

Christine Ross talks about why she talks publically about her experiences with mental illness...

It's very important to let people know, so they can see. I love speaking. I speak for NAMI, I'm a "In [Our] Own Voice" spokesperson for NAMI. I've been doing it since 2007. I love the organization, NAMI. And it allows me to go to different organizations to speak. I speak at the police department. I speak at the Department of Mental Health. I speak at schools. I speak at mental hospitals and schools. I love giving back, letting therapists, especially doctors—I love when I speak in hospitals, letting doctors see that therapists, what they do, their work is so important. So, what they do, and all the therapy that they give, I'm a product of that. I represent good therapy. I represent a person who took the time, my doctors took the time to give me the right medications and to talk to me and help me get back well. I like being used. I love my association, NAMI, so I can let others know about the organization – showing films, we show a video. I love getting the video and the message out to break the stigma of mental illness.

READ THE FULL TRANSCRIPT BELOW

Interviewee: CHRISTINE ROSS

Interviewer: Katie Cadigan

Date: January 25, 2010

I: Becoming Ill; First Experiences with Treatment

KC: So, we're just going to talk. It'll be like a conversation, and then when I ask something, just wait a little pause and—

CR: And answer it.

KC: You can interrupt, you can say, "Well, you know, I don't really agree with that." So, the first thing I want to ask is what events happened in your life to lead you to get treatment for mental illness?

CR: Okay. Answer it? Oh, okay. The events that lead to me having a nervous break, my first nervous break, is deaths. Deaths in my family were very difficult. Every time there was a death in the family, usually, I had a nervous breakdown. The first major one was in 1989 when my grandmother passed away.

KC: And what was a nervous breakdown like? What happens in a nervous break?

CR: At that particular one, I was hearing voices. And at that time, I know that President Bush was the president. I remember that very clearly. I was hearing voices. I was delusional. I actually was living in an apartment. I was married at that time. I remember getting undressed and walking on the ledge of a balcony, just delusional. At that time, my daughter was taken out of my custody, and I was going through a marriage and I just remember hearing voices, hearing voices, and I didn't eat for seven days. I didn't eat nothing. And I was hearing these voices, and then she passed away. So, what was happening was she was in a hospital, dying, and then after the seven days, I left the house. So, I stayed in the house and didn't leave. And I was just in that apartment hearing voices and going on the ledge and having these episodes.

My family, my mother—I was very fortunate. My mother took me to a doctor, to a VA [Veteran's Administration] doctor. And she said, "You're acting too much like your father," because my father was schizophrenic from the Vietnam War.

KC: So, what happened when you got to the VA? Did you get good treatment?

CR: I got excellent treatment. But I didn't stay. I only stayed a short period of time, and they said, "Well, we may think that she's diagnosed with schizophrenia." And I was only there a short period of time. It was not until my mother passed away – that was in '92 – and I was sent away for a [year's] time. My sister, being a narcotics police officer, put me into a hospital. She said, "You're losing it again because of the death." And she put me in the hospital, and I stayed for a [year's] time, and then I was diagnosed with schizophrenia.

KC: In all your years of treatment, what have been the best things that have happened in treatment or the best treatments, things that have worked?

CR: Recently. Because I've been dealing with—since 2002, my last major break. In 2002, I went back to a board and care home, and I came out. Well, when I came out, I had an incident in the home, in the board and care home, and so I went back into the hospital. But to come back to the board and care, they discharged me. They said you couldn't come back. So, instead of sending me to another board and care at that time, they sent me on my own. See, I had money, so I went to a motel. And I became homeless in 2003. But that was the best thing that happened to me because even though I was out—I was already seeing a doctor. And I was taking my meds, and I was seeing a doctor, and I was determined. So, the best care was this hospital that I'm going to, to get therapy. It's the therapists that's helped me; therapists working with me and working with the medication. And talking to my therapists is what's helped me.

KC: What qualities are good qualities in a therapist? What would you recommend someone that—

CR: When a therapist can talk to you and treat you like a human being, and when they can talk to you, they can work it out for you. Like, I'm a student, and I go to school to this day. So, when I'm getting excited or something, they say, "Well, you just need Ativan," or "You need something to calm your nerves." And they work it through it so everything makes sense to me. They break things down. It's not like [breaking things down] to my level, because I'm very educated. But they just talk to me as a human being. And they work with me with my medication so I get the right dosage and I can think.

II Understanding One's Illness; Steps to Recovery; Sources of Support; Becoming Involved with Ministry Work

KC: How did you come to understand what schizophrenia is or what your illness is?

