Schizophrenia: Living in a Different World

Dr. Kimberly Gaines Eckert

James, a 32-year-old man with disheveled brown hair, wearing a purple wool sweater and faded red sweatpants, sits in his therapist's office with his eyes fixed on a small point between his worn-looking moccasin shoes. He wears a pair of oversized glasses on a string around his neck. These glasses hang around James' neck every week, yet his therapist has never seen him actually put them on.

"What happened, James?" the therapist asks.

"I don't know."

"Well, you're usually on time for our appointments, but today you're 30 minutes late. I'm just wondering what might have happened."

James is quiet for several minutes. He finally lifts his eyes from the floor to gaze at the ceiling. "It was a bad day."

"A bad day?"

"I was laughing – at work. I had to leave in the middle of the day. They would have thought I was crazy." James speaks in a flat, monotone voice. Even while talking to his therapist, he keeps his eyes averted.

"When did you leave work?"

"1:00."

"And then what did you do?"

"I drove around. And I came here."

"It's 6:30, James. Our appointment was at 6:00. You've been driving around since 1:00 this afternoon?"

"Yes." After a pause James adds, "They told me not to come. They said I should never have come here in the first place – to you or Dr. John- son. They said it was bad . . . I was bad. I told you too much. I should never have come."

"They" refers to the voices that James began hearing in his head in his mid-twenties. These voices influence and direct his daily activity. James believes these voices tell him important things that other people do not know. He feels he is special because of his contact with these voices. He thinks he is able to see into the future and have special and important knowledge. However, sometimes these voices terrify him. For example, a few years ago, James found himself cutting his wrists in obedience to these voices. He said he did not want to hurt himself, but he felt unable to disobey the command.

Throughout his conversations with the therapist, James is unable to maintain eye contact. He sits slouched in the chair and barely moves until the session concludes.

Imagine the World of James

Imagine for a moment that you are James. You hear voices that no one else hears. These voices provide a running commentary, often judgmental, on your thoughts and activities. Sometimes the voices are quiet, but they are never completely silent. You hear them at night in bed. You hear them in the car. You hear them while you are at work. When having conversations with other people, you must struggle to distinguish the voices in your head from the voices of other people talking to you. If you tell people about the voices you are hearing, people think you're "crazy."

At times they are so loud you feel powerless and completely under their control. They are so loud, in fact, that you have trouble hearing cues in the real world. When someone speaks to you, you are unsure if they spoke out loud or if it was in your head. Because of the constant noise in your head, you have problems concentrating. You feel little control over your body. You find yourself laughing hysterically at work and in other places, but you don't know why. You see signs and symbols in everyday objects and activities. When women cross their legs, you think they're trying to seduce you. You become angry that all these women are trying to seduce you when the voices are commanding you to purify your body and your mind.

You have a therapy appointment that your doctor told you is essential if you want to stay out of the hospital, but you find yourself miles away from the clinic. You are unsure how you ended up so far away from the clinic, because you have been going there for several years. You have been in and out of the hospital about twice a year for the last ten years, and you do not want to be put in the hospital again. You know you are supposed to go to the appointment, but the voices are telling you that you are stupid and will be hurt if you go.

You don't know what to do. You are confused. You are terrified. You are suffering from the debilitating and chronic mental disorder known as schizophrenia – the disorder many claim is the most severe of mental disorders due to its dramatic impact on all areas of intellectual, psychological, social, and spiritual life.

What is Schizophrenia?

Taken literally, schizophrenia means "split mind." This "split" can be understood as a split from reality as well as a split within the mind. Schizophrenics unconsciously disown portions of their thoughts and feelings and imagine that those thoughts are located in someone else or some other place. The voices James hears, for example, seem to him to be coming from outside himself, but they actually originate within him. Because James splits off and disowns these thoughts, attributing them to an external voice, they no longer feel like parts of him. He is "split" from big portions of his mental world. At the same time, when James imagines that some of his thoughts are actually coming from the outside world, he splits off or separates himself from sizeable portions of external reality.

