get through the stress that might trigger a relapse

though getting out from the stigma might be hindered by the paranoia. then being out with the paranoia must be weighed against being at home with the stigma.

The stigma although you can go out anonymously will stop you working and concentrating so you are still limited with it. You will need to do this at a day centre. Allowing education alongside getting own the town anonymously will both provide some rest and enjoyment when compared to being at home. It will give you something to look forward to instead of staying in the house all day. You will know the fear will pass doing this so again all you have to do as with the schizophrenia is to hang in there.

If you bump into the neighbours, you have got to act normally but unless you get this right you are still going to be noticeable. it may not be possible to conceal the fear with the paranoia so this can be very difficult. If you start looking frightened of the people or are suffering with the paranoia with fear of being around them, they are wondering what is going on. At this point the fear will increase and will affect your mental health more.

If you do get seen by someone this is going to make you more housebound as you will be frightened to go out again. This hiding will affect your mental health and staying indoors without sun, fresh air and exercises will affect your physical health. You may need support to get out again. The graded exposure to the paranoia is the best approach here because the stigma and is just a matter of confrontation and insight like the schizophrenia is. If you get seen with the stigma the consequences are not like other coping with a delusion which is not real so cannot be cured by insight.

With stigma like the paranoia there is a need to get out as much as you can. But if you are socially isolated going shopping or to a restaurant will be much less therapeutic if you are on your own. This puts the emphasis on day centres again but going there for a couple of afternoons a week still leaves long periods of loneliness. This will add to feelings of social exclusion experienced with the stigma. If you cannot do this being without friends, it will amplify the thoughts of stigma when at home.

Another restriction with getting out on a regular basis is that it gets too expensive to go shopping or with eating out all the time and the same thing goes for travel. This means that the other techniques for distraction like the relaxation classes and social contact at a day centre becomes very important. Yet coming through as with the acute episodes of the terrifying stigma this is easier said than done and having a chat may not solve the problem either.

The problem with not getting out enough is that there is only a limited number of things around the house. The keeping busy with the cooking and cleaning may not be as effective if life is affected by the emotional force of isolation. Being at home and not having friends around together with the limits on getting you out may make you home feel a bit empty. This despite all the effort in making it homely and comfortable. That will make being there less soothing when you start thinking about the stigma in there.

Stigma is more a problem if it stops you doing what you most want to do for going out and in my case, there was no support in trying to get to my local archery club. There may be limits to the activities at day centres so becoming interested in something else might be more difficult. Leisure is important for reducing stress so you might have to try something new, but this is not always possible either. In my case

I got back into archery and the only way instead of looking odd was to tell them about the schizophrenia which they knew about. Without leisure activities you like the boredom will soon set in again and might make you dwell on the problems of stigma more.

Stigma will also prevent you finding work so again another source of distraction will be lost here. The answer maybe to pursue educational courses but again instead of giving strange looks you have to act normal in class. as with practising being around other people as in a restaurant you have to coexist with the fact you are there. This is only a first step however as in a class people will be more aware of each other. That may limit you to education at day centres where there is much less choice. Inability to work may still mean voluntary work is more possible but as with leisure you have to find something you really like.

The thing about stigma is you can get out and about and do things normally and be free of it. Then pleasure drive and circuits are possible, so you are not frightened all the time. This might help with the opening the frontal lobes which I helpful for thinking about the problem and having distracting activities like courses at any centres or further education colleges. Opening them up might be more difficult with the paranoia which could shut you down again but might still be able to make some impact in between episodes.

It will look conspicuous if you start taking deep breaths or smelling lavender in class, so you have to be careful you don't get noticed. Having some water to sip in there and safe place imagery might be less noticeable. The hope is that when in class you will be more fascinated by the subject matter of the course, and this should affect you by being distracted or even as with my love of education immersed. The problem may still be that paranoid thoughts about the stigma may still reoccur.

So, clicking back will shut your brains down and your frontal lobes and will stop you thinking on courses. compassion could be the answer to stigma and will open up the possibilities for engaging with education and learning something new. You will have achieved a sense of success with doing this despite the continual anxiety and might spur you on to more of the same. You won't have given in to stigma and like staying top of your housework will make you feel like you have done something about it.

As the fear is amplified by the media there is a psychological barrier to getting over the doorstep which is the same with the schizophrenia. You need to tell yourself once you get away from the neighbours the stigma may affect you. This will require some positive reinforcement and more than a few deep breaths but if you tell yourself you can coexist with the fear and keep calm you might not be spotted.

