

# What It Can Mean To Understand Schizophrenia

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This is the story of my father, his illness, and the effects of the illness on my life. My paternal great grandfather's family immigrated to the United States from Stuttgart, Germany in the 19th century. My father was reared in a small town in the southeastern United States where his father worked as a carpenter. My father also learned this trade, but later on he studied engineering at the state university for about a year and a half and then worked in many parts of the country as a surveyor. During his adult life he was a member of both the Army and National Guard. Within a few years of his marriage to my mother, he began working for a railroad company. When my father retired from work several years ago, he was a supervisor, a position which he held for many years. I have always thought of my father as an intelligent man, and he taught me many things that have helped me to make good judgments. I think his life has been quite productive, especially so considering that he has suffered from schizophrenia for many years.

I was 13 years old when my father was diagnosed as having schizophrenia, following his admission to a hospital for treatment of alcoholism. A few weeks later he was transferred to a private mental hospital for treatment. At this psychiatric facility my father

was diagnosed as suffering from schizophrenia, paranoid type. He stayed there for about five weeks where he received ECT, psychotherapy, and chemotherapy. After the five-week period, he was released as an out-patient, and he continued receiving his previous therapy, including ECT.

As I recall it, before the psychiatric treatment, my father was irritable and had outbursts of inappropriate rage, delusional thinking, suspiciousness, inability to eat or sleep at times, and verbal aggression. These symptoms varied in intensity for some years, sometimes getting worse and sometimes better. He also complained of "black-out" periods for which he had no recollection of the events which had occurred. It was these "black-out" episodes or fugue states which drove my father to seek help. He feared that he might injure someone while working at his job. My father's psychiatrist pinpointed the death of my father's mother, which had occurred three years earlier, as the event which triggered his emotional disturbance.

My first clear memory of any adverse reactions of my family to my father comes from recalling my two older sisters' attitudes about him. The younger of my sisters is 11 years older than I and my oldest sister is 13

years older. When I was about three or four years old they took extraordinary precautions to avoid seeing or speaking to my father at certain times. My sisters and I would remain in our rooms for the major part of the afternoons and evenings on these occasions. When I grew older I learned why this seclusion was necessary. My father would come home from work quite irritable and the most innocent remark by one of the family would prompt him to start a verbal rage. These episodes were thought to be the result of my father's heavy drinking. When accused of being drunk, my father would protest that he had had only a small amount of alcohol and that he was not intoxicated. These events, while not an everyday occurrence, were enough to frighten me. The loud noises and protests were frightening, but my father's rage was rarely directed at me during this time.

When I entered grammar school my father unintentionally contributed to conflicts between me and my peers and teachers. I remember when my father would come to school on "parents' visitation day." Many times he would have been drinking before he came to my school and his drinking signalled that something was wrong. He would not seem to be intoxicated, but his personality would be quite changed from normal. Even when he drank a small amount of alcohol he would not behave like other people who have had a few drinks. When he came to my school at these times he would be loud and boisterous, making boastful remarks about himself and about me. He would be quite excited and active and his face would be flushed. Many of his actions would make me uneasy and embarrassed and later ashamed. I could not be sure of what he would do or say, as he was very unpredictable at times such as these. After he left from his visit, I would receive many strange looks from my teachers, showing me that they knew something was amiss. Thus I became more aware of people's negative reactions to my father and to his sometimes inappropriate behavior.

The older I became, the more ill my father grew. His episodes of uncontrolled anger and verbal hostility became more frequent. Now, since the high school did not stress

parents' coming to school to meet teachers and view progress reports, there were no visits by my father to school. Although I was relieved of exhibitions of his occasional erratic behavior at school, the expectation of potentially embarrassing situations involving my father lingered. Of course my father was not always irritable and hostile, and in fact, he had many good qualities. It was simply that his unpredictability made me apprehensive at times.

As far as I know, the effect of my father's behavior on my friends was minimal. The apprehension and uneasiness I felt was the major effect. The results of my father's problems on my school life were not devastating, and I thought of school as enjoyable. Sometimes school was an escape from a not always pleasant home life.