Contrary to how the media often portrays it, however, schizophrenia does not refer to multiple personalities. Multiple Personality Disorder, now called Dissociative Identity Disorder, is not the same as schizophrenia. It is a much rarer disorder characterized by the presence of at least two distinct personality states within one individual. James splits off portions of his mind, but he has not created additional personality states. Schizophrenia is a mental disorder characterized by a cluster of psychotic symptoms, not by personality states. Psychosis generally refers to severe impairment in distinguishing what is real from what is not real. Individuals suffering from schizophrenia have disturbances in one or more, usually several, of the following

areas:

- Perceiving and interpreting reality accurately
- Keeping unconscious and unwanted thoughts and feelings from intruding into their conscious lives
- Reasoning logically
- Knowing the difference between personal experiences and thoughts and the experiences and thoughts of others
- Relating to others
- Organizing thoughts, feelings, perceptions, relationships, and intellectual abilities into a solid, cohesive, well-functioning self

In short, people suffering from schizophrenia tend to be severely emotionally, intellectually, socially, and spiritually disorganized. The most prominent psychotic symptoms are hallucinations and delusions.

Hallucinations are erroneous sensory perceptions. They can occur in any of the five senses, but auditory hallucinations are the most common. The type of hallucination James experiences – hearing voices – is the most typical auditory hallucination. People can hear other sounds that are not there, but hearing voices is by far the most common. The voices a person hears may be either familiar voices or unfamiliar ones, but they are always experienced as separate from the person's own thoughts. The voices may say many different things, but they are often judgmental or threatening in nature.

When voices keep a running commentary on the person's behavior or when multiple voices converse with each other, this type of auditory hallucination is thought to be especially characteristic of schizophrenia. James describes the voices he hears as providing a constant, though sometimes quiet, commentary on his every move and thought. People can have hallucinations, however, without being schizophrenic. Non-auditory hallucinations like visual hallucinations and olfactory hallucinations – smelling things that are not there – are less indicative of schizophrenia. It is essential to rule out other causes, such as organic brain damage or drug use, before assuming that someone who is experiencing hallucinations is schizophrenic.

Delusions are erroneous beliefs that are a severe distortion of reality. These beliefs are strongly held, yet false. When people have delusions, they grossly misinterpret their experiences or perceptions. About one-third of individuals with schizophrenia experience paranoid symptoms such as persecutory delusions – beliefs they are being followed, tormented, tricked, or worse. Another common type of delusion is a delusion of reference, that is, a belief that certain things in the environment refer to them or are meant specifically for them. For example, James has a referential delusion that women crossing their legs is a sign that those women desire to seduce him. In addition to persecutory and referential delusions, people may also have religious, grandiose, or somatic delusions. James experiences religious delusions in which he believes that the voices he hears are demonic voices leading him to become the Antichrist. Delusions may be bizarre, such as "aliens have taken over the President's body," or non-bizarre, such as "coworkers are plot- ting against me behind my back and taping my phone conversations."

The presence of psychotic symptoms like hallucinations and delusions does not, by itself, mean schizophrenia. Psychotic symptoms are also found in a number of other mental disorders. Severely depressed people, for example, can become psychotic. In the depths of depression, the ability to differentiate between reality and fantasy can become severely impaired. Certain drugs can also produce psychotic symptoms; these side effects do not mean, however, that the individual is schizophrenic.

Individuals with schizophrenia usually have a blend of symptoms that involves both distortions and loss of normal functions. Distortions of normal function include hallucinations, delusions, disorganized behavior, and disorganized speech, such as using sentences or words that are extremely illogical or nonsensical, and catatonic behavior, that is, behavior that is frozen or rigid. Symptoms involving a loss of normal functions include a lack of emotional expressiveness, a severe poverty of speech, social withdrawal, poor hygiene, and an inability to initiate or persist in goal-directed activity. These symptoms usually occur relatively early in life and are chronic and debilitating.

Prevalence and Course

It is estimated that about one in one hundred people will be diagnosed with schizophrenia in their lifetime. Over two million Americans suffer from this mental illness. This rate of about one percent is relatively consistent throughout the world.

