

A Slow Ascent back to Sanity: Living with Schizophrenia

By Austin Mardon, MSc, MEd, PhD, CM

I have been blessed to have been born in a country with a health system that allows me to have access to state of the art treatments. I shudder at the thought of what my life would be like if I had been born in another country



It has been just over 16 years since I had my first overt psychotic break in Edmonton. It was a cold and dreary fall day when I first descended into the dark world of madness. The contrast of going from the glory and fame of presenting learned papers at NASA Conferences to getting lost within a one block radius of my basement one-room suite where I lived was marked. It has been a slow ascent back into the light of sanity.

In addition to being a member of The Order of Canada, I received three Canadian and international decorations: the US Antarctic Service Medal, the Queen Elizabeth II Golden Jubilee Medal and the Alberta Centennial Medal. I am also the recipient of a personal award for outstanding volunteerism from the former Governor General of Canada, a corresponding member of the Explorer's Club, and an elected member of the International Academy of Astronautics. I have authored over 181 scholarly articles and edited, translated and authored 50 books including "Down and Out, Seven Days in Moscow." Before I became ill I founded the Antarctic Institute of Canada with which I am still involved.

Following my diagnosis of schizophrenia, I took a severe and permanent detour from the academic course of my life. I began life of service and advocacy for a group that is, to be entirely honest, most despised and feared in the main streams of society, and certainly poorly understood. It is my belief that my willingness to be compliant with my medications comes from being blessed with the insight to understand the fact and accept to the core of my being that I am, and will remain for the rest of my life, a person with schizophrenia. I have been once cursed with schizophrenia and ten times blessed with insight and support around me especially from my wife, Catherine.

It is necessary to understand that within the diagnosis of schizophrenia, there is an entire spectrum of variation in

symptoms, prognoses, and capabilities. What works for me in symptom management, may not work for someone else. Among schizophrenics you will find some constants though. We do not read body language well and we do not understand inside jokes or hidden agendas. That can make us difficult to communicate effectively with, and can also make us much more vulnerable to being taken advantage of.

I will be the first person to admit that those with schizophrenia, like myself, and those with other mental illnesses can be more difficult to work with than those with just physical disabilities. Someone who is blind or paralyzed is not going to hide in their home for a week after receiving a phone message from their Assured Income for the Severely Handicapped (AISH) worker in fear that they are coming over to take them away. Every time I come home to a phone message from my AISH worker, I anticipate the worst. She may be calling to ask me a simple, routine question, but if she doesn't say that in her message, I will become very distressed until I can talk to her. This is not just me, I've heard friends talk about getting a message from their worker on a Friday, and spending the entire weekend terrified only to find out on Monday morning that she was just calling to tell him that his cheque would be one day late because of a glitch. What you may think is a little, non-threatening message in your friendliest voice, may seem to your clients to be scary or catastrophic. We aren't capable of picking up the inflection in your voice that suggests that everything is okay. You almost have to communicate with us as if it were a written email. That is why I prefer communicating with email.

My wife, Catherine, has an extensive background in dealing with individuals with mental illness, and has the ability to completely separate me from my disease. When I do something like ask her if she thinks the Canadian Service Intelligence Service (CSIS) is bugging the phone, she just says, "no dear, but if you

In addition to being a member of The Order of Canada, I received three Canadian and international decorations: the US Antarctic Service Medal, the Queen Elizabeth II Golden Jubilee Medal and the Alberta Centennial Medal

expedition to the Antarctic where among other things I recovered a Lunar meteorite, and had acquired a wealth of life experiences to draw upon. Others have been less fortunate and missed such opportunities as their diagnoses arrived in their teens and before their completion of high school. And such challenges are also met with the negative portrayal of schizophrenics in the mass media. Schizophrenics are often perceived as dangerous. It seems as though the only time we get in the newspaper is when one of us goes off our meds, and kills someone. We are



think that, you could spend less time on the phone." When she gives speeches about what it is like to be married to a schizophrenic, that's the first point she always tries to make, that you have to be able to separate the actions caused by the illness from the core of the person. She calls my little idiosyncrasies just a colourful part of my character. The second thing she always says, is that no, she doesn't have schizophrenia. That's usually the first question that people ask her when they meet, and if they don't ask it, that's because they have just automatically assumed that she also has it. There is the inherent prejudice that a seemingly normal person would never willing marry someone with this illness.

I am fortunate to have had many advantages that other schizophrenics may not have had. I was 30 years of age when I experienced my first psychotic break. By that time I had received three college degrees, traveled the world, including an

actually much more likely to harm ourselves than hurt anyone else. And if you show us that you are afraid of us, then we start to believe that we are bad or dangerous.

Stress, in all of its forms, can trigger the illness once it has stabilized. This can be what we see as good stress and what we see as bad stress. You have to learn about separating the person from the illness. An example, of which I am rather embarrassed, occurred when I first kissed my wife. I thought she poisoned me with her very thick specially ordered chap stick. At this time, I had a major flashback to my disaster of a trip to Moscow before I became ill. However, she was able to separate the illness from the person. Stress can usually be compensated for with increases in medication or substantial time spent with less stimulation. Catherine, for her own physical disability and mine, tries to create a bubble around our home so that it is difficult for stress to penetrate it.

There was a time when anyone given the diagnosis of AIDS knew it was a death sentence. They would cash in their life insurance, go on one last trip, prepare their affairs, and wait to die. Then the triple cocktail happened, and they started to live, and actually had to start living again. Before my last medication change, I slept 12-14 hours every day. When I was awake, I had to ingest enormous quantities of coffee in order to function.



My wife, Catherine, has an extensive background in dealing with individuals with mental illness, and has the ability to completely separate me from my disease

When I started a new medication, I began to sleep only 7- 8 hours a day. That means I am awake for 40 hours more a week than I used to be. Imagine that: it was a real awakening.

I have been blessed to have been born in a country with a health system that allows me to have access to state of the art treatments. I shudder at the thought of what my life would be like if I had been born in another country. With each new genre of medication that comes down the pipe, my world, my life, has expanded. The old medicines allowed me to survive. The next wave allowed me function, and the latest medication change has enabled me to thrive. I believe that we are on the cusp of a time when treatments will have to involve more than just compliance to include adequate social supports so that individuals can receive needed support when they may not be capable of providing for themselves. We live in a time of hope. ○

*Austin Mardon can be contacted at aamardon@yahoo.ca
www.austinmardon.org*



It is necessary to understand that within the diagnosis of schizophrenia, there is an entire spectrum of variation in symptoms, prognoses, and capabilities