I remember an incident which took place after my father had taken his parents to Texas to visit some relatives. Actual driving time for the trip was approximately 20 hours, so to reach their destination would have taken two days. The trip lasted two to three weeks. Upon returning from the trip, my father appeared quite agitated. On the night of his return, he accused my mother and me of engaging in sexual intercourse. I was eight years old at the time and did not completely comprehend what he was accusing me of doing. He then cited passages from the Bible about various "sins" which I had committed and vehemently stated that I would "burn in hell" for these "sins." Of course, this incident greatly upset and frightened me. To have my father's rage directed at me was terrifying. His face was very red and he continuously yelled and banged on the furniture. He looked at me in a very unusual way as though I were someone that he did not know. I was confused and ashamed, although I did not know exactly why I was ashamed. My mother handled this situation by telling me repeatedly that my father had no idea what he was saying and for me not to pay any attention to what he had said. This incident was nonetheless very disturbing to me. For weeks I tried to be as inconspicuous as possible in order to avoid another outburst which might be directed toward me.

The incident had a profound effect upon me at the time. I was confused and anxious, and I did not fully understand either the actions of my father or the accusations which he had made.

Many events occurred prior to my father's hospitalization which were confusing and bizarre to me. I had mixed feelings about my father. I loved him, but I also hated him at times when he became angry and verbally hurt people during his episodes. Many times I would become angry with him for his behavior, but I was powerless to change him and my anger would subside into frustration. Although sometimes life was hard to enjoy when our household was in a state of turmoil, my father still possessed many redeeming qualities. Also, the episodes which disrupted our life were not continuous and there were many periods of average family life which were very enjoyable. These periods of relative calm were much more numerous than periods of disruption, but the times of calm were overshadowed by the expectation of the inevitable disturbing episode.

The sheer force expended by my father during these episodes is hard to imagine. He would stay awake for long periods with little or no sleep. As an example, he might stay awake for 36 hours during which he would be very active. The factor that made these sleepless periods even more remarkable would be his drinking of substantial amounts of alcohol. The disruptive effect on our family of one of these episodes could be equated with the energy released by my father during one of these occasions.

My father entered the hospital for treatment of his schizophrenia in 1967 and was treated for a period of about five weeks. After this time, he was transferred to the outpatient program where he returned regularly for treatment. During my father's treatment period my mother also received counseling with regard to my father's illness. She was given suggestions on appropriate attitudes toward my father's illness and on ways to help in his recovery and transition to mental health. She was also given explanations of the proposed cause of his illness. I was 13 years old at the time of my father's hospitalization, yet I received no suggestions and no explanations concerning his

illness. My father definitely acted differently when he came home from the hospital, but I was never told the reasons for his markedly changed behavior. Neither the effects of the Thorazine or the effects of the ECT were explained in any way. All I knew was that my father slept more, remembered less, and acted somewhat as if he were in a daze. I did not know what to expect of him in the present or in the future. Thus, I had to cope with what I saw as drastic changes in my father without the benefit of any explanations. In retrospect, I think I would have benefited from counseling at this time. I worried about my father, yet had no idea of the permanence or severity of his condition.

As time passed my father reduced his outpatient visits to the hospital. He gradually became more "normal." This change may have been partially due to reduced medication and fewer ECT sessions. Life at home was still strained with the expectation of possible imminent tragedy and the realization of recent tragedy. These feelings of despair were unspoken and an attempt to look toward more positive aspects of life was made. There were frequent camping trips and vacations to change surroundings to a more peaceful and less stressful environment. These trips appeared to benefit everyone.

My father gradually returned to his previous work responsibilities. His fellow workers seemed to accept him readily and to lend support in the transition back to his former productive capacity. I think that my father's return to work aided in his recovery because he once again saw himself as a useful human being. Our family gained stability and security as the years passed. My father, although he was still active in that he worked eight hours a day, had "calmed down" in comparison to the way he was as I first remembered him. He appeared to be much more in control of his emotions and actions.