CR: When I started thinking about the medication, it started with NAMI [National Alliance on Mental Illness, a mental health advocacy and support organization] and with the different organizations to help educate me, and to teach me about my mental illness and what schizophrenia was; and in classrooms, to learn about it and learn—because it took me a while to accept my last diagnosis. My last diagnosis was in 2002, when I was diagnosed with catatonic schizophrenia. And I really had a hard time accepting that diagnosis. But then after reading about it, my behavior at that time was in a catatonic state, and I understand that now. But before, going through it, I didn't like the label. I didn't like being labeled a catatonic schizophrenic. Doctors said I was deaf-mute and I wouldn't talk or walk again, and I just couldn't accept that. So, reading about what schizophrenia is and the types and how you get these different [diagnoses]—because sometimes, you go to a doctor and get a different diagnosis. You'll get—first it was bipolar, then it was schizophrenia. After years' time, it was schizophrenia. And then the last diagnosis, being catatonic schizophrenia. So, you have to read up [on] the different behavior each time according to what they label you.

KC: What did it feel like when you first [were] told you have a mental illness? Did it make sense to you?

CR: It didn't make sense to me at first. It didn't make sense to me, but because of my behavior, at first, I was a very angry, very violent person. And when they told me that I

was acting like my father—and I knew my father, my father was a very violent man. And it's not that he was crazy, it's just that he—it was like two different people. So, I compared myself to him. At first, [with] the label, I was saying, "No, I'm not that; that's an awful person and stuff." But I said, "I know my father. I know he needed help. And if I'm anything like my father, then yes, I do need this help, I do need to get help."

KC: How did you learn about what causes schizophrenia?

CR: How did I know what causes schizophrenia?

KC: Or how did you understand the reasons for your illness?

CR: The reasons for my illness was a combination of things. At one time in my life, it was hard to distinguish if I had a mental illness or if I had a drug addiction because I would substitute street drugs for the chemical imbalance that I had in my brain. For a long time, I would use cocaine. I would use street drugs to self-medicate. And it was until I stopped and then I found out, yeah, it's not the drug habit; it's the mental illness. And so, with that, I started to taking my medication and more medication. I accepted my mental illness and dealt with my mental illness.

KC: How did you get the courage to stop using cocaine?

CR: Oh, it's not courage. It's – I want to be well. I want to be whole. I want to be well. And I would do what ever it took to be well. It's not that I wanted to do drugs, because I have a very religious background. And I don't want to do drugs. I never wanted to do drugs. I just wanted to feel good. I wanted to feel well.

So, when taking my medication for a long period of time, and then with the therapists— And it didn't happen over night. It took a lot of work. I was going to therapists and taking medication. Then I was going back and forth. It kind of got to that point where I feel really good just taking my medication, and I didn't want nothing else but to just feel well.

KC: Did I hear you correctly before when you said you thought that becoming homeless was one of the best things that happened to you?

CR: Yes, it was because at that time, that last – from 2002 to—and coming out of that board and care and [having] to be totally dependent on myself. Being where I had to fight. I was of age. I'm 46 now. But in 2003—you get the picture. It was at a reality point – what are you going to do with the rest of your life? Are you going to just be schizophrenic and be homeless? Or are you going to fight for the rest of your life? And I had a choice. And I chose to live and survive and strive with my mental illness. Even when I was homeless, I went to school. I was going to school. I was fighting for my life and going to my doctor, taking my medication. I was determined to do well.

KC: How did you find the resources to get into school and to get treatment?

CR: School is naturally easy for me because of my mother and [her] being on the school board all my life. You know, pushing me, pushing me. Even when she's not here physically, I feel she's with me spiritually. And so, I have that drive to do school. Before I had my nervous break, I was very good in school. I got scholarships through USC; I went to USC. I did lab work, and I went to Cal State Northridge for three years. So, before, I was very educated. Then, with the nervous breakdowns and the drug habits, I stopped school.

So, I just started to go back [and ask] what am I good at? I examined my life, and I started taking steps. And I examined my life and looked at, okay, well, I know drugs and I know this. So, I'll go to school for being a chemical dependency drug counselor. And I went to ELAC [East Los Angeles College], and I got my chemical dependency drug counselor [certification], and I was homeless. But there's financial aid. There's all kinds of resources out there. Being disabled, you get SSI [Supplemental Security Income]. And I put my name on a waiting list for [a] Section 8 [apartment voucher], and I got Section 8, and I got financial aid from school. And I got on the waiting list, and I finally got my Section 8. And I finally got financial aid. And I'm doing good. But there's *all kinds* of resources out there for people who have nothing. You can make it. I'm a product of that. You can really make it by being with nothing. And that's the beautiful thing, is when you start with nothing, and then you watch yourself grow. I'm still growing; I'm growing a lot. But I've come a long way, and I'm thankful, I'm grateful for everything because I've done it.

