

# My Battle with Anorexia and Schizophrenia

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*L'auteure de cet article raconte son expérience comme anorexique et schizophrène.*

The thought that my teacher was not really talking about her plans to inject me with HIV did not seem implausible to me. So, what was wrong?

I eventually discovered it was schizophrenia. Schizophrenia is defined as a break from reality. It involves a disruption in thinking patterns, such as with concentration, memory, disorganized speech and thinking, social isolation, false beliefs, hallucinations, and hearing voices. It is *not* multiple personalities. Schizophrenia is a chemical imbalance. It is a medical problem.

As a woman, I experienced the symptoms a little differently. And from what I've studied and seen, every individual's experience with schizophrenia is different. My experience was so different from the norm, that doctors thought I was only suffering from anorexia. I also had symptoms of anorexia.

I went to the Counseling and Development Centre at York University so I could talk to someone about my thinking difficulties. The counselor told me that she would speak to the director of the Centre for advice on where to send me to treat my thought disorder, or schizophrenia. A few days later, when I came back, she said, "We think you should go to the eating disorder clinic at the Toronto General Hospital."

"But I don't want to get involved with any eating disorder program."

"Maybe you should talk to the psychiatrist on campus and see where she thinks you should go."

That's what I did. I walked into her office. She didn't notice that I had a problem—and I was glad about that. So, she was friendly at first. I thought people would despise me if they knew about my thinking problems, such as my fragmentation of ideas. I felt that all the information and ideas in my head were in parts that couldn't connect. I remember laying in bed at night and

trying to connect an abundance of ideas but I couldn't do it no matter how hard I tried.

The psychiatrist thought I was normal, though. She was concerned about my inability to see anything because I didn't have my glasses with me. My blindness prevented her from seeing my thinking problem. She said I could see a doctor at the local hospital about joining a group for "healthy" people. I didn't talk to her about my thinking problems at all. She couldn't focus on more than one thing at a time.

I wandered off to the hospital's psychiatry wing. There were lots of people I considered weird. Some were talking loud, dressed in rags—old shirts, socks under skirts, messy hair and lots of smudged makeup—red and black. But I wasn't so different. Just like with anorexia, always comparing myself to other anorexics, I wondered if I was as sick as the people in the ward. When the psychiatrist asked me to come to her office, I was incoherent. I was talking about irrelevant things without connecting ideas. Originally, I wanted to talk about my thinking problems, but I didn't have to. The doctor nodded at everything I said, and she said, "You must be doing badly in school."

"Not really," I defended myself. I wanted to be smart but also different—a symptom of anorexia.

The next day I went back to the psychiatrist at the university and she talked to the psychiatrist at the hospital. The York psychiatrist recommended that I go on anti-psychotic drugs because the other doctor told her I had a thought disorder. She recommended me to the Centre for Addiction and Mental Health where I was put on medication. The doctor who gave me the prescription looked at me as though I was stupid. Most people with schizophrenia already feel poorly about themselves and they are very sensitive to what others think of them whether or not their teachers, strangers, or family are critical of them.

That summer before I was introduced to the possibility of taking medication, I went to Israel for a couple of months and my thinking got better there, without any



meds. Of course, I still had delusions. I thought the people who ran the Jewish philosophy and science program I was in didn't want me to eat and I didn't eat. But my concentration and memory did improve.

I played Chinese checkers with a friend and that helped to improve my thought processes. Working on my thinking to get it better was a requirement to improve.

When I got back, I was very thin and depressed. I was admitted into the hospital where I recovered. There was no shame of being in a psychiatric hospital. My friends came to visit me and I was happy. My appetite came back. No more delusions or hallucinations. I did well for two years.

Strangely, my thought disorder was caused by my eating disorder but I needed a specialist in schizophrenia because my eating disorder had turned into psychosis. That time, my mother took me to the Centre for Addiction and Mental Health because I thought that the reason I was so thin was because I had AIDS from that professor.