Schizophrenia occurs about equally in men and women, but it tends to be milder and begin later for females. Men typically show the first clear signs of schizophrenia in their early to mid-twenties. The onset for women is more likely to be in the late twenties. About half of those diagnosed with schizophrenia in their twenties will experience some disability throughout their lives. Another 25 percent will require life-long care due to the dramatic impact of schizophrenia on their daily lives. After an individual diagnosed with schizophrenia is released from the hospital for the first time, there is a 50 percent chance that he or she will be re-hospitalized within two years.

James, like most men with schizophrenia, was first diagnosed in his early twenties. He appears to fit within the 25 percent of patients who will require life-long care, as evidenced by twice-yearly hospitalizations since his first hospitalization ten years ago.

The course of schizophrenia can vary a great deal from person to person. For some, it begins in the early teens, and for others, the late twenties or older. For some, the onset is gradual; for others, it is sudden. Some individuals with schizophrenia experience periods of intense symptoms, followed by periods of remission and quite adequate functioning. Up to one-third of schizophrenics, however, have chronic symptoms with few or no periods of remission. While complete remission of schizophrenia is uncommon, most people with schizophrenia become more stable after five to ten years and their symptoms do not become worse as life progresses. And some, although clearly the minority, return to a very normal level of functioning.

Certain factors are associated with a better prognosis for schizophrenia. The individual with the best chance of recovery is a female with a history of good functioning before her schizophrenic symptoms began and whose schizophrenic symptoms came on suddenly later in life. She would have experienced some specific precipitating event such as a loss or break-up of relationship, rather than symptoms arising without clear environmental distress. She would also have experienced some mood disturbance like depression, rather than solely a loss of contact with reality. Her active symptoms would last only a brief time, and she would be able to function quite well in between episodes of active symptoms. There might be a history of mood disorders in her family, such as depression or bipolar disorder, but there would be no family history of schizophrenia. She would also have no structural brain abnormalities, and she would display normal neurological functioning. These factors would lead to the best possible long-term prognosis for an individual diagnosed with schizophrenia.

Causes

The finding that the prevalence of schizophrenia is about equal across and within cultures supports the view

that schizophrenia is strongly biological rather than primarily resulting from cultural or familial patterns. However, biology cannot fully explain why certain individuals with a predisposition toward schizophrenia develop the disorder and other individuals with a predisposition do not. Therefore, both biology and the environment appear to play a part in the development of schizophrenia.

Genetics

Studies of families and adoption provide strong support for the genetic component of schizophrenia. People with a nuclear family member with schizophrenia have a 10 percent chance of developing schizophrenia, while those in the general population have only about a 1 percent chance. And when a family member has schizophrenia, biological relatives demonstrate an increased risk for schizophrenia, whereas adoptive family members demonstrate no increased risk.

Researchers have discovered that if one genetically identical, monozygotic twin has schizophrenia, the other twin has a 40 – 50 percent chance of developing schizophrenia. But if the twins are not genetically identical, they have only a 10 percent chance of developing the disorder, just like any other nuclear family member.

It appears that a number of different genes may help create a predisposition toward developing schizophrenia, but scientists still do not understand exactly how or why certain individuals develop schizophrenia and other do not.

Prenatal and Birth Problems

Biological factors other than genetics may also play a part in the development of schizophrenia. Prenatal and birth difficulties appear to be particularly important. Biological predictors of schizophrenia include low birth weight, birth problems, prenatal difficulties (especially during the second trimester), and viral or bacterial infections.

Brain Structure and Chemical Imbalance

Studies of the human brain have also demonstrated some differences in the brain structure of those with schizophrenia in comparison to the general population. One of the strongest neurological findings is that in schizophrenia, certain parts of the brain (the lateral and third ventricles) are enlarged. This suggests possible loss of brain tissue. Autopsies of individual with schizophrenia have also revealed smaller over-all brain weights.

Researchers have also focused on an imbalance or excess of certain chemicals called neuro-transmitters in the brains of those with schizophrenia. One neuro-transmitter, dopamine, has been implicated in schizophrenia. The medications used to treat schizophrenia work by blocking the brain's reception of dopamine.

Environmental Causes

The causes of schizophrenia, however, are not solely biological or genetic. Studies of twins also demonstrate the environmental impact on the development of schizophrenia. In monozygotic twins, for example, one twin may develop schizophrenia while the identical twin sibling may not. If schizophrenia were 100 percent genetic, both twins would develop schizophrenia since their genetic makeup is completely

identical.

