

# My son, the schizophrenic

Until he attacked me with a hammer when he was 18, I had no idea Brennan had schizophrenia: a brain disorder for which there is treatment but no cure  
By Nora McCabe

It had turned unreasonably cool early in September 1982, and I've always thought this triggered the attack. My 18-year-old son, Brennan, panicked—the possibility that he might have to spend winter on the streets of Toronto had suddenly occurred to him, and he lashed out. Violently. Until then, I'd had no idea just how crazy he was.

From about the time Brennan was halfway through grade 11, he behaved like a pot-head with an "attitude," a people who deal with teenage discipline problems all it. But he continued in school and even finished grade 13, after a fashion, then wouldn't get a job. Basically, he stayed in bed, naked. A psychiatrist suggested that Brennan was just going through a proverbial bad phase; so, in June, I'd decided to try a little tough love and kicked him out of my house. All that summer, he'd drifted from hostel to hostel, his erratic limbs unemployed, with

no money for rent and unable to get welfare without a permanent address.

By September, he'd exhausted Toronto's emergency hostel system and, unknown to me, was bunking in my garage. On the day of the attack, Brennan showed up midmorning. He said he'd found out (incorrectly, I later learned) that, if he went back to school, he could be eligible for welfare even without a fixed address. So I said, okay, he could go down to the basement to collect some clothes and schoolbooks. The phone rang. I was sitting talking with my back to the basement stairs when I felt as if I'd been jolted by an electric shock. I screamed. I felt another shock. I



Nora McCabe and her son, Brennan: "I love him, but I can't live with him."

jumped up. Brennan had come up behind me and was hitting me on the head with a hammer. I screamed again. He dropped the hammer, grabbed the wallet out of my purse that was lying nearby and ran out of the house. D

# My son, the schizophrenic



I was hurt: I needed stitches to close a gash in my scalp, and when I'd raised my hand to protect myself, he had hit and broken my middle finger with the hammer. But my main worry was Brennan—not because he'd attacked me, although he had never been violent before, but because I realized that Brennan had a real problem. It was several months before I knew exactly what that problem was: schizophrenia.

It's a shocking word. That's not bad behavior, that's being crazy, insane. I soon learned that schizophrenia affects approximately one in every 100 Canadians. That's 250,000 people who suffer from such symptoms as disturbed, incoherent and illogical thought processes, and hallucinations and delu-

a toddler; who taught himself to read English and French before he was in grade 1. The hockey player who loved skating and didn't care if his team won or lost but whose Peewee all-star team won the Metro Toronto championship. The 11-year-old hockey player said to have the potential to become a professional.

The psychiatrists think that, for him, the disease began around puberty. Most schizophrenics develop symptoms between the ages of 14 and 25, but males usually become affected earlier than females and often have a poorer prognosis. In retrospect, there were subtle signs that something was wrong, such as Brennan's failure to make friends "appropriate to his peer group." He was a smart kid who always hung around with losers, a good-looking boy who never had a girlfriend or even a date. His father and I chalked it up to use of marijuana—part of his "bad phase."

Several days after attacking me that September 1982, Brennan was picked up by the police when he tried to use one of my credit cards to check into a Toronto hotel. He was charged with assault causing bodily harm. On the recommendation of our lawyer and a psychiatrist, the provincial court judge sent him for a 30-day psychiatric assessment at Oak Ridge Division of the Mental Health Centre, a 140-bed maximum-security hospital-cum-jail built in 1933 for the criminally insane in Penetanguishene, Ont., where you enter through steel gates that clang alarmingly when shut. Dr. Russel Fleming, then the only full-time staff psychiatrist, diagnosed him as schizophrenic and committed him.