While I was in high school my life at home had become much more enjoyable. It was during this time that I became interested in psychology. I enrolled in a psychology course at school and became quite intrigued

with schizophrenia. I think that this was a result of my desire for information about my father's illness. Some research on induced psychosis was mentioned, centering on inducement of schizophrenia through LSD. I knew little of my father's illness, but I did know he suffered from schizophrenia. So I went to the public library to read about LSD. The literature on the drug was sparse in the library I went to, but the similarity of LSD to psilocybin and mescaline was reported. The similarities noted were in the chemical structure and in the psychological effects. The literature was much more comprehensive on the subjects of psilocybin and mescaline so I researched these substances in lieu of LSD. Since symptoms and the effects of psilocybin were very similar to LSD, I thought that if taken, one of these substances would allow me to have experiences similar to those my father had before his psychiatric treatment.

Both mescaline and LSD were substances which were illegal and which I did not want to take, but the psilocybes mushroom was not illegal and by chance was native to the section of the country where I lived. I found many color pictures of the psilocybes mushroom and information regarding its habitat. Realizing the danger in indiscriminate eating of mushrooms, I enlisted the aid of someone who had gathered and eaten these mushrooms before. My friend and I set out in our search for the mushrooms when conditions were optimum for their growth. We found plenty of psilocybes mushrooms within one hour's time. All that was left to do was to wash and eat them, which we did.

After about 30 minutes I noticed a slight nausea which seemed to be combined with an unexplained excitement. Within an hour everything seemed funny and we laughed a great deal about nothing in particular. During this hour the first perceptual changes occurred. Objects became fuzzy and appeared to vibrate and to move. These changes were very noticeable at the time, but they were minor changes compared to what I experienced in the coming hours. Everything in view began to become brighter and more interesting, and time, I noticed, had become distorted. Minutes seemed like hours. Approximately three hours

after J had eaten the mushrooms, my visual, auditory, and tactile perceptual changes were quite marked. Through the window I saw the trees move in the breeze, yet when I went outside I found there was no breeze. It was an illusion. People's faces changed such that certain parts which were unnoticed before took on significance, thus sometimes changing them so much that I could not be sure of the meanings of their expressions. These changes were the beginning of the feelings of paranoia.

The paranoia started before we left the house where we had eaten the mushrooms. We were hungry so we decided to get a hamburger. Upon entering the quick-food restaurant, I noticed immediately that everyone was looking at me. I tried to tell myself that this was just my imagination, but the people would not stop looking at me. I felt that these people thought I was acting strangely and that they somehow knew exactly what I had done. The incident made me anxious and even more irrational in my thinking. Besides the loss of rationality and logic to my thinking, I noticed that the food tasted strange. An aftertaste was left in my mouth and would not go away. I was keenly aware that all of my senses were changed.

I now needed someplace to go to feel safe. I did not think I could cope with everything changing continuously. Nothing would stay the same from one moment to the next. I was always excited and stimulated. The sun was too bright, noises too loud, faces too large, and furniture too rough. The worst experience was when I looked into the mirror. At first I looked the same as always, but upon close inspection I noticed that I somehow looked different. The more I looked the more differences I saw. I finally forced myself to turn away because my face appeared as I had never seen it before. My face was almost the face of a stranger. The eyes were black instead of brown (I read later about the effect of pupil dilation) and other features had changed in such a way that I was very frightened.

The psychedelic experiences lasted almost 16 hours. I finally fell asleep and it ended. Although some parts of my psilocybin intoxication were unpleasant and sometimes

quite unsettling, other parts of this experience were pleasant and enjoyable. The experience as a whole could not be labeled all good or all bad as my moods varied throughout the intoxication. Some illusions were breathtaking while others were unpleasant and disconcerting. I have emphasized the more unpleasant aspects of the experience because I believe those aspects are the ones which could make such a state of altered perception frightening and undesirable. Later, I thought about the experiences I had during my psilocybin intoxication and gained some useful insights into some of the possible problems which schizophrenia might cause. This is not to say that my doubts and apprehensions relating to my father's illness were immediately resolved. They were not.