KC: In treatment, have there been, there're really great things about [your treatment]. I mean, it sounds like you've been in really blessed hands. Were there ever any people who told you things that were just wrong? Or what was the worst thing you were ever told in treatment?

CR: Oh, yes. When you go and you lose your freedom – freedoms as far as, when you have to into a facility—like when you're going to a mental institution, and then you come out and going to these board and care homes. Where I was located, it was very degrading for me. I was told I was stupid, I was dumb, I'll never amount to nothing. It was very strict where I was, and you couldn't go out at night. If you did, you'd be called a harlot and stuff. It was very degrading for me. And then, when I was coming out of the hospital, for the doctors to say I'm a deaf-mute. I wasn't talking, I understand that. But sometimes, I don't talk all the time. Sometimes I do. If I'm excited about the subject, I'll talk. But if not, I'm a quiet person. So, it's not that I'm a deaf-mute; it's just that it's not exciting for me. So, to be [told] I'm stupid and dumb and I'll never amount to nothing – that's not how I was raised. And it was hard for me to accept these things that were coming from these negative people. And I just wanted to get away. So, I found my trust in my church and my pastor. I've been with the same pastor for 10 years. And he's really helped me a lot.

KC: And sounds like your pastor understands your mental illness.

CR: My pastor understands mental illness. (smiling) If I can give an award right now for the best man on Earth it would be my pastor – besides the Lord. But I just love my pastor. He's very patient. He works with me. I just love him. He's a blessing to my life.

KC: That wonderful 'cause there are a lot out there that are—

CR: Yeah, he is. He's awesome. He is awesome.

KC: What are things he's told you or done with you that have made a big difference?

CR: He's motivated me, 'cause see, I met my pastor when I was in a board and care home. I met my pastor before. I used to go to church, but then I got in a board and care home and I couldn't go to church all the time. I was only allowed to go every now and then. But then my pastor would come to my board and care home and ask permission: can he come get me? And he'll come get me. He'll take me and bring me back. And he stayed with me. He would stay with me. So, he took the time to come get me and take me back because you had to sign me out, sign me in. And I had conservatorship over me from the state and from my sister. And then my sister passed away in 2000. So, he would take the time, the interest, in me. He said, "You're not crazy," because a lot of delusions, people would feel, especially when it comes to religion. But he said, "No." He'd seen something in me that I did not see, that I couldn't even imagine at that time, that I could live by myself; that I was able to live a productive life. I didn't think I could ever live by myself. And I'm living by myself today. I'm just doing awesome things. It's because he pushes me. He brings out those things that I just don't see, but he sees it. I really admire him for seeing those things that I just don't see. And then, with the ministry, it was so awesome because he felt that I should be called and be used. So, I applied myself to chaplain services at Lynnwood Sheriff Station. And now, I go Lynnwood Sheriff Station the first and fifth Sunday of each month. I do chaplain services.

KC: Do you know Cathy May?

CR: Chaplain Evans is the chaplain in the Lynnwood Sheriff Station. Her name is (pause)—

KC: Sister—?

CR: Evans. Chaplain Evans Protestant chaplain services.

KC: There are two people in my church who go down there. But I'm Episcopalian. There's Cathy May and a new one, Martha Johns. And they do services two times a month. But I think they mostly work with the Catholic one.

CR: Yeah. I wouldn't know that side. But it's awesome. Anything in ministry, it's very difficult to get in, for me, because I got denied. Then I had to reapply, and it was still my

letters. I got letters from different resources [who] recommended me – NAMI and the police department. I had the letters because I went to school. And I have, also—I'm getting my AA [Associate of Arts degree] in criminal justice. So, I had wonderful teachers to write me beautiful letters. And they accepted me. And I've been doing it for two years now.

III On Experiences of Stigma; Overcoming Challenges

KC: Have you encountered—sorry, you sort of answered this before. How would you describe stigma that you've encountered? You definitely had it in the board and care, where (inaudible; ~18:00), horrible. But in the outside world or in other parts of church or family?

