



## **Schizophrenia – A Story of Hope**

### **Baylife**

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Russell Crowe, left, and Ed Harris star in the movie "A Beautiful Mind," in which Crowe portrays Princeton mathematician John Nash, who suffers from schizophrenia.

*Mental health experts have traditionally criticized Hollywood's depiction of schizophrenia. But they say "A Beautiful Mind," by showing someone with mental illness leading a functional life, is a turning point.*

### **A Beautiful Mind**

#### **Reel Vs. Real**

By Susan H. Thompson  
shthompson@tampatrib.com

Tampa — Emerging from the dark theater at WestShore Plaza, Ann Harvey began to question what was real, if only for a few moments.

She had just watched Russell Crowe's portrayal of brilliant John Nash in "A Beautiful Mind."

The story tells of Nash's descent into schizophrenia, how it cut short the Princeton scholar's world-changing work in mathematics, how years later he won the Nobel Prize.

More than most in the theater that afternoon, Harvey knew what it felt like to be Nash.

The vivid hallucinations. Being in a mental ward and believing the staff is part of a dangerous plot. Deciphering messages that no one else could hear or see.



Harvey knows all about that.

Now 51, Harvey was diagnosed with schizophrenia nearly 30 years ago, hospitalized after slashing her wrists in a psychiatrist's office. She was a college graduate, a promising young teacher who loved to act in community theater.

"When I was walking out of the movie, I thought, 'Am I really here? Are my friends real? Did the past really happen?'" says Harvey, whose list of heroes now includes John Nash.

She and two friends from her church singles group talked about it over dinner in the mall's food court. Harvey wasn't having a break with reality; her reaction was keenly empathetic.

By anyone's standards, Harvey's life has been harsh. In and out of mental hospitals and halfway house for more than two decades, she has suffered from paranoid delusions and a severe eating disorder. Her arms bear scars from hundreds of self-inflicted cuts.

But now, Harvey lives on her own in a small, subsidized apartment.

She has overcome her eating disorder and quit cutting herself.



Ann Harvey, 51, who was diagnosed with schizophrenia nearly 30 years ago, enjoys the company of friends in her church singles group. New medication and counseling give the Tampa woman faith in the future.

Securely anchored in her church singles group, Harvey is enjoying having a network of friends for the first time.

She volunteers as a mental health care advocate, talking to groups such as University of South Florida psychology classes, families of schizophrenics and people with mental illnesses.

Harvey could be a prime example for why mental health experts are calling "A Beautiful Mind" a turning point in Hollywood's portrayal of schizophrenia.

Groups such as the National Alliance for the Mentally Ill have hailed the film, and television's "My Sister's Keeper," which aired Sunday on CBS, for bringing the new reality of schizophrenia to plot lines:

Today, many with schizophrenia can lead functional lives. Though the disease remains among the most devastating of mental illnesses, it's not hopeless.



## Changes in Treatment

Until recently, schizophrenia was more difficult to treat, says Glenn Catalano, a medical director of Tampa General Hospital's Department of Psychiatry.

But new medications, used during the past four to five years, have revolutionized care. Called atypical antipsychotics, they have fewer side effects than old medicines used for schizophrenia and are much more effective.



A singles Bible study group at Temple Terrace United Methodist Church helps anchor the life of Ann Harvey, who has been treated for schizophrenia for nearly 30 years.

"What's important to note is that there's always a degree in how severe someone's illness is," says Catalano, who began practicing psychiatry in the 1980s.

"But there wasn't a whole lot that could be done for symptoms of schizophrenia...even as recently as 1993 or 1994," he says. "Now, a large number of people have been able to go back to work and get their lives back."

He has tracked one patient who was hospitalized while severely delusional, then with treatment later returned to college.

Still doing well in recovery, the patient works in a national company as a senior salesperson, says Catalano.

Public image of the disease hasn't entirely caught up.

"Both in terms of outlook and treatment, things are better," says George Thomas, president of the Tampa chapter of the National Alliance for the Mentally Ill.

But many people still believe that schizophrenia means having a split personality, a common misconception, or that those with the condition are violent and permanently psychotic.

"There used to be a general feeling that people never recovered from schizophrenia. That was never true," says Thomas.

"Over time, a substantial number will recover...but it can be a long struggle."



## **Not Always Hereditary**

Affecting an estimated 1 percent of the population, schizophrenia often emerges during the late teens or early adulthood.

Researchers don't know its exact cause, but say schizophrenia is a physical disease involving a complexity of brain chemicals.

It can run in families, but also may involve environmental triggers. There have been cases when one identical twin develops it and the other doesn't.

Hearing voices is a more common symptom than the visual hallucinations that Nash experiences in "A Beautiful Mind."

A challenge in treating schizophrenia is that it produces paranoia, says Catalano, which can make patients resist medication.

Once on medication, patients may stop the doses after feeling better, believing they don't need it anymore.

## **Delicate Balancing Act**

Schizophrenia, however, can't be cured.

Without a delicate balancing act of medicine and psychological support, symptoms can return with vengeance.

That reality was affirmed for Harvey last fall.

She cut back on her morning prescription to see whether a smaller dose made her less sleepy.

Within days, her thoughts were racing. She talked constantly to herself, taping her mouth shut for relief, and landed in St. Joseph's Hospital's psychiatric day program for nearly two months.

Stabilized on the right pill regimen, "I'm doing pretty good now," she says.

Experiencing the dramatic difference between being on medicine and being off it, she has vowed not to stop.

Meanwhile, twice-a-week counseling sessions since 1995 continue to help her coping skills.



Disability income, along with some help from her mother, provides basic living expenses. Without a car, she takes the bus. She gave up driving because of vision problems, which are unrelated to her schizophrenia.

Harvey enjoys being with her friends and is thankful she has been well enough since 1995 to stay out of residential programs.

"I went into the hospital every year from 1973 to 1995," she says.

Early treatments included shock therapy that left her with an impaired memory and strong drugs that caused a twitching disorder.

But with faith in the future, she believes this new phase of her life will continue, the one that includes clarity and stability.

"With all the research being done, I have hope that medicine will be even more improved one day," she says.

"I have all kinds of hope for people with mental illness."

Reporter Susan H. Thompson can be reached at (813) 259-7951.