Recovery Is Resilience in the Face of Symptoms

Richard J. Stewart
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I first met Richard J. Stewart in December 1986, at which time he was a 24-year-old gentleman who saw no reason at all to be seeing a psychiatrist. After a two-month stay in a forensic psychiatric hospital with charges stemming from desecration of a cemetery, the probation department had sent Mr. Stewart to the clinic. Mr. Stewart, who had no history of psychiatric problems, refused to discuss the circumstances that led to his arrest. He indicated to me, however, that I could ask him "psychological questions."

Mr. Stewart's medical history is significant for eczema since infancy. Between ages two and three years, he was wrapped and splinted to prevent him from scratching himself; between ages four and 14, he received high doses of cortisone. There is no known use of alcohol, tobacco, or street drugs.

Mr. Stewart is a college graduate who has long-term employment in a supermarket. Both parents are living, although Mr. Stewart has asserted for years that they are impostors—"doubles" or look-alikes" created "by plastic surgery or cloning or both." Nonetheless, he visits them every weekend because they are "nice people." Mr. Stewart has had a very limited social life, although he has had a steady girlfriend in recent years. He is a devoted and skillful chess player.

On presentation, Mr. Stewart's thought content is generally logical but deteriorates whenever he experiences stress. He becomes illogical, and with my attempts to clarify the logic, he becomes even more illogical.

Mr. Stewart often appears quite tense during appointments. When I ask him how he feels, he often tells me he feels "very relaxed." When I've indicated to him I thought that interesting since he seems quite tense, he indicates, "Yes, I am quite tense, but I am also very relaxed at the same time." He has not been able to explain that.

After meeting monthly for the first two years, Mr. Stewart and I have met every three months for 25 years and counting. Through all that time, Mr. Stewart has been on a Probate Court Rogers Order, which is Massachusetts' version of assisted outpatient treatment. Through the years, when I have suggested that we consider ending that status, Mr. Stewart has indicated he doesn't want to stop it: "It helps me take my medication, somehow."

For at least a decade now, Mr. Stewart has written down what he wants to say to me. He reads it like a speech, asking me not to interrupt. The material Mr. Stewart has contributed below comes from these writings. Mr. Stewart participated in the preparation of this account and agrees to its publication.

Confusion

My number one goal in life is to be safe. My four lesser goals are to overcome bouts of confusion, suicidal thoughts, suicidal feelings, and paranoid delusions. There may be several things that cause my horrible bouts of confusion. The first is caffeine; I am addicted to this powerful drug. The second is secondhand smoke. Third, there may be mental telepathic waves causing terrible bouts of confusion. You may say that the belief in mental telepathy is part of my illness, but I know my experiences.

Sexual freedom

In the 1980s I was desperate to have sexual freedom. I very badly needed to have sex with women. I was suffering; I was struggling with my hormones, which were overwhelming my brain and my mind. I wanted to know what love and lovemaking were.

A psychiatrist at the forensic hospital helped me accomplish this by letting me have contact with female intelligence officers from the Federal Bureau of Investigation who let me have sexual favors. It was a big relief and a release to have sex with women who worked for the U.S. government. I felt much, much better. I feel the government rescued me from my lack of sexual freedom. I've gone on to use that sexual freedom in two long-term relationships.

Mental illness

The truth is I do not know whether I have a mental illness. But I do know I have three things: a mental health diagnosis, a mental health record, and files on me in my doctor's office. I receive a disability check every month because I have a disability of confusion, a disability of suicidal thoughts, and a disability of some kind of illness.

When someone says good news or bad news in a group of people or on the radio, I think they are talking about me because I am paranoid, and this may be part of my illness. Hopefully, my psychiatric medication is helping me with my paranoid thoughts.

Medication

At the beginning, my psychiatric medication would help to put me to sleep,

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but this side effect mostly wore off. I need to have a good night's sleep. I now take two psychiatric medications. I take them at bedtime because one has the immediate effect of sedation. Although it knocks me out right away, it allows me to wake up at any time of the morning. My dosage was not working well at first, but with two adjustments, the dosage is just right, and I really like the sedative effect.

I always remember to take my medication because I have a box with seven compartments with seven initials for the seven days of the week. In order to get the medication into my bloodstream quicker, I totally chew up the pills.

Intelligence

In sessions with my psychiatrist, I have told him I was deathly, decidedly, extremely, awfully, afraid to ask a question. The question is, "Do you know my IQ?" Or "do you have my IQ number on your files of me?" It was a big relief for me when he said that he did not. If he had told me my IQ is any lower than 120, this would be a very big, serious insult to my intelligence.

General medical comorbidity

Every so often, my dermatologist puts me on prednisone. I suspect it is causing awful bouts of confusion. Each time I begin taking it, I suffer horrible confusion. The confusion sometimes keeps me awake all night. All night, minute after minute, hour after hour I stare at the clock on my nightstand. I choose not to report to my skin doctor about the confusion from the prednisone since it's a choice between the lesser of two evils, either put up with the confusion or put up with eczema. I decided that the eczema was more painful and psychologically uncomfortable; therefore, I stay on prednisone for the full course.

I endure four illnesses: blepharitis, asthma, sinusitis, and eczema. These afflictions have caused, and continue to cause, suicidal feelings.

Suicide

In 1983 I attempted suicide by trying to inhale carbon monoxide from my Chevy Nova. I heard voices at the time that I thought were coming from audio technologies planted in the audio lobe of my brain. I was involuntarily hospitalized. In 1997 I called a crisis service and threatened to commit suicide. I told the crisis worker I was ingesting rat poison. I wasn't. I didn't give my name, but the police traced the call. I was involuntarily hospitalized.

Currently, when I get terrible bouts of confusion, I do not want to live anymore, and I want to end it all since this confusion causes extremely powerful suicidal thoughts that bother me. But I promised my psychiatrist that I will be safe. "Safe" means that I am too afraid to hurt myself. I am not intending to hurt myself and I will not hurt myself. I find myself always contemplating suicide, but contemplating it and intending to do it are two different things. I am not intending on doing it.

I cannot talk about suicide with my girlfriend because her father committed suicide. I don't want her to get upset. It is a relief, a release, and outlet, and it helps me to feel better to talk about suicide and bouts of confusion with my psychiatrist whenever I want. I feel comfortable in doing this because my psychiatrist and I have agreed that he will not hospitalize me for talking about suicide as long as I tell him I am safe. We have had this agreement for 16 years now without a hospitalization.

Entitlements

I hear that some people in the government are pushing to cut Social Security. I need my Social Security money. I would be homeless without my monthly disability check. I might as well be dead. The people who suffer and struggle with a disability need financial support. Right-wing political agendas cannot and do not represent a society that includes people with disabilities. It would be an unwise move for the legislature to balance the budget by sacrificing Social Security. Protecting Social Security must be a priority. Good mental health is valuable to everyone—individuals and our society.

Psychiatrist's comments

Recovery is a complex concept and process. As Mr. Stewart's remarks demonstrate, doing well on the recovery pathway does not mean being symptom free; rather, it means finding a level of resilience in one's daily life of living with symptoms.

This account demonstrates what Green and colleagues (1) recently found in their study of trajectories of recovery—that satisfying relationships with one's clinicians, responsiveness to one's needs, satisfaction with one's psychiatric medication, receipt of mental health services that meet clinical needs, support that helps manage deficits and strains, and good quality of care for medical disorders all contribute to facilitating recovery.

Reference

1. Green CA, Perrin NA, Leo MC, et al: Recovery from serious mental illness: trajectories, characteristics, and the role of mental health care. Psychiatric Services 64:1203–1210, 2013