

# The Washington Post

## What a Life Can Be: One Therapist's Take on Schizo-Affective Disorder

By [David Kopel](#)

January 27 at 3:21 pm

Book Review: "[What a Life Can Be: One Therapist's Take on Schizo-Affective Disorder](#)." By Dr. Carolyn Dobbins. Bridgecross Communications. 215 pages.

Schizo-Affective Disorder is a rare form of mental illness which combines schizophrenia (hallucinations, delusions) with affective disorder (bi-polar, extreme mood swings). Dr. Carolyn Dobbins' book presents the case history of one of her patients who suffers from an extremely severe case of the mental disease.

Part of the therapy for the patient, "Jane," is to write her autobiography. So most of the book is actually written by Jane. While the opening chapters of dialogue between Dr. Dobbins and Jane are sometimes awkward, once Jane take over the narrative with manic intensity, the story moves forward engagingly, as the reader is drawn into the wild swings of Jane's own experiences.

Dr. Dobbins' opinion is that some mental diseases, including schizo-affective disorder, are caused by "chemical imbalances" in the brain. Thus, schizophrenia and schizo-affective disorder are physical diseases in the same sense as Parkinson's disease or multiple sclerosis; while causation is only partially understood, none of these diseases are caused by bad parenting, character flaws, or anything else for which anyone could be considered morally culpable. Of course how the person with the disease then deals with the disease may reveal much about the person's character, morals, and parental support.

Dr. Dobbins' view is consistent with that of [Dr. E. Fuller Torrey](#), one of the most eminent research psychiatrists of the last several decades. [Dr. Torrey](#) calls *What a Life Can Be* "highly recommended," and so do I.

During the first six months of Jane's infancy, she had near-constant colic and severe insomnia. After that, things settled down. She was raised by a loving family, and attended a wonderful private school, where she thrived. She was an outstanding student and a superlative athlete. She enjoyed good friends, was kind and compassionate, and was respected by her peers and her teachers.

In 10th grade, Jane headed off to a Vermont boarding school which specialized in training national skiing competitors. Jean competed globally, and was a strong candidate for the U.S. Olympic Ski Team, in both the Alpine and the Nordic events. But when she was 17, things began to go very wrong with her body. The doctors at Massachusetts General thought it was some kind of metabolic disorder; they were probably right, but whatever this non-yet-understood metabolic disorder is, the result is severe chemical imbalances in the brain.

Insomnia became chronic. Frequently she would try sleep in the closet, to have a more controllable space. She flunked out of her first semester of college, mainly because leaving her dorm room to attend class was more than she could handle.

One day she looked in the mirror; she saw the mirror itself, but there was nobody there. Had she died? In a sense, yes. Her old life was over.

Jane's parents were a pediatrician and a pediatric nurse, and they tried everything to help her—sleep centers, nutritionists, and much more. Jane's father suggested a psychiatrist but she adamantly refused.

She eventually finished college at the University of Utah. By this time, classes such as Abnormal Psychology were overlapping with her own experiences. She feared being discovered and locked in a mental hospital for the rest of her life. She spent senior year living in a car, self-isolated because of her crazy behavior. "All of my thoughts were painted against the sky, and it stormed anything but rain. Colors, colors, but no rainbows. It felt like a huge war zone. It all felt so real."

She took the GRE's and scored in 98th percentile; she hit the 97% percentile in the MCATs.

A few weeks later, her highly disordered and out-of-control behavior at her sister's college graduation convinced the family and her that a psychiatrist was a necessity. At age 23, she was put on anti-psychotic medication, and spent two weeks in a mental hospital. Thus ended five years of living hell.

The medication does not cure the disease, nor suppress all its symptoms. In Jane's words, it smooths the ride on the bucking bronco, but you still have to ride the bronco.

Jane enrolled in the Ph.D. program in psychology at Vanderbilt. During most of her first four years there, she was highly successful, and nobody knew about her disease. One of the long-term side-effects of many anti-psychotics is tardive dyskinesia—involuntary twitches and tics of the lower head. Worried that this might develop with Jane, her psychiatrist switched medications and cuts the dosage.

Shortly thereafter, Jane decided to go on a late-night run, and sprinted out the door. Her new boyfriend, fearful for her safety, followed. Her random run ended up at a domestic violence shelter, where a woman was yelling. At that moment, a police car showed up. Jane and her boyfriend were both arrested in the general confusion, and Jean, being psychotic, amplified the confusion. She spent 10 days in jail before being presented to a judge, who immediately saw the

problem, and committed her to a psychiatric institution. After a couple weeks, she was no longer psychotic, and was receiving effective medication.