But my thinness from AIDS was an excuse. I was really anorexic and I was ready to harm this prof because I blamed everything on her. This seemed obvious when I got off my meds. I was put on Risperidone, an anti-psychotic drug.

The staff at the Clarke cared and did not demean me. I was there three months. At first, the staff did not think I was smart because my thinking was horrible. By the end, they encouraged me to return to university, and of course I trusted them.

Unfortunately my weight went up to 154 lbs from a measly 110 as a result of the drug. This upset me greatly. My biggest fear was of becoming huge and I was huge. I went off my meds after two years of taking them. I didn't even know what my diagnosis was because I was diagnosed with both depression and schizophrenia and later with schizophrenia caused by anorexia. Sure enough, the diagnosis straightened itself out.

Many times doctors find it difficult to diagnose because depression, manic depression, and schizophrenia can be so similar. There may be psychosis in depression and manic depression usually has psychosis. I had a psychotic relapse three weeks after going off meds. I was devastated. I didn't want to go back on meds. I was nauseous until I went back on medication. I was nauseous because my body was being controlled by my old eating problem. That's one major symptom of schizophrenia—the body being controlled by strange sensations that still affect the individual. But as a woman, my poor body image affected me in the most extreme way. It was making me acutely ill. You see, thinking I had AIDS was not to blame. My eating disorder was controlling my body. It was not a withdrawal symptom either. My physical problem started weeks after stopping the meds.

During the first episode of psychosis, doctors were confused. Was it anorexia or schizophrenia? As a woman, I was complicated. I don't mean to say that women are complicated. What I mean is the psychiatric system has difficulties catering to women because more women have depression and not schizophrenia.

My thinking was so poor that I couldn't express what I was experiencing. For example, I couldn't tell the doctors that thoughts and ideas were being put into my head by faculty and students at the university. This is a core symptom of schizophrenia. The doctors only saw that I was thin and disorganized. They found it hard to diagnose me because of that. But they did their best.

My parents called the hospital once they noticed I wasn't eating or drinking. The hospital thought my inability to eat had something to do with the anorexia and it did. I was determined to become grossly thin. I was certified (held against my will) after a few visits to emergency where I went willingly so I could determine whether or not I had the AIDS virus. All these delusions seemed true to me—the newspapers were telling me I had AIDS and I believed them. But on the other hand I was happy

that I was losing weight. And the eating disorder took over the AIDS delusion. I'm not suggesting that the AIDS delusion was not important, but a big part of me was indeed anorexic. I didn't eat on purpose to look emaciated. I was afraid of becoming fat again. I thought that my weight was making me important and I thought I was special to everyone in the hospital. I thought they were talking about my anorexia and sending messages through the TV, the newspapers, and talking.

A year later, I graduated from York University. Then I was dysfunctional for a year until I got connected with the Work Adjustment Program at the Centre for Addiction and Mental Health. I was placed in the Public Affairs Unit. Christa Haanstra, the director of Public Affairs wanted me to write articles. The first one I wrote was an extensive profile of the Public Affairs staff and it was published!

From there, I succeeded. I had a wonderful portfolio

and I got a lot of positive attention from staff and clients of the Centre. Everyone enjoys my articles.

The Centre for Addiction and Mental Health is a great hospital. I would not be in the Corporate Communications program without them. They gave me the opportunity to succeed. Thank you Work Adjustment program. Thank you Christa.