Clearly, the role of the environment plays a part. Problems in early mother-infant bonding, strong parental intrusiveness, chaos, and mixed messages, as well as rejection *by* peers and rejection *of* peers all appear to play a role in the development of schizophrenia in some individuals. While it is likely that the environment plays a part, the exact role of the environment in the development of schizophrenia remains a mystery.

Spiritual Issues in Schizophrenia

As human beings, we are not only affected by our genetics and the environment. We are also spiritual beings who live in a broken world. How does the spiritual realm affect schizophrenia?

Perhaps you have heard people suggest that schizophrenia is not a result of brain chemistry or genetics or impaired psychological development, but a consequence of sin. If the individual and his or her family would repent of the sin in their lives, they would be healed of the schizophrenia. Or perhaps you have heard it suggested that schizophrenia is not even a mental disorder, but rather, it is demon possession. It has erroneously been said that the individual does not need medication or therapy; he or she only needs prayer or possibly even exorcism. But this is not true.

Responding to schizophrenia in one of these ways only adds to the stigma and misunderstanding that schizophrenia already has in our culture. Schizophrenia is not directly caused by individual sin or demonic or satanic activity. Since we live in the brokenness of our sin-cursed world, people develop all sorts of problems, including problems with brain chemistry, family dynamics, and psychological functioning. When people live in a physically, emotionally, and spiritually toxic environment, as we do in varying degrees, some people inevitably develop physical and mental disorders. Hopefully, we would never suggest that a woman with leukemia has sinned and is being punished, or that a man with Alzheimer's disease is demon possessed when he no longer recognizes his wife of fifty years. While we would certainly pray for healing for these individuals, we would not suggest that they have done something wrong if God does not heal them in the way we would like. Rather, we would respond with compassion for the individual's suffering. We would ask God to give him or her strength and courage to face life day by day.

Our world is a broken and sinful one; things are not the way they are supposed to be. Schizophrenia is a very powerful example of the fallen nature of our world. Individuals with schizophrenia, like all of us, are created in the image of God. They deserve our understanding, respect, compassion, and support.

Treatment

Because of its impact on so many areas of functioning, schizophrenia requires intense and multifaceted treatment.

Medication

Antipsychotic medication has been used to treat schizophrenia since the 1950s, and is still thought to be the best treatment available. For the majority of those suffering from schizophrenia, antipsychotic medication can decrease the presence of delusions, hallucinations, and confusion. Some people believe that medications are used to tranquilize or sedate patients with schizophrenia. Antipsychotic medications do often have a calming effect. Sedation, however, is not the purpose of antipsychotic treatment. The purpose is to reduce hallucinations, delusions, and confusion so that individuals with schizophrenia can function more

effectively in the real world. Most people with schizophrenia show marked improvement with antipsychotic medication. In fact, antipsychotic treatment can reduce relapse by more than 50 percent.

Unfortunately, antipsychotic medications are not miracle cures for schizophrenia. They do not necessarily prevent any and all future psychotic episodes. Furthermore, in certain individuals they are ineffective in reducing or eliminating the psychotic symptoms. In fact, 20 - 30 percent of all people with schizophrenia do not respond to medication. Antipsychotics are also not as helpful with schizophrenia symptoms involving a loss of function, such as decreased motivation and emotional inexpressiveness. They are more effective in those with distorted functions, hallucinations, delusions, and confusion.

Older antipsychotic medications may also have troublesome side effects. Many individuals using these medications complain of sleepiness, dry mouth, restlessness, or blurred vision. Some antipsychotic medications cause muscle spasms and other problems with nerves and muscles. In fact, up to 70 percent of individuals taking the older antipsychotic medications experience these unpleasant side effects. Even after discontinuing the medication, these side effects can last for weeks or even months. In the most severe cases, the symptoms may even be permanent.