When I decided to enter college, my parents helped me financially to the extent that they were able. I completed a B.S. degree in psychology and then began work on a master's degree. There were assistantships available at the state mental hospital, and I took a position in an educational facility. After four months of full-time study, I was offered a full-time teaching position at the hospital. I accepted the position and reduced my academic studies to part-time. My interest in schizophrenia had increased, but I still worried about the possible effects of my father's illness upon me. My professors in psychology had emphasized the etiology of schizophrenia as being learned behavior. This approach to schizophrenia made me somewhat uneasy in that according to this theory I might be expected at least to have problems, to develop problems during my lifetime, or even to develop schizophrenia. I thought that I was reasonably well adjusted and that I had no significant problems in my academic work or my job. Still there was the foreboding knowledge that my father had suffered from schizophrenia and that this might have some effect upon me now or in the future.

As it happened, my wife was writing a paper on the theories of schizophrenia at this time. The topic of the paper and our resulting discussions on schizophrenia served to increase my desire to determine the effects of my

father's illness upon my behavior. These discussions were the final motivating factor in my decision to visit a therapist.

The therapist I consulted did not really seem to understand exactly why I wanted to have therapy sessions with him. Sometimes he would give me suggestions concerning what he thought were more appropriate ways of dealing with certain matters. On several occasions I would attempt to understand these suggestions by verbally analyzing both the therapist's goals and the techniques used to achieve these goals. At one point while I was attempting to break one technique into its component parts, the therapist became frustrated and flatly told me to "stop analyzing everything." I was shocked at this declaration. The analyzing which I had been doing seemed to be my natural way of ordering events around me. Contrary to my therapist's advice, I did not "stop analyzing everything." As a matter of fact my first action upon leaving this therapy session was to analyze the therapist's assumptions, motives, and objectives regarding his statement to me about my thought processes. I tentatively concluded that my therapist did not approve of my ways of thinking and that his evaluation was mainly a value judgment on his part.

Around this same time, my wife went to see Dr. Humphry Osmond to gather more information about schizophrenia to use in writing her paper. On returning from her visit with Dr. Osmond she was quite relieved concerning my father's mental illness and encouraged me to go and talk with him. I had seen my present therapist for two or three sessions when I went to talk with Dr. Osmond. These sessions with my present therapist were helping me to the extent that I felt that I was seeking help from someone, but not to the extent that I felt any lasting changes were being made in the direction that I wished.

Dr. Osmond discussed the nature and causes of schizophrenia. We talked about my father whom he described as "a very remarkable man" and about my feelings towards my father. This conversation with Dr. Osmond lasted for several hours and covered

many topics relating to schizophrenia and to attitudes about schizophrenia. He told me about various individuals who had suffered from schizophrenia and about the families of these individuals. He also said many positive things about schizophrenia. It was seldom if at all that anything positive had been said to me about this mental illness, so what he said was both novel and quite interesting. He offered me another perspective with which to view schizophrenia. With this information presented in such a logical and therapeutic manner, I was able to resolve many questions concerning my father's illness and my apprehensions about the effect of his illness on me.

During my childhood, my mother and sisters judged my father by moralistic standards. They assumed that he was acting intentionally during all of the episodes I have described and, thus, they held him responsible for his actions. This moralistic attitude allowed only for "black or white", "good or bad" labels. Although when I was younger I did not understand many of my father's actions, I did not think in terms of such dichotomies. I saw both the desirable and the undesirable qualities of my father, but I never felt the need to decide that he was either all good or all bad. Of course, my mother and sisters saw the good in my father but they could not reconcile his undesirable behavior with his desirable qualities, and I think they felt that his

undesirable attributes outweighed his desirable ones. As a consequence, I think they tended to label him "all bad."

I could not believe that my father would intentionally cause such conflict in our family or cause us mental anguish with that goal in mind. That explanation was not consistent with my perception of my father. I preferred to think that somehow he could not control his actions even though he might try. My idea of him was of a man with a great capacity for achievement, and I thought he could do almost anything he tried. Thus, the fact that he did not act in the way I thought he would want to meant to me that he could not. I concluded therefore that he should not be held responsible for all his actions and that he should not be labeled "bad." My simple analysis enabled

me to respect my father and at the same time dislike some of his behavior. It allowed me to tolerate the inconsistencies in my father's behavior and was an alternative to my mother's and sister's approach to his psychotic behavior. I am happy to report, however, that my entire family's view of my father has changed since learning of Dr. Osmond's theories of schizophrenia and its symptoms. We now have a new dimension to our family relationship, and it is called "understanding."