Brennan spent a total of about 16 months in treatment, the first nine months at Oak Ridge. After his assessment was completed, the choice of antipsychotic drugs had to be tailored to eliminate his acute symptoms. He was under the delusion, for example, that rock star David Bowie was telling him to kill me because I was injecting him every night with cocaine. For weeks after Brennan was transferred to a behavior therapy ward, he wouldn't admit to assaulting me, insisting instead that someone else had done it. Worse, he showed no remorse. By the time he finally admitted his "crime," as he then called it, Brennan had endured several bouts of solitary confinement during which he lost all privileges—smoking, reading, watching TV—except for writing one letter home.

Sometime during the winter, a doctor told me that the staff felt Brennan had improved and could shortly be released from Oak Ridge. However, I was advised that he was still potentially violent and that, since I was his most likely target, I was still at risk.

A few weeks later, Brennan was transferred to the Regional Division of the Mental Health Centre, adjacent to Oak Ridge, to start a rehabilitation program that would help prepare him for living in the community. Within days of his transfer, I got a phone call from another psychiatrist saying Brennan was going to be released instead. I was aghast. Did this doctor not realize that >

Brennan was under the delusion that rock star David Bowie was telling him to kill me because I was injecting him every night with cocaine.



Nora's sweet-natured fill-the-room-with-sunshine son: age 4 (top), and 11-year-old hockey player (above).

ions that result from faulty brain biochemistry. The disorder tends to run in families, and it does mine. There is treatment but no cure. Antipsychotic or neuroleptic drugs, discovered in 1953, help control the disease's worst symptoms. Research dollars to investigate the biological and genetic causes are extremely scant although there are two schizophrenics for each insulin-dependent diabetic; five for each person who has multiple sclerosis; and 12 for every person with muscular dystrophy.

Let me tell you about Brennan, my sweet-natured fill-the-room-with-sunshine son, circa 1972, when he was 8. Much to the chagrin of his sister, Andrea, then 9½, he was everybody's darling: parents, grandparents, teachers, babysitters. The bright blue-eyed kid who played word games with his witty father and his father's political friends when he was still little more than

## MY SON

It just been told Brennan was likely to try to kill me, given half a chance? Clearly, he couldn't live with me. Where was he going to live? Because Brennan was still considered potentially violent, he was ineligible to live in many psychiatric group homes.

I prevailed upon the doctor to reconsider dumping Brennan—now stabilized on antipsychotic drugs—out on the street. Once out of hospital, most schizophrenics must fend for themselves in communities shamefully lacking in supportive housing and psychiatric aftercare.

Brennan ended up staying in the Regional Division for about seven months, during which time his antipsychotic medication—long-acting injections of fluanxol—was monitored. He also had extensive group therapy to try to help him understand his behavior, without much success. By a fluke, I happened to visit my son one day when a wise man named Dr. Erhard Busse, chief of staff at Oakville-Trafalgar Memorial Hospital, came to do a special assessment of Brennan. When he finished, Dr. Busse took me aside and told me the prognosis was bad: Brennan had learned no life skills prior to hospitalization, had little confidence or motivation, and limited emotions. "He'll find his own peer group," Dr. Busse said, "but it probably won't be one that you as a middle-class mother would choose."

In the fall of 1985, Brennan moved back to Toronto and into the first of several west-end rooming houses.

Since then, Brennan has wanted nothing more to do with doctors because he found the experiences so frightening. He has had one assessment at the Clarke Institute of Psychiatry, in 1985, but no further therapy. Despite our best efforts, he was not admitted to any of the Clarke's outpatient programs. We have not subsequently been able to persuade Brennan that more therapy could be helpful.

My family doctor gives him an injection of fluanxol every month. Because antipsychotic drugs often cause a variety of unpleasant side effects, such as blurred vision and tremors, Brennan, like many schizophrenics, would rather do without them most of the time. But his stepfather and I blackmail him into going for his shots with threats to stop seeing him.

I rationalize that this kind of tough love works. Since getting out of hospital, there have been times when Brennan's mental state has deteriorated badly, when he's become quite disordered in his speech, behaved strangely, displayed inappropriate emotions. Once, when I made him angry, he said he was still very mad at me because I put him out of his nice house. But he's never been violent toward me again, nor has he had a relapse and had to be rehospitalized.

