

General Suggestions

The following questions are not to be used in a mechanical way but are intended to suggest points which should be covered in a consideration of schizophrenic thinking. The questioning should begin with some natural points of contact and proceed by easy transitions, following the patient's leads, but so far as possible covering all the points. Thruout attention should be centered upon what he is thinking and feeling rather than what he actually says. Important leads should be followed up with more detailed questions. In many cases it may be possible to conduct the examination in the form and spirit of a natural conversation.

Questions:

I N T R O D U C T O R Y

The introductory questions may be varied according to the patient and the occasion. Previous acquaintance with the patient may enable the examiner to go at once after some of the more important leads.

1. How long have you been here? How did you happen to come?
2. Had you felt yourself that there was any change in you? (if the answer is, Yes, follow up with questions as to how and when this change took place).
3. Had you been worrying over something? (If the answer is Yes, ask for particulars, seeking to determine whether it had to do with the sense of guilt, of peril or with ideas of persecution).

S E N S E O F T H E M Y S T E R I O U S A N D U N C A N N Y

The schizophrenic experience begins generally with some eruption of the subconscious which is interpreted as due to superhuman or occult influences. It is an experience which upsets the foundations of the mental structure and of the previously accepted judgments and reasoning processes. In many cases the sufferer is sure of only one thing, that things are not what they seem to be and he looks for hidden meanings everywhere. The sense of the mysterious and uncanny is therefore one of the first things to inquire into. From the standpoint of process, or "mechanism," the hallucinations, or "voices," which so frequently characterize schizophrenia do not differ from the "hunches," or "inspirations," of normal persons except in the degree of vividness and in the interpretation placed upon them. It is important that the questioning should be concerned with the content and meaning rather than with the mechanism.

4. Have (Had) you been having any unusual experiences?
5. Have you felt that something strange was going on, something you could not understand?
6. Have you felt that you were being influenced by something outside of yourself, something you could not understand?
Did you hear things? (If the answer is, Yes, ask if it was people talking, who they were, what they said, were they men's voices or women's voices? real voices or just thoughts?)
Did you see things?
Did you have any peculiar feelings?
Were strange thoughts put into your mind? good thoughts or bad thoughts?
Did you find yourself doing things you couldn't account for?
Did you feel that some one was trying to hypnotize you? send electrical currents thru you? read your mind?
7. What seemed to you the source of these influences? the motives behind them?

S E N S E O F P E R I L

The acute emotional disturbances and upheavals are marked generally by a sense of imminent peril. In the depressed or stuporous types ideas of death are characteristic; in the excitements and agitations the personal peril is projected in the form of ideas of world catastrophe in which the patient himself has the central role. Ideas of grandeur, cosmic identification, rebirth and previous incarnation are generally rooted in this sense of peril and may advantageously be inquired into here. The following questions may serve to elicit such ideas if they are present, the patients are often reluctant to admit such ideas.

8. Did it seem to you that something was about to happen? (What did the radio, the voices, etc., tell you was going to happen?) What seemed to you to be at stake? What did you propose to do about it?
9. Have you ever thought of dying? (If the answer is, Yes, follow up by asking, Did you want to die? Did you think you deserved to die? Did you think you were in danger of being killed? by whom? why?) What did you think would happen if you should die
 - a) in regard to yourself?
 - b) in regard to other people?
 - c) in regard to the world?
10. What have you learned about yourself? (Who did the voices tell you that you are)?
11. Have you ever felt that you have lived before this present life? Who were you then?

S E N S E O F P E R S O N A L R E S P O N S I B I L I T Y

Usually the sense of impending danger is bound up with the sense of moral failure, which may or may not be recognized and accepted. Some individuals become self-accusatory and morbidly conscientious; others project all responsibility. They dwell on their grievances and harbor their grudges and feel themselves victims of the foul plottings of hostile persons and often of organized lodges or secret societies. In other cases responsibility is shifted upon a physical scape-goat in the form of real or fancied illnesses or injuries. In the stormy phases of schizophrenia all such ideas are likely to be mixed up together in loose and unorganized form. Recognition of responsibility is characteristic of those disorders known as "Benign Stupors" Or "Depressions" and the unwillingness to recognize responsibility is characteristic of the paranoid types. The following questions should serve to reveal the significant reaction patterns:

12. Have you ever felt that God was displeased with you? Why?
13. Have you ever done anything seriously wrong?
14. If a person does wrong, what should he do about it?
15. Are your feelings easily hurt? What are your most sensitive points?
16. Have you ever felt that you were different from others?
17. Have you ever felt that other people did not like you? that they found fault with you unreasonably? that they made fun of you? What grounds did you have for such beliefs? How did they show it? What did you do about it?

