

this way: "Researchers see a contrast between the heated infatuation induced by PEA, along with other amphetamine-like chemicals, and the more intimate attachment fostered and prolonged by the endorphins" (paragraph 14). Castro's definition of "contingent workers" is slightly more expansive: "Some are part-timers with some benefits. Others work by the hour, the day or the duration of the project, receiving only a paycheck without benefits of any kind. The rules of their employment vary widely and so do the attempts to label them. They are called short-timers, per-diem workers, leased employees—or in IBM's concise and accessible, contingent workers and

While reading this explanation, to understand it: The essay opens with a path dependence by Microsoft compatible products. This example is useful. Three explanations for why path dependence. We can infer that he focuses on tracing the history of the concept. He indicates that many economists seem not to know about the concept or perhaps resist its implications for their own field, but he does not speculate at length about the causes of this resistance or quote economists who question the usefulness of the concept. Instead he focuses on introducing it to nonspecialist readers who are curious about how things work in the world at large. As you read and learn about the concept that you will explain in your essay, one of your most important decisions will be to find an appropriate focus for a relatively brief introduction to the concept.

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Veronica Murayama wrote this essay as a first-year college student. In it, she defines a psychiatric concept, the debilitating mental illness called schizophrenia. Since this illness has been exhaustively studied and so much has been written about it, Murayama had to find a manageable focus for her essay. As you read, consider how she made this choice. Notice, too, how she seeks to engage your interest in the concept.

SCHIZOPHRENIA: WHAT IT LOOKS LIKE, HOW IT FEELS

Veronica Murayama

Some mental illnesses, like depression, are more common than schizophrenia, but few are more severe. A schizophrenic has delusions and hallucinations, behaves in bizarre ways, talks incoherently, expresses little feeling or else feelings inappropriate to the situation, and is incapable of normal social interactions. Because these symptoms are so severe, about half the hospitalized mentally ill in America are schizophrenics.

Only 1 percent of Americans (between 2 and 3 million) are schizophrenic, and yet they occupy about one-fourth of the available beds in our hospitals ("Schizophrenic," 1987, p. 1533). Up to 40 percent of the homeless may be schizophrenic (King, 1989, p. 97).

Schizophrenia has been recognized for centuries, and as early as the seventeenth century its main symptoms, course of development, and outcome were described. The term *schizophrenia*, first used in 1908, refers to the disconnection or splitting of the mind that seems basic to all the various forms of the disease. It strikes both men and women, usually during adolescence or early adulthood, and is found all over the world. Treatment may include chemotherapy, electroconvulsive therapy, psychotherapy, and counseling. Hospitalization is ordinarily required, but usually not for more than a few months. It seems that about a third of patients recover completely and the rest can eventually have "a reasonable life adjustment," but some effect of the illness nearly always remains, most commonly lack of feeling and reduced drive or ambition ("Schizophrenic," 1987, pp. 1533, 1537-1539). Schizophrenia hits adolescents especially hard, and the effect on their families can be disastrous.

Though much is known about schizophrenia and treatment is reasonably effective, specialists still argue about its causes. For example, various researchers blame an unsatisfactory family life in which one or both parents suffer from some form of mental illness (Lidz, 1973), some combination of genetic inheritance and family life ("Schizophrenic," 1987, p. 1534; "Schizophrenia," 1987, p. 192), or "an early developmental neuropathological process" that results in reduced size of certain brain areas (Suddath, Cristison, Torrey, Casanova, & Weinberger, 1990, p. 793). What is known and agreed on, however, is what schizophrenia looks like to an observer and what it feels like to a sufferer, and these are what I want to focus on in this essay. I have always believed that when people have knowledge about any type of human suffering, they are more likely to be sympathetic with the sufferer. Schizophrenic symptoms are not attractive, but they are easy to understand. The medical manuals classify them approximately as follows: bizarre delusions, prominent hallucinations, confusion about identity, unconnected speech, inappropriate affect, disturbances in psychomotor behavior, impaired interpersonal functioning, and reduced drive.

Schizophrenics themselves experience the disease to a large extent as delusional thinking. For example, one woman said, "If I see a phone, I can talk on it without picking it up, immediately, anywhere in the world. But I don't abuse it. I'm authorized by AT&T. In the Yukon. And RCA" (Shane, 1987). It is common for schizophrenics to have delusions that they are being persecuted—that people are spying on them, spreading false stories about them, or planning to harm them. Events, objects, or people may be given special threatening significance, as when a patient believes a television commentator is making fun of him. Other delusions are very likely: "the belief or experience that one's thoughts, as they occur, are broadcast from one's head to the external world so that others can hear them; that thoughts that are not one's own are inserted into one's mind; that thoughts have been removed from one's head; or that one's feelings, impulses, thoughts, or actions are not one's own, but are imposed by some external force" ("Schizophrenia," 1987, p. 188). Sometimes delusions are grandiose, as when a patient thinks that he is the Messiah and will save the world or that she is the center of a conspiracy. A woman patient wrote, "I want a revolution, a great uprising to spread over the entire world and overthrow the whole social order. . . . Not for the love of adventure! No, no! Call it unsatisfied urge to action, if you like, indomitable ambition" (cited in Lidz, 1973, p. 134).