Let me tell you about Brennan now, age 27. Most days, my bright-eyed, sunny little

boy can't get it together to comb his hair, brush his teeth, bathe. Sometimes, he shaves only one side of his face. Or he shaves off part of his eyebrows. His face and neck are covered with zits. He sleeps in his clothes for days on end. In the winter, he sometimes wears as many as three pairs of pants, four or even five layers of T-shirts and sweaters all at once. This makes him look like a bum. He smells awful. These days, when I say he's high, I don't mean on marijuana. Sometimes, I almost wish I did.

One winter day in 1989, Brennan came over to my house saying he had lice. He was covered with scratch marks. While he and a bottle of delousing soap went into the bathtub, every stitch of clothing he owned went into the washing machine. His bathwater was the color of a mud puddle.

That day, he moved out of the grotty boardinghouse where he had lived in a room with five other men for nearly three years. He chose that house because there were no rules. No one made him eat, for example, although he paid for three meals a day. No one made him wash either, or even get out of bed. Until the lice episode, he'd refused to move, even though there was hardly any heat in winter, and his clothes and other belongings were routinely stolen.

Now, Brennan shares a room with just one other man in another west-end rooming house. He struggles to make do on his \$638 monthly Ontario disability benefit and fails, because after he pays his \$475 monthly rent, which includes three meals a day, he has \$163 left. But the rooming house is run by a wonderful woman who tries to make sure he eats all his meals, reminds him to wash himself and his clothes, and demands that he get up and make his bed so that she can clean his room. He doesn't work, doesn't read. He smokes incessantly, often roll-your-own cigarettes, and has a worrisome cough. He still does a little marijuana when he can get it.

When he needs anything—transit fare, shoes, clothes, toiletries—he has to ask me for it like a beggar. I can't give him an allowance because it's against government rules for benefit recipients to get regular income from other sources, except charitable organizations. Generous by nature and easily intimidated, he is prey for tougher types who bully him into buying them beer and coffee. But he never complains. This breaks my heart. Brennan may be crazy, but I love him.

And I can't live with him. Having him hanging about would drive me crazy too. I compromise. I see him regularly, and he's included in family gatherings, where he makes an effort to fit in: bringing gifts that are sometimes apt, more often unsuitable; sprucing himself up and trying to converse rationally. When I got married

again seven years ago, he was pathetically grateful to be invited to the wedding.

Many days, as I struggle to come to terms with Brennan's bleak and aimless existence, I remember what Dr. Busse told me about allowing him to find his own peer group. I haven't given up praying for a medical breakthrough but I don't hold onto unrealistic expectations. Brennan has to learn to survive however he can. I won't always be here. Coping, even badly, is better than not coping at all. I work at letting go.

On March 5 of last year, after six relatively trouble-free years, I got a nasty reminder of just how unpredictable schizophrenia is. Brennan phoned to say he had been arrested and charged with assaulting the police. He openly admitted he'd kicked and scuffled with some cops who'd stopped him while he was walking home in the middle of the night. His first fear was that he'd be sent back to Oak Ridge. Then, he started worrying about being sent to jail on March 16, the day he had to go to court to set a date for trial. I assured him nothing would happen that day—and ultimately, the charge was withdrawn. Still, he fretted: "I don't have a tie. I need a tie to wear to court." He bought one for 35 cents at a neighborhood secondhand store. It came pre-stained with gravy. □

# LOOK FOR

THE  OF FORESTERS  
FAMILY

# STRESS

TEST  
IN THE AUGUST ISSUE  
OF CHATELAINE

Stress in the home is becoming a growing concern.

The Independent Order of Foresters has worked closely with Canada's foremost authority on stress to develop an easy-to-use test to help families monitor the stress in their lives.

## My Son the Schizophrenic

1. How has Brennan's mental illness affected:  
a) His life:

b) His mother's life:

2. What are his delusions?

3. How many Canadians are affected by this disorder?

4. At what age did he start showing symptoms?

5. How is he being medically treated?