Side effects involving the nerves and muscles can look a lot like the effects of Parkinson's disease, which is a result of not having enough dopamine. (Remember that schizophrenia appears to involve too much dopamine.) While untreated schizophrenia is associated with too much dopamine in the brain, antipsychotic medications that block dopamine's reception in the brain can result in symptoms that look like not enough dopamine in the brain. Finding the delicate balance of dopamine appears to be one of the central challenges in medically treating schizophrenia. Sometimes doctors prescribe anti-Parkinson drugs to combat these side effects, but most oppose the routine use of anti-Parkinson agents when treating schizophrenia medically.

Newer medications for schizophrenia are much less likely to produce side effects in the nerves and muscles, but they carry their own problems, such as weight gain. However, their effectiveness with less risky side effects appears quite promising. Research continues on these newer drug treatments for schizophrenia.

Psychotherapy and Psychosocial Support

Although medication is by far the most important component of the treatment for schizophrenia, psychotherapy and other counseling-related treatments play a vital role. They serve several important functions. First, since many individuals with schizophrenia are unable to accept that their perception of reality and their world is not the real world, they do not believe they are sick. In fact, many insist that they have a clearer and more accurate vision of reality than their doctors, family members, or friends. And since they do not believe they are sick, getting them to take their medicine regularly tends to be one of the greatest challenges to doctors, family members, and friends of individuals with schizophrenia.

In addition to the patient's resistance to taking medicine, sometimes well-meaning but uninformed family members or friends encourage the individual to stop taking medication as soon as he or she returns to normal or feels better. Unfortunately, relapse is much more common when people stop taking their medication or take it inconsistently.

In view of this, the first task of psychotherapy and psychosocial treatment is usually to help the person with schizophrenia establish and adhere to a treatment plan designed with the medical doctor. Therapists can work with patients and their families to achieve this primary goal.

Because of the broad impact of schizophrenia on all areas of functioning, most treatment involves helping people improve their ability to care for themselves, including general hygiene, sleeping, and eating patterns.

Therapists typically work with individuals on improving social skills, managing stress, and improving problem solving, communication, and job skills.

Relapse prevention is another central task of psychosocial treatment. Therapists can work with patients and their families on recognizing early signs of relapse. They can help individuals and their families design a course of action when symptoms begin to appear.

In recent years, a few psychotherapists have begun to conduct long-term, in-depth psychotherapy with schizophrenics, sometimes with excellent results. This form of therapy is designed to help schizophrenic patients understand how and why they distort reality, and help them learn to deal with their deep emotional and relational pain without retreating from reality or distorting their thinking. This is a long and difficult form of therapy, but in combination with medication, appears to hold out the best hope for significant growth and improved psychological health since it aims to go beyond symptom removal and social adjustment.

In addition to psychotherapy, many individuals with schizophrenia can profit from a variety of rehabilitation programs that may provide job training or supervised job placement programs. Support groups, self-help groups, and family education groups are other possible sources of reinforcement for schizophrenic patients and their families. Residential programs or group treatment homes can provide more consistent support for individuals with schizophrenia who are unable to function without this additional structure.

A Special Word to Family Members

If you have a family member with schizophrenia, you have probably experienced overwhelming feelings of frustration and helplessness. Watching someone you love suffer from a debilitating illness can be extremely painful.

As a parent of an individual with schizophrenia, you may wonder if you did something wrong to cause this disorder. You may be financially supporting your child or providing his or her housing. You may be constantly wondering whether you're doing too much or too little, whether you are over-involved or under-involved in your adult child's life.

As a child of an individual with schizophrenia, you may be angry at your parent's inability to provide consistent care. Perhaps you were moved around to different relatives' homes as your parent spent time in hospitals or group homes. You may want to help in some way, but feel confused as to how you can help and still treat your parent with respect.

As a sibling of an individual with schizophrenia, you may feel confused and helpless about your role in helping your brother or sister. You probably remember when you and your sibling played together as children, long before this painful disorder reared its ugly head in your home. You may not know how to reconcile memories of your sibling as a normal child with the bizarre behavior and thoughts now exhibited in his or her current life.

To complicate all these painful feelings – feelings of loss for the person that your loved one once was and confusion as to what you can do now – your family member with schizophrenia may reject your help. You may even be a part of your schizophrenic family member's delusions, in which your loved one might believe, for example, that you are involved in a malicious plot to make him or her take drugs or go to the hospital.