CR: I have a lot of stigma when it comes to my job. I wrote it on my application, but I don't even tell my co-workers, a lot of my coworkers, that I have a mental illness or that I have a job. Even one of my bosses – I've heard [her] make a lot of remarks about people with a mental illness, because she's dealing with somebody in her family who has a mental illness. She was just bashing them and I couldn't say nothing. I don't say nothing, a lot of times, when people say [put]-down [things about] people [with mental illness]. I don't say nothing. But when it is time for me to speak up, I will speak up to defend because, you know, it is a stigma that needs to be [broken]. And it is because I'm very capable of doing my job. They love me at my job. I work two facilities. I'm a residential alcohol and drug counselor today, and I work at two facilities. And I'm very good at my job. But it was hard.

On the job, on the world, your job, you have stigma. You have stigma when you go to school, too, because a lot of the classes that I have are psych class, and so when they talk about mental illness, they talk about people. I usually use it. I'll stand up and say, "Well, everything you're saying is not true." And I'll stand up and I'll say, "Listen, I'm a student here, but I'm also a person with mental illness. And I'm living with it and you can be productive and have mental illness. I know my handicap. Now, what's yours? Because I know I'm going to get an A out of this class. (she chuckles) What are you—?" So, sometimes there is a time to stand, and sometimes, there is a time to be quiet.

Unfortunately, that's just the world that we live in, that I have to be quiet sometimes, because of the stigma of mental illness.

KC: In your whole course of treatment after your first break, what do you think was your biggest challenge? And how did you overcome it?

CR: My biggest challenge was seeing what Christine could do for herself, on her own, living with mental illness? Was it going to take me to a role where I was going to be dependent on other people to do for me? Or was it a possibility that I could do for myself? And it was my faith that carried me. Again, it's my faith because I had a good pastor and I had myself, who also believed that I can be somebody if I just applied. So, I applied what I learned and what I studied, and I would study and pray a lot. But it came to pass. So, that was my biggest challenge – to see—when I'm all by myself; no more family, 'cause most of my family is all deceased. They're all passed away. So, what can I do by myself, on my own? And can't run to mommy or daddy for money or nothing. I had to rely on what little pennies I had. I had to save and budget my money and find a place to live. And then there was the grooming, because one of the things of being disabled is that I'm labeled "gravely disabled." So, with "gravely disabled," there is that [question] of "Can you take care of yourself? Can you groom yourself? Can you bathe yourself?" And I have wonderful help because I have in-home service who helps me. I have in-home service. They help me clean my house, cook my food. That's a service the state provides for in-home service. I have [a] Section 8 [voucher] for my housing. This is wonderful.

And I only work two days a week. That's my position – only two days, because that's all I can handle. But those two days are wonderful 'cause it gives me self-esteem. It gives me a self-esteem. I cannot work as a full-time person, as a normal person works eight hours a day, five days a week. I cannot handle that. But I can handle two days, and that's enough for me. So, that gives me self-esteem, and I can groom myself. I never thought that I could wash my own hair, bathe myself because I was being degraded in those board and care homes. You know, "You're stupid. You can't do nothing. Wear this. Do that. You gotta get up." So, you're programmed, you're institutionalized where you can only do it when somebody tells you to. But what can you do on your own? So, to see myself now, with my face. I can do all things, and that's great.

KC: In your job, do you have clients who are also struggling with mental illnesses, and if you do, do you come out to them, or no?

CR: Of course I come out to them, but I see where they're coming from, and so I'm able to counsel them. I'm able to talk them through it and take them to the proper—if I see a client that's dealing with certain issues, mood issues, I say, "You know what? They need to go for evaluation because they may be bipolar or they have some type of mental illness." So, I can make those referrals. I can see it faster, probably, than other counselors because I know the symptoms. I know what's happening to them. But, like I said, because of the stigma, I don't let them know. I never tell a client something—I never share about my past history or anything that has to do with my mental illness. That's a no-no, but I can refer them to the proper authorities, the proper places where they can go get help.

KC: Your clients are very lucky to have you.

CR: Yeah. But they don't know. They have no idea, no clue, and neither does the staff where I work, because it's the stigma, again. And it needs to be broken. But I let no one know nothing at all, because I'm able to treat the clients because I know – especially the clients that come in with dual diagnosis. So, when they have dual diagnosis and they come in, I'm very—I mean, I can talk them through it, I can counsel them, 'cause I know. And they say, "Well, how you know these things?" And I just say, "I just know. I know." (she chuckles)

IV Words of Hope and Encouragement; Thoughts About the Future; On Talking Publically About Experiences with Mental Illness

KC: They're very lucky (CR chuckles). When you're in counseling, what are the main things you want people to understand in the dual diagnosis world about mental illness? What's the biggest piece of advice?

