

Activity 3: Case studies

PURPOSE: To illustrate different ways we treat people with mental versus physical illnesses and the impacts our attitudes and assumptions have on other people's lives.

MATERIALS: Case Study and discussion guide on the following pages

TIME: 10–15 minutes.

INSTRUCTIONS: Distribute the Case Studies to the students and give them five minutes to read it. You can choose whether you want the students to work in small groups or individually. When students have read the handout, use the questions in the discussion guide to explore different assumptions made by community members, employers, medical personnel and family members toward Frank's versus Alice's illness.

QUESTIONS FOR DISCUSSION:

- 1) If both suffer from chronic biological illnesses, why did Frank lose his job, his apartment and his friends while Alice's situation remained relatively unchanged?
- 2) What kinds of assumptions underlie the actions of health professionals, family and friends in each situation?
- 3) Are friends, work, independence, recreation and family support equally important for people with mental illness and people with other chronic illnesses?

FRANK JONES

Frank Jones had been released from a provincial psychiatric hospital after having been admitted recently for intense psychotic symptoms. At the time of admission, Frank was highly agitated, yelling that the police were going to harm him because he's the Boston Strangler's brother. In the emergency room, Frank told the on-call psychiatrist that he was hearing voices of the devil preaching about his murderous relatives.

This was the patient's third hospitalization since schizophrenia was first diagnosed 12 years earlier at age 22. Frank had made an excellent recovery from previous hospital stays: He had been working as a salesman at a hard-ware store for the past six years, and lived nearby in a small but comfortable apartment. He visited a psychiatrist at the community mental health center for medication about once a month. He also met with a counsellor there to discuss strategies to cope with his mental illness. Frank had several friends in the area and was fond of playing softball with them in park district leagues. He had been dating a woman in the group for about a year and reported that he was "getting serious." Frank was also active in the local Baptist Church, where he was co-leading Bible classes with the pastor. The reappearance of symptoms derailed his job, his apartment and his social life.

Recuperating from this episode involved more than just dealing with the symptoms of his illness. The reaction of friends, family members and professionals also affected what happened to Frank. The hardware store owner was frightened by Frank's "mental hospitalization." The owner had heard mentally ill people could be violent, and worried that the stress of the job might lead to a dangerous outburst in the shop. Frank's mother had other concerns. She worried the demands of living alone were excessive: "He's pushing himself much too hard trying to keep that apartment clean and do all his own cooking," she thought. She feared Frank might abandon his apartment and move to the streets, just like other mentally ill people she had seen.

Frank's doctor was concerned his hospitalization signaled an overall lack of stability. His doctor believed schizophrenia was a progressively degenerative disease, a view first promoted by a renowned psychiatrist in 1913. In this view, psychiatric hospitalizations indicated the disease was worsening. The doctor concluded Frank's ability to live independently would soon diminish; it was better to prepare for it now rather than wait for the inevitable loss of independent functioning. So the doctor, with the help of Frank's mother and boss, talked him into leaving his job, giving up his apartment and moving in with his mother. Frank's mother lived across town, so he stopped attending the Baptist church. Frank was unable to meet with his friends and soon dropped out of the sports league. He stopped seeing his girlfriend. In one month, he lost his job, apartment and friends.

ALICE JOHNSON

Like Frank Jones, Alice Johnson had been diagnosed with a significant and chronic disease: diabetes. She had to carefully monitor her sugar intake and self-administer insulin each day. She watched her lifestyle closely for situations that might aggravate her condition. Alice also met regularly with a physician and a dietitian to discuss blood sugar, diet and exercise. Despite these cautions, Alice had an active life. She was a 34-year-old clerk-typist for a small insurance broker. She belonged to a folk-dancing club she attended at a nearby secondary school. She was engaged to an accountant at the insurance company.

Despite carefully watching her illness, Alice suffered a few setbacks, the last occurring about a month ago when she required a three-day hospitalization to adjust her medication. The doctor recommended a two-week break from work after her discharge, and referred her to the dietitian to discuss appropriate changes in lifestyle. Even though diabetes is a life-threatening disease (in her most recent episode, Alice was near coma when she was wheeled into the hospital), no one suggested she consider institutional care where professionals could monitor her blood sugar and intervene when needed. Nor did anyone recommend Alice give up her job to avoid work-related stressors that might throw off her blood sugar.