Watching the media is going to be doubly difficult in that stigma is always been talked about and many derogatory labels are being used. This in addition to the paranoia you are being talked about on the television. It may require someone to sit through a movie with you so that once you know what is in it you might be able to watch it on your own. That will give you something distracting to do around the house but watching the television etc has to be built up to by trying other less frightening things when out and about.

Stigma can turn violent so acts much like a paranoia as you have to stay away from the neighbours. it is all your ever you hear about in the media, so you have to avoid this like when you get paranoid by the television. the whole world is out to get you like thinking you are responsible for 9/11. Living in fear might mean you have similar association of living indoors again. you will be locked away an because of the paranoia your home however comfortable might seem like either a confine or sanctuary.

I like the idea of having friends and family coming round as this is going to make things seem normal and that you are not trying to avoid people altogether. If you have been noticed acting odd there may seem to be an answer here as being socially isolate for years might give you a reputation here too. Where social contact has been lost through stigma it may be hard to build new friendships as the fear shuts own your emotions. So, the dangers of ignoring people will be much greater.

Another thing you have to avoid is local shops as if you look odd to the staff, they will remember you. If they are from the local area word may get around that you are strange. The internet comes in very handy here and you can do your shopping an pay your utilities online. Still, they have to be delivered to the back door and the worry again is that someone might see you. The same things happen when waiting at bus stops so getting out the door into a taxi is much safer providing no one sees you doing this too.

You can hear voices talking about the stigma and the people out to get you. Staying at home with this will concentrate your mind of the paranoia with this and make things even worse. If you have been avoiding neighbours for years you will realise these strategies for keeping out the way will have been working. yet with the voices it more difficult to switch off to all this. The danger never completely goes away, and the voices can amplify this again. This makes the anti-psychotics very important.

Once you calm down with the stigma you can concentrate to drive. That means you can get away from people into isolated rural areas which will help clear your mind. It will get you away from areas that haven't reminded you of when people have noticed you thinking strange thoughts. That will bring the stigma paranoia back so you will need to get somewhere new where there are no associations of stigma and other paranoidias together. If you look mad in certain place you won't go back without help.

The mental health stigma is like the schizophrenic paranoia as dealing with it you have to build up to tackling these problems by tackling the easiest parts first. Often even when you have hidden inside the house for a number of years, and you haven't been noticed you will still feel a bit anxious about things even though there in no immediate danger. Then it will hit you that going out could be serious but as long as you stay inside things might be seen to be a bit easier as this is out of sight id out of mind.

Sooner or later, you are going out to have to go out or answer the door. Going out is the intermediate level of difficulty in case you are seen but if you can distract your mind at this point, you may avoid drawing attention to yourself. then you have got to mind you own business as when thinking about 9/11 and it is hard not to give people guilty looks. That immediately gets you noticed as people will see you have done something wrong. It is a natural reaction to look so you have to stay focused at this time and not stare.

This can build up to by going to restaurants and getting on buses where you can around other people the same way you might pass them in the street. They will not know who are and where you come from, so they won't be expecting any unusual behaviour. On a bus it is possible to look out of the window, so you don't stare at them. In a shop it is possible to have social support by someone going with you to focus them instead of feeling terrified by the other people.

The highest-level of difficulty is the one-to-one contact with the neighbours which as we noted is difficult to avoid all together. Again, if you feel you have done something wrong you cannot look them in the eye which creates the same problem as staring at them. At these times there is no distraction to look at, so you have to try and think of something else while you are talking to them. This will still look evasive, but the contact doesn't last very long so this might just about work.

Again, these peaks in the terror can be dealt with by going to shops and restaurants where you have to make eye contact with the waiters and shop assistants. if you do this away from home you will never see the other person again so there is no long-lasting danger with it. It is usual to distract yourself with multitasking the mind when you are doing this so you can focus on what you or the other person is doing or saying while you are doing the looking. If it does altogether work, you will get through the situation better.

There is one important factor here for getting out of the house which is the role of insight so when doing this our thoughts and reactions to other people will not be so obvious. Having a support worker can help bring this insight out which will help in getting over the doorstep both in terms of being seen by other people and the psychological barrier this has cause. The more we practice this the more we can use it at home to reduce the perceived danger from the neighbours.

Conclusion

Attitudes to stigma are beginning to change and this is a very important point as it can severely affect our mental health. This may take a long time, so it is necessary to confront or distract these problems in the way we do with schizophrenia as the two are very similar. Yet with proper support and coping strategies we can tackle both at the same time using the same methods. There will then be gradual improvement in both conditions which will make each step doubly effective. This will encourage much optimism and hope that we are not powerless in the face of the fear of either of these problems enable us to lead a more normal life.