

Out of the Night

A Mother's Story

A Condensation of the Book

by San St. John¹

Invictus

*Out of the night that covers me, Black as the pit
from pole to pole, I thank whatever Gods may be,
For my unconquerable soul*

William Ernest Henley

1970

"