CR: That you can be productive. You can be productive and live a normal life with your mental illness, and you can get help for your disease. And there's help if you want it.

You can get help, and you can recover. Recovery is a process; it's a life-long destination, but it is possible to recover, not only have a mental illness, but a drug habit problem. And you can do it. You can be successful.

KC: What do you think are the biggest things the general public doesn't get about mental illness? You got it at work and you've seen it in your classes. What are the big things people don't understand?

CR: That we're not criminals, we're not monsters. I love that video. We're humans. We're people. We're people with a bigger hurt at the time, but we are people with feelings. Just because you may have seen someone on Skid Row and you may have seen someone down on their luck, they're human. They are a person inside of that person, and that's just someone [who has to] reach them. But they, too, anyone – don't judge and have prejudice against people just because they have a mental illness. There's a beautiful person inside of each and every one of us, and we're special.

KC: What do you think your biggest challenge today is?

CR: Getting married (she chuckles).

KC: Can you say "My biggest challenge is I want to get married"?

CR: I want to get married. I'm looking forward. I've been dating for three years this one gentleman. I want to get married. That's such a challenge because for someone to accept me, just the way I am. With all my defaults and all my little setbacks, I'm not the easiest person to get along with sometimes. But then again, I'm a very beautiful person. I've good personality. So, I think I have the traits. I have good qualities and bad qualities. But for someone to accept me just the way I am with the mental illness and everything that I have going for me and accepting me just the way I am. I'm looking forward to getting married, to sharing my life with somebody. I don't get lonely, 'cause I have my faith, but I would like to share my life with somebody.

KC: There are a lot of people who have pretty severe mental illnesses who think they're never, ever going to have a love life, that being ill means you can't fall in love. What would you tell them?

CR: You can. You can. You can because—you can have a real, meaningful relationship. And once you love yourself and you have that love for yourself, then you're able to love somebody else. You can't give away something that you don't possess and you don't have. But you can and you will if you look for it. Look for that love in yourself first and get well first, and then it'll come to you.

KC: How'd you meet your sweetheart?

CR: I met him at church (she chuckles), at a support group. He doesn't go to my church. He goes to another church, but we go to a support group. The support group is once a month. And we met there. And then we began going to different churches. And we just go to church functions and we always meet up and have Bible studies. And we go to Bible studies and stuff like that. But I met him in church.

KC: And how's he been about your illness?

CR: He's been great. He's been very supportive. He's been very supportive because he said, "Yeah, I want you to think. I want a woman who can think." And he encourages me to think, and that's beautiful 'cause a lot of people, [if] they see that you're mentally ill and you're accepting aid, they don't want you to achieve anything. They think you should stay at the level that you're at because you're getting a check from the state. And if you do anything else, then the state will take it away because you're too educated. And that's just not true. I advise everyone, if they have the desire to get a high school diploma or go back to school for any trade or any college, any kind of education, that they should seek it. It's possible. There's financial aid. And to seek a higher education is very important. Education is a very powerful tool. And I like the fact that, knowing that I have a mental illness, someone would encourage me to go to school. And that's what he does. And he wants me to be educated and to do things for myself. He wants me to live life, but do it the right way, to learn. I love that. I never had someone to push me,

other than my mom. So, for a man to push me in education, I just love it. Plus the fact he's in church (she chuckles). He goes to church.

KC: What are your plans for the future, in addition to wanting to get married?

CR: I want to own a sober living facility, either through my church – a women's residential program, Christian. Second, I just want to own something. I want to own a house. That's exciting. I want to own a house one day. I want to own a facility for women.

KC: Why do you speak publicly about your illness?

CR: It's very important to let people know, so they can see. I love speaking. I speak for NAMI, I'm a "In [Our] Own Voice" spokesperson for NAMI. I've been doing it since 2007. I love the organization, NAMI. And it allows me to go to different organizations to speak. I speak at the police department. I speak at the Department of Mental Health. I speak at schools. I speak at mental hospitals and schools. I love giving back, letting therapists, especially doctors—I love when I speak in hospitals, letting doctors see that therapists, what they do, their work is so important. So, what they do, and all the therapy that they give, I'm a product of that. I represent good therapy. I represent a person who took the time, my doctors took the time to give me the right medications and to talk to me and help me get back well. I like being used. I love my association, NAMI, so I can let others know about the organization – showing films, we show a video. I love getting the video and the message out to break the stigma of mental illness.

