When the Dream Defeats Reality

Someone with schizophrenia reverses this procedure. Inner experiences are the criteria against which they test the validity of their outer world. So, for example, if a person with schizophrenia hears a voice within his head, he believes it is real even though he can't see the speaker anywhere nearby and there is no other evidence that this voice is real. The voice is more real than the external evidence that suggests it is imagined. And if that voice orders him to go out into the street to alert people that enemy missiles are about to strike the city, he will do so. To him, this voice is as real as your boss's voice on Monday morning.

Delusions and Hallucinations: The Dynamic Duo

No two sufferers of schizophrenia have exactly the same symptoms. In fact, many mental health professionals believe schizophrenia is a cluster of several distinct illnesses. However, there are some similarities that these illnesses all share, and it's these similarities that professionals look for when they're trying to figure out what the problem is and how to help.

To receive a diagnosis of schizophrenia, a person has to have a serious, long-lasting decline in his or her ability to work, care for him- or herself, and connect with other people. In addition, he or she must have at least two of the five following symptoms: delusions, hallucinations, disorganized speech, extremely disorganized behavior, and what clinicians call "negative" symptoms. Let's take a look at the first two.

Insight

The person most at risk for schizophrenic violence is the person who suffers from it. Forty percent of people with schizophrenia attempt suicide, and 10 percent succeed in the attempt.

Delusions

Delusions are basically false ideas a person believes to be true. These ideas cannot be verified objectively, but the person suffering from schizophrenia believes them in the face of all reason. Delusional beliefs can be outlandish (such as believing you can control the space shuttle) or they might just be unrealistic or untrue (such as believing your partner is being unfaithful to you even though he or she is home every night and has given you absolutely no reason to think this). If you've ever been extremely jealous, you can see how easy it might be to slide down the slippery slope into delusion.

Some common types of delusions in schizophrenia are:

- *delusions of persecution*—beliefs that others are plotting against you, that you're being watched, followed, persecuted, or attacked.

- *delusions of grandeur*—beliefs in one's own extraordinary importance. If you think you're Jesus Christ or the Queen of England, you're suffering from a delusion of grandeur.
- *delusions of being controlled*—belief that your thoughts or movements are being controlled by radio waves or by invisible wires, like a puppet.

Hallucinations

As you learned in Chapter 6, "It's Consciousness-Raising Time!," hallucinations are imagined sensory perceptions that are thought to be real. The most common hallucinations with schizophrenia are auditory—the hearing of voices. For example, a person might hear a running commentary on his or her behavior, or several voices having a conversation.

Hallucinations and delusions can occur together, as can several different *types* of delusions. For example, a person who believes she's the Queen of England might also believe that others are plotting to overthrow the throne. Or a man who has delusions of persecution may also hear the voice of his imagined persecutor threatening or insulting him. Clearly, these symptoms severely impair a person's ability to function in the day-to-day world. They are what psychologists call symptoms of *psychosis*.

Shrink Rap

Psychosis (also called "psychotic disorder") is a general term for a severe mental disorder that prevents an accurate understanding and interaction with reality due to impaired thoughts, inappropriate emotions, and distorted perceptions.

Handling Hallucinations

All psychology students have at least one story that illustrates just how naive we are at the beginning of our training. Here's mine: I once had a 15-year-old patient who believed voices were talking to him through the television. I fell prey to the strange (and rather grandiose) belief that I could convince him that these hallucinations did not exist.

In my defense, I was motivated by a genuine liking for this young man, and he had come to trust me. So I gently asked him to tell me when the voices were talking to him. Pretty soon, he did—and I told him I did not hear them. At first he was puzzled—he tried to help me hear them by continuing to point out when they were talking. When it was clear that I still did not "get it," no matter how much he tried to help me hear them, he didn't know what to think. Since he trusted me, he chose not to believe that I was deliberately lying to him about my inability to hear the voices, and after a while he came to a rather creative conclusion. He decided that, since the voices were talking specifically to *him*, perhaps they were able to conceal themselves from other people.