Schizophrenia Gains Greater Public Awareness Through Award Winning Book and Popular Film, “A Beautiful Mind”

BY JO KASZLIK

Nobel Prize winner John Nash has the same mental illness that affects more than 2 million Americans and 1 in 100 people across cultures: schizophrenia.

He has experienced many of the same symptoms as others stricken with the disease: delusions, frequent auditory hallucinations, illusions that messages are being sent to him through television or newspapers, a skewed view of reality leading to paranoia. And like many who have struggled to live functional lives with the illness, he has watched his personal relationships dissolve, his career interrupted and his life disintegrate.

What distinguishes Nash, however, from others diagnosed with schizophrenia is the uncommon amount of public attention. In

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1994, Nash shared the Nobel with two other economists for the 1950 doctoral dissertation he wrote at Princeton on game theory. The next year, then-New York Times reporter Sylvia Nasar, who is Columbia’s John S. and James L. Knight professor of business journalism, chronicled his life first in a series of articles for the Times, and in 1998 as a biography called, “A Beautiful Mind.” And, most recently, director Ron Howard translated Nash’s story into a major motion picture featuring Academy Award winner Russell Crowe as the professor himself.

The attention has resulted in a long overdue education for the public about a debilitating illness and its symptoms and treatments.

“A movie with Russell Crowe can reach far more than a book will,” Nasar said. “The story wakes you up to the fact that many types of people suffer from this illness, and it highlights the fact that people can recover.”

Nasar ought to know — she spent almost three years piecing together any information she could find about Nash. She talked to hundreds of colleagues and friends, scoured medical journals and mathematics texts, and reviewed a variety of documents.

She looked for any clue that might help her reconstruct Nash’s rise as a brilliant young mathematician, his breakdown into 25 years of schizophrenia and the alienation that accompanied it, and his remarkable recovery in the past decade.

Her efforts were recognized when the book won the 1998 National Book Critics Circle Award for Biography, a nomination for the Pulitzer Prize for Biography, and a contract with Univer- sal Pictures and DreamWorks.

“There had not been a paragraph written on Nash, and no one who knew him wanted to put schizophrenia on the record because he had already suffered so much,” Nasar said, who also recently edited “The Essential John Nash” with Harold W. Kuhn.

“In many ways these were the first prints in the snow, and the greatest thing that could happen to a reporter. It was an extremely rewarding experience not just telling a rise and fall story, but the fall and rise of an intellectual giant.”

It was also a great thing for the illness itself. “Cases like Nash’s help us know that people may have a mental illness but still have a lot to contribute to society,” says Roberto Gil, assistant clinical professor of psychiatry and head of the Schizophrenic Research Unit at the New York State Psychiatric Institute at Columbia Presbyterian Medical Center. “I’m encouraged by the general public awareness [created by Nash’s story]. Most times mental illness in general and schizophrenia in particular comes to the public’s attention only when behaviors are bizarre or violent. But we still have a long way to go in helping educate families and remove the stigma.”

Gil added that Nash’s recovery is not necessarily a normal thing. Schizophrenia usually strikes people in their late teens or early twenties, unlike Nash who didn’t slide into the illness until he was thirty. This gave him time to explore his theories and establish a social network that enabled him to survive later, said Gil. Many patients who are diagnosed earlier in their lives are not as fortunate.

Much debate continues as to what exactly schizophrenia is and what causes it, according to Gil. One view suggests that it is an illness with many manifestations while another submits that it is a collection of illnesses often lumped together. According to the National Institute of Mental Health, schizophrenia is “a chronic, severe and disabling brain disease that has no known single cause.”

A common misconception about schizophrenia is the belief that it refers to “split personality,” according to the American Psychiatric Association. A person who “develops schizophrenia will usually experience a decline in function both at work and in social situations.”

But while the Greek root schizo means split, it derives from a split between the mind and soul, and should not be confused with the disorder psychiatrists call multiple personality.

What is clear is that the symptoms are often the same. Gil distinguishes them between positive and negative. Positive symptoms are hallucinations, disorganized thinking, illusions that are very striking. For instance, Nash thought people or beings were after him, or that he heard voices or messages from the media. Negative symptoms are more difficult to diagnose because they can appear like more common emotions: apathy, lacking interests or enjoyment, poverty of speech, lack of productive thinking, or feeling blah.

Often a person’s cognitive abilities combined with any of these symptoms will predict the functionality of the patient, Gil said. Fifty percent of patients with severe symptoms continue to have disabling symptoms and require some level of supervision. However, there is some possibility that as a person ages, he might show signs of improvements or recovery.

“This seems to be the case for Nash,” Gil said. “He was able to rebirth. It’s a beautiful outcome but not a typical outcome. He start- ed from a higher cognitive point, was endowed with a higher intellect and, that helped his recovery his collective abilities later in life.”

Gil has seen a few patients make similar recoveries but generally such remarkable changes are uncommon. The most important predictor of relapse or functionality, however, is whether a patient continues on his treatment, said Gil.

That can be difficult, he said, because often people don’t believe they have an illness in the first place. And as John Nash’s story reflects, schizophrenia is a lifelong illness, said Gil, and those who suffer from it—as well as the people close to them—must be prepared for a difficult, often confusing journey.