KC: You were talking about being a product of good therapy, and you mentioned the importance of medication. What other tools has therapy given you?

CR: Therapy has given me the tools of exercise. Exercise is very important. Also, sleeping habits. Sleeping habits are very important, to get the proper sleep. Nutrition is very important – eating the right diet. Eating your meals because you need to be strong. So, you need to eat three meals a day – your breakfast, lunch and dinner – because you're taking medication. There's also personal grooming; taking the time to groom yourself – a little pampering, that bubble bath. Ah, I love it – every day I have that hour bubble bath, every day. That's important – to pamper yourself, to groom yourself, to brush your

teeth and comb your hair. That may sound basic to a lot of people, but for someone who has a mental illness, it's very hard, sometimes, just to get up out of bed. You may go to the bathroom, but for me, when I was really sick, I was in diapers. I didn't go; I went right in my pants. I didn't even get up. I was just that depressed. So, personal grooming is very important to me. I love pampering myself. Also, your faith, being able to go to a church service is very important. The freedom of having a religion is very important. So, the therapist helps me with getting all these things together – talking to you and helping you. The tools that I have learned is self-care; how to take care of yourself outside of a mental institution. The therapist helped me. 'Cause my therapist helped me get on these programs. It wasn't me. It was my therapist writing letters to institutions for me, on my behalf, for me to get benefits. I had a therapist who helped me with my SSI. I had a therapist help me with my Section 8. I had a therapist that helped me with everything, with my in-home service. The therapist recommended all these services for me. So, they've seen something that I didn't even see in myself. The therapist was what helped me get out of that board and care home and to help me live a normal life. It was the therapist that did all that work for me, all that writing. The therapist did that.

KC: When you speak to families, what advice do you give families?

CR: Never give up. Never give up on your loved one because it doesn't make a difference if they get better or not get better. It's not for you to judge how or what. If they're in a certain state, maybe they can't help themselves. But if they have a smile on their face and they're happy, then they're successful. Don't give up. For one wellness to judge another wellness [on] how well is the person. If a person is happy, then they're well, they're rich, they're rich, just be able to have a smile. That's wellness for me.

KC: And for people who are just newly diagnosed?

CR: They should be patient and just keep hoping. [To people who are] newly diagnosed: be patient. Patience. Patience. Because a lot of times, because a person don't get well right away, or they keep doing the same behavior over and over and over again, you have to be patient. And they have been doing this for a long period of time, so it's not going to happen overnight that they are going to get well. You have to be patient with

them. It's like a child – you have to be patient and watch them grow. But don't give up; just be patient.

KC: Is there anything I haven't asked you that you talk about or you'd like the public to know, that we haven't covered?

CR: Well, I think, again – I touched on it a little bit – I think more research and more—a person where there's a history, if they have a history of mental illness in their family, then that's something that should be considered when they're going into therapy – how they're treated. That's important – a person's history on mental illness – because a lot of times, doctors and stuff, they would be so busy, they don't even look at the history, if there's a history of mental illness in their family, rather if they're going through it or not going through it. I think we covered just about everything.

KC: What was your family history?

CR: My family history was good. I mean, I had a very loving family. I had a loving family, but they had a history, on my father's side, of mental illness. I know my father was. I don't know if it was because of the war, after war. I don't know. I just know that he was diagnosed with schizophrenia. There was an aunt or something on that side that also had mental illness. So there – there was a father just – that's a blood line right there. So, for them to catch it at an early age, but then they didn't catch it later on because it wasn't mentioned. But I think family history is important.

KC: What do you tell people who think they caused it? Did you ever think you caused your illness because you were a bad person?

CR: No, but there was a time that I thought that I just had a drug habit and I didn't have a mental illness; that I was just a drug addict and that I was crazy. [I thought] I was just a stoned drug addict. It was a time where I felt I was just a drug addict. But then after the drugs were gone and I was clean and I was still having these episodes, and I was in and out of mental hospitals, and I wasn't on drugs anymore. I said, "Well, it's not the drugs. I have a mental illness." So, that's why it's very important to seek help because if it's not

the drugs, then it's a mental illness. So, it was important for me to find out, yeah, I have mental illness. I'm not a drug addict; I have a mental illness.

KC: Could you say your name – "I am Christine," and what your diagnosis is?

CR: I am Christine Ross. I'm diagnosed with schizophrenia.

END OF INTERVIEW