In 1966, when I was a student, I attended my first case conference in a psychiatric hospital. Sitting around the table were the psychiatrist who was the director of a 150-bed division in this large urban hospital, the patient’s treating psychiatrist, and other members of the treatment team: a social worker, a clinical psychologist, a clinical psychology intern, and other students. The patient we were discussing was a young man who was experiencing his first hospitalization, and everyone seemed to agree that the evidence pointed to a diagnosis of schizophrenia. When the discussion was over, all eyes turned to the director. He nodded sagely and said something like: “This is a very nice young man. We should not give him such a terrible diagnosis at this time. When he comes back the next time . . . that will be time enough. Now, let us find another diagnosis.” There was a universal nod of agreement, and then the group found another diagnosis.

In 1999 I attended another case conference, this time for a young woman who was experiencing her first hospitalization. The patient was interviewed by the head of the psychiatry department, with staff and trainees observing. The staff provided additional information regarding psychological testing and a treatment course. Then there was a lively discussion about diagnosis. One of the senior staff voiced the same sentiment I had heard more than thirty years earlier: “Don’t use the word schizophrenia yet. Let’s wait.”
FOREWORD

This book counters the assumptions that underlie those statements: that using the word *schizophrenia* should be shunned for as long as possible; that using it as the diagnosis of a patient is necessarily a bad thing; and that people for whom it is an appropriate diagnosis have no hope and no expectations.

*Diagnosis: Schizophrenia* was written by Rachel Miller, L.C.S.W., Ph.D., Susan Mason, Ph.D., and a group of patients who participated in the New Onset Psychosis Program at The Zucker Hillside Hospital, a division of North Shore–Long Island Jewish Health System. It grew out of the patients’ desire to share with others their experiences with the illness and how they have coped with and solved problems. The initial experience of schizophrenia can be frightening, and the chapters that follow, told by people “who have been there,” are designed to help chart a path toward recovery.

We hope that *Diagnosis: Schizophrenia* will find a place in hospital waiting rooms, in social workers’ offices, and in the back pockets of patients and their families who have just heard the diagnosis of schizophrenia for the first time. Its purpose is to develop and strengthen understanding and offer tools for patients, their families, and those who provide treatment. The chapters are short and to the point, and they cover a wide range of issues from hospitalization to rehabilitation. Dip in and read a chapter that deals with a current problem, or read the book cover to cover. *Diagnosis: Schizophrenia* brings a new perspective to the information on coping with mental illness that is available through a range of sources.

Nina Schooler, Ph.D.
Director of Research
Hillside Hospital
North Shore–Long Island Jewish Health System