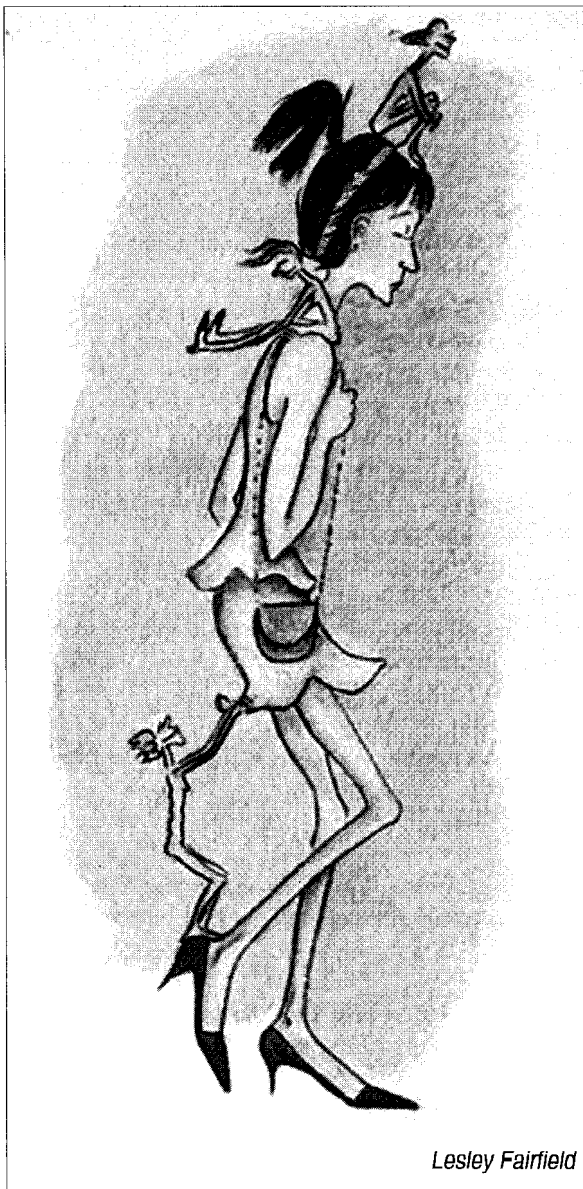
I don't like being on medication still, but I am being coerced to take it. I get Modecate injections once a month. Even though the Work Adjustment helped me, meds help me too and I don't have much of a choice (even if I wasn't forced) to take them. I am told that if I don't come in for my injections I'll get sick again, so I go.

I've fought my mental health issues for many years, and I want to get to a point where I don't fight my medication. Why should I? At the Centre for Addiction and Mental Health the patients come first and not ignorance. And the Centre knows what's best for me even though they are coercing me to take medication. Look, I'm married to a great guy, I have a degree in Women Studies from York University, and I have an excellent relationship with my parents.

People with schizophrenia can recover and do well if they stick to their meds!

Everyone experiences something different with schizophrenia. The doctors tell me it is rare to have schizophrenia after an eating disorder. As a woman, my eating disorder provoked my psychotic episode. Others hear voices or think they are King David or someone else very important. But there are common symptoms that both men and women have such as visual hallucinations, disorganized speech and thought processes, fragmentation, social isolation, and poor concentration and memory. Women have to educate the system about their personal needs and experiences. Everyone has a different story.

*Tami Stransky-Afriat is a emerging new writer who has read her poetry on television (WTN). She is a York graduate in Women Studies with a minor in English. She is happily married and currently lives in Toronto.*



*About the Artist:*

*Lesley Fairfield graduated from the Ontario College of Art and Design in 1978, and went on to become a successful illustrator during the toughest parts of her illness. Lesley's clients have included Holt Rinehart and Winston of Canada, Kids Can Press, McClelland & Stewart, McGraw Hill Ryerson, Nelson Canada, Prentice-Hall Canada Southam Publications, TVOntario, the University of Toronto and UNICEF Canada. Lesley also returned to her love of figurative drawing, and produced a sold out series of drawings at the Arts and Letters Club along the themes of dance and self discovery. Lesley is developing a book about anorexia, bulimia, and body image. She lives in Toronto, and continues to work on her art. She can be reached at: [lesleyfairfield@sympatico.ca](mailto:lesleyfairfield@sympatico.ca).*