E R O T I C I N V O L V E M E N T

According to some psychiatrists all mental disorders have their basis in sexual maladjustment and even those who take issue with this view recognize that sex maladjustments are found in the great majority of their cases. One reason for this is to be found in the sensitiveness of most people in our culture regarding sex. It is a subject which they do not discuss with others and maladjustments in this field subject them to that sense of isolation which is probably the root evil in the functional mental disorders. Questioning on this subject must therefore proceed cautiously. The following questions have been found useful in opening up the subject without antagonizing the patient or shutting him up. The questions concerning day-dreaming and dreams in general are included here because erotic phantasy is so often a factor in schizophrenia.

19. What do you think about when you are alone? (When you are swabbing? gazing out of the window? resting in an easy chair etc.?)
20. How good are you at remembering your dreams? Can you recall any in particular? Do you like to build castles in the air?
21. How much do you know about sex? Do you think about it much? Do you find it dangerous? fascinating? How does it affect you when you hear smutty stories told?
22. How much trouble did you have as a boy in learning to manage the sex drive? How much trouble did you have with masturbation? Do you consider it a serious sin?
23. How much experience have you had with women? (This question may be followed according to the situation and the response with questions on marital regimen, extra-marital affairs, phantasy life etc.)
24. To what extent do you blame a man for being attracted to other men? Have you ever encountered men of this type? How did you feel toward them? What tendencies have you discovered in yourself which helps you to understand them?
25. Have you ever wondered how it would feel to be a woman?

P H I L O S O P H Y O F L I F E

The essence of the schizophrenic experience is probably to be found in the going to pieces of the mental organization or structure, and the sufferer is often greatly concerned over the affairs of the universe and of his place in it. There is a common tendency, even on the part of those who previously were little concerned about religion to personalize the forces upon which they feel themselves dependent, once they get involved in such an experience. The universe becomes populated by spirits, both good and evil, friendly and unfriendly, and the sun and the stars, fire water etc. take on new meanings. The following questions may serve to draw out such ideas if they are present. In case of positive findings these questions may be followed by others not here included.

26. How much serious thinking do you do? What is your idea of what we are in the world for?
27. What is your idea of God? What reason have you for believing in God? Have you ever seen him? heard him? What is your attitude toward him? his attitude toward you? How do you think we can please God most?

28. Do you believe in other superhuman beings besides God? (If the answer is, Yes, inquire into the reasons for such a belief, searching particularly for any special experiences which may have led to such belief.)
29. What is your idea of this universe in which we live? What do you think of when you see
- a) the sun?
 - b) the moon?
 - c) the stars?
 - d) water?
 - e) fire?
 - f) flowers?
 - g) trees?
 - h) rocks?

(In case of peculiar ideas inquire into their possible origin, as in previous reading, early teachings etc.)

R E L I G I O U S C O N C E R N

Religious concern, if present, will already have been revealed in the ideas of superhuman influence, world catastrophe, sense of guilt or grandeur and other ideas which are particularly characteristic of the acute disturbances. The facts called for in the following questions may be useful in completing the picture.

30. What does the church mean to you? Have you been accustomed to attending it? To what church do you belong? How often do you go to the services here? What is your reason for going, or not going?
31. What does prayer mean to you? Has it given you any special comfort or help? Have you received any special answers to prayer? For what kind of things should one pray?
32. What does the Bible mean to you?
33. What ups and downs have you had in your religious life? What attempts have you made to turn over a new leaf? Have you had any periods of marked awakening? of back-sliding? When were you at your best?

P L A N S F O R T H E F U T U R E

The interview may be closed with a consideration of the patient's plans and ambitions. In the light of these his difficulties as revealed in the examination may be reviewed and discussed constructively. From the standpoint of prognosis much will depend upon whether the patient has or has not any intelligent and practicable plans.

34. What would you like most to do
Now?
If you could leave the hospital to-morrow?

Note: It is of course obvious that more than one interview will be required to cover the ground outlined by these questions.