Release from the mental institution came one week left before her Ph.D. dissertation defense. Jane loves hard work, partly because it distracts her from the disease's intrusions on her consciousness. She worked feverishly to finish her thesis, and the committee passed her unanimously.

Not surprisingly, her own academic psychological research, including some published articles, is about resilience. (E.g., *Perceived Control and Health*, 6 Current Psychological Research & Reviews 5 (Spring 1987).)

Jane became an excellent counselor. For nine years, she ran a drug and alcohol treatment center in Branson, Missouri, where her then-boyfriend was a country musician, and they lived in a trailer park together.

But then she did develop tardive dyskinesia. So her psychiatrist switched prescriptions, and when she needed her first refill, he was out of the country on Christmas vacation. Another psychotic episode, jail time, psych ward, new meds, discharge.

Today, Jane lives in Knoxville, Tennessee, in part-time private practice. It has been hard life, and one worth living.

“Jane” is Doctor Carolyn Jean Dobbins. She is both characters in this book.

*What a Life Can Be* is Carolyn Dobbins' coming-out. She is a mental health professional who also has a severe mental disease. The final several dozen pages of the book are written in Carolyn's own authoritative voice, addressing facts and policy issues about mental health. She discusses only the mental diseases which are caused by “chemical imbalances”—not the much larger group of behaviors in the diagnostic manuals.

Among much of the public, there is some suspicion that much of what is called a “mental disease” is a euphemism to excuse people for misbehavior. “Gambling addiction” may be related to malfunctioning reward centers in the brain, but it can also have a heavy interaction with bad character and self-indulgence in vices.

But this is not always so. It used to be believed that autism was caused by “refrigerator mothers” who were insufficiently nurturing. While we now know better, many families were inflicted with unnecessary pain and stigma, compounding the suffering from autism itself.

No-one today would ascribe moral guilt to a person for having Down's Syndrome, and no-one should imagine fault or guilt for someone with schizo-affective disorder. What the patient does about is where character and responsibility come in—just as with patients who have cancer or Parkinson's. When effective medication is available, persons with schizo-affective disorder can cope with their disease, and lead constructive lives—depending on many other individual circumstances.

As a licensed professional, Carolyn Dobbins took a big personal risk by coming out of the closet. The first reaction of many people is that they wouldn't want their own therapist, lawyer, accountant, or podiatrist to have a mental disease. But if you found the best lawyer for your situation, would you select a less-skilled lawyer because that first lawyer had Parkinson's disease? What about some other disease caused by a chemical imbalance? Of course you wouldn't want a professional whose disease interfered with the delivery of professional services; for Dr. Carolyn Dobbins, that was never a problem. She was able to monitor herself sufficiently well, to make referrals when necessary, so that her personal disease never harmed a patient.

A chemical brain disease might sometimes prevent a person from practicing a profession safely for their clients; a dentist with Parkinson's tremors ought not perform oral surgery. Professional licensing boards should examine licensing issues about professional chemical brain diseases on a case-by-case basis. Mere stigma and prejudice should not be blanket reasons to deny a person the opportunity to contribute as a professional.

Schizophrenics, diabetics, and anyone else can have anti-social personality disorder. Personality disorders are serious problems, but they should never be put in the same category as mental illnesses caused by chemical imbalances.

Carolyn Dobbins was one of my first friends. We met when we were five years old, in preschool at Graland Country Day School in Denver. A decade later, we graduated from ninth grade. There about 55 students in our grade; since Carolyn was in every "Honors" class, I spent thousands of hours with her. In a setting like that, none of the students could conceal their characters from each other, even if we had known how to try. She truly was a good person. "Well-rounded" and "well-adjusted," in the language of the time. By comparison to almost all the other students in our grade, including myself, she was much more mentally healthy.

*What a Life Can Be* is about a very bad thing that happened to a very good person. And what it's like to have to repair a bicycle while riding it.

Carolyn Dobbins is extraordinary. It's rare to meet people as intelligent as Carolyn, rarer still to meet someone with such a severe chemical mental disease, and rarest of all for someone to live such a productive life of active kindness and compassion while facing such crushing adversity. In comic books, such a person is called a "superhero." In other books, the term of art is "saint."

Further information: Publisher's [promotional page](#) for the book. Knoxville News [article](#) on Dr. Dobbins and her book. [Podcast interview](#).

**[David Kopel](#)** Research Director, Independence Institute, Denver, Colorado. Associate Policy Analyst, Cato Institute, Washington, D.C. Adjunct professor of advanced constitutional law, Denver University, Sturm College of Law. Author of 15 books and 89 scholarly journal articles.