Related to delusions are hallucinations, which are very common in schizophrenics. Usually they hear voices coming from inside or outside the head, making insulting remarks, commenting on behavior, or giving commands that can sometimes be dangerous to others. Sometimes they hear sounds like humming, whistling, or machinery.

These false ideas and imaginary sensations leave schizophrenics confused about their identities. Feeling ruled by forces outside themselves, they lack normal feelings of individuality and uniqueness. One patient wrote, "I look at my arms and they aren't mine. They move without my direction. Somebody else moves them. . . . I have no control. I don't live in me. The outside and I are all the same" (cited in Mendel, 1974, p. 111).

Besides revealing their delusions and hallucinations, schizophrenics' speech is often rambling and unconnected. It may shift rapidly from one topic to another that is seemingly completely unrelated or only loosely related, and the speaker does not show any awareness of the lack of connection. One patient, a man, said, "I have always believed in the good of mankind but I know I am not a woman because I have an Adam's apple" ("Schizophrenic," 1987). Sometimes the topics are so unrelated that the patient's speech becomes incoherent and incomprehensible. Even when it is connected, schizophrenic speech can sometimes contain very little information because it is vague, abstract, or repetitive.

Schizophrenics also present themselves in recognizable ways, referred to as "inappropriate affect." Their voices are often monotonous and their faces expressionless. They may express little if any emotion, and their emotional responses do not seem varied. On the other hand, their responses may seem completely inappropriate to the situation, or there may be unpredictable outbursts of anger.

Another visible feature of schizophrenia is disturbed psychomotor behavior. The most severely ill may move around very little or sit rigidly and resist being moved. Here is what one patient felt: "When I was acting so stiff and wasn't talking I had the feeling that if I moved the whole world might collapse. . . . I don't know why, but I seemed like I was the center of everything and everything depended on my not moving" (cited in Mendel, 1974, p. 108). Patients may take up strange postures or engage in rocking or pacing. At the other extreme, they may move excitedly and apparently purposelessly. Unfortunately, violent behavior is possible as well. One manual points out that "grotesque violence, with self-mutilation (often of sexual organs) or murderous attacks, may occur. Matricide [killing one's mother], the rarest form of murder, is most often perpetrated by schizophrenics, as is filicide [killing one's brother or sister]. . . . The risk of suicide is increased in all stages of schizophrenic illness" ("Schizophrenic," 1987, p. 1535). One woman patient wrote, "Death is the greatest happiness in life, if not the only one. Without hope of the end, life would be unendurable" (cited in Mendel, 1974, p. 137).

Even if violence does not occur, it is not surprising that the speech and behavioral symptoms I have described are almost invariably accompanied by—and contribute to—impaired interpersonal functioning. Once schizophrenics become obsessed with delusions, hallucinations, and illogical ideas, they are often too distracted and centered on themselves to interact with other people. Such patients are notable for their emotional detachment even from family members or friends they were previously close to. They also withdraw from all other social interactions, dropping out of school or leaving jobs. They simply cannot face the outside world. Some schizophrenics behave quite differently, however, at least during some phases of the illness. They "cling to other people, intrude upon strangers, and fail to recognize that excessive closeness makes people uncomfortable and likely to pull away" ("Schizophrenia," 1987, p. 189).

Along with social impairment comes loss of drive or ambition. Schizophrenics typically have difficulty in initiating actions, making decisions, or following through with plans, and their work and other responsibilities often suffer severely as a result.

It is important to know that doctors, counselors, and psychoanalysts do not easily label someone schizophrenic. They do not do so unless many of the symptoms I have described are present and unmistakable. Since depression has some of the same symptoms as schizophrenia and the treatment of the two is quite different, doctors have to be especially careful not to confuse them. We have come a long way from the time when schizophrenics were considered dangerous lunatics and were locked away without treatment, sometimes for life. Doctors now recognize the illness and can counsel both patients and families and prescribe drugs that have proven effective. The problem today is that so many of the homeless are believed to be schizophrenic, and it seems unlikely that many of them ever receive treatment.

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Considering To

Commentary

Connecting to Culture and Experience

Veronica Murayama's essay demonstrates that schizophrenia is a diagnosable medical problem. It is only one of many mental illnesses, perhaps the most widespread being depression, which afflicts 15 percent of Americans. People with mental illness need help because their suffering is acute and the costs to their families and to society are great, yet mental health funds are often the first to be cut in times of budget constraints.

Discuss the mental health resources available on your campus or in your community. Begin by identifying campus or community organizations that provide services for the mentally ill. Share what information you may have about the services these organizations offer. Consider whether these resources are adequate for your campus or community.

Analyzing Writing Strategies

1. Analyze Murayama's use of sources. In paragraphs 1 and 3, Murayama summarizes or paraphrases information from sources. She cites them but does not quote from them. In paragraph 2, she summarizes and quotes from the same source. In paragraphs 3, 4, 6, 7, 8, 9, and 10, she quotes from different sources. Contrast her use