If you are a family member of an individual with schizophrenia, you may feel very alone. But you are not

alone! Millions of Americans are struggling just like you to cope with the pain of a family member's struggle with this chronic and pervasive illness. Your questions, fears, doubts, and concerns can be understood well by family members of those with schizophrenia.

Less than 10 percent of family members of schizophrenic individuals get support or education, but relapse rates are reduced for patients whose families receive support from other families with the same problems. You can help your family member by getting support and help for yourself! The National Alliance for the Mentally Ill (NAMI – see resources) offers wonderful family education and support groups. As difficult as it may be to open up your family's pain to the outside world, it will help both you and your family member with schizophrenia if you are able to talk with others who understand your situation. In addition to support, families can be taught to recognize the onset of symptoms, to help with medication compliance, to recognize early signs of medication side effects, and to watch for signs of relapse.

If you have a family member with schizophrenia, it is not, in all likelihood, going to just go away. Therefore, learn about what you are dealing with. Read books. Attend support and education groups. Care for yourself. Care for your family member. Get connected with others who will understand. Be an advocate for the care of the mentally ill.

In addition to getting support and encouragement from other families dealing with the long-term effects of schizophrenia, it is essential to look to the ultimate Comforter and Healer for strength and peace. It is frightening and painful, particularly for parents, to watch their child's suffering from the effects of schizophrenia. It is in the midst of these frightening and painful moments that faith in a loving and merciful God is most needed.

Faith can be an amazing resource and strength. Faith does not provide quick and easy answers for schizophrenia. You may not see immediate healing and recovery in your loved one. You may find yourself with more questions every day. But faith tells us that God is loving and sovereign. Faith promises perfect healing in eternity. God provides mercy that is new every morning. When you are providing daily care for your schizophrenic child or sibling, the Biblical promise of strength and mercy for the day is essential.

Frequently Asked Questions

Can an individual be cured of schizophrenia? Unfortunately, there is no known, absolute cure for schizophrenia. Most individuals with schizophrenia demonstrate marked improvement when treated with antipsychotic medication. Some individuals experience long periods of remission from schizophrenic symptoms. And a few return to a very healthy level of functioning.

Can people with schizophrenia get better without medication? In general, medication is the central component of successful treatment of schizophrenia. Some individuals may demonstrate improvement without medication, but these individuals probably have a more intermittent, less severe type of the illness. Most researchers believe that schizophrenia involves some imbalances in brain chemistry and that improvement requires treatment that will help stabilize these imbalances. Medication is the best treatment available right now for the acute symptoms of schizophrenia. Psychotherapy is more helpful once the overt psychotic symptoms have been controlled by medication.

Resources

NAMI (National Alliance for the Mentally Ill)
Phone: 800-950-NAMI
Website: www.nami.org

Founded by families of mentally ill individuals frustrated with the lack of resources and education for patients and their families, this may be the most important resource for families of individuals with schizophrenia. NAMI provides educational and support groups around the country for families of individuals with severe mental illnesses such as schizophrenia. If you have a family member with schizophrenia, NAMI is the organization to contact.

BBRF (Brain and Behavior Research Foundation)
Website: www.bbrfoundation.org

BBRF is a nonprofit organization that raises more money for psychiatric research every year than any other organization. It would be an excellent way to get involved in advocacy. They also provide a free newsletter with information on current psychiatric research.

Recommended Reading

Torrey, E. F. (2013). *Surviving Schizophrenia: A Family Manual* (6th ed.). New York: Harper Collins.

Amador, Xavier. (2011). *I Am Not Sick, I Don't Need Help! How to Help Someone with Mental Illness Accept Treatment* (10th ed.). Peconic, New York: Vida Press.

Kimberly Gaines Eckert received her doctor- ate in clinical psychology from Wheaton College and is currently in private practice at the Relationship Therapy Center, and Clinical Director of the Lee University Play Center in Cleveland, Tennessee. She is the author of several books, including *Stronger Than You Think: Becoming Whole Without Having To Be Perfect* and *Things Your Mother Never Told You: A Woman's Guide to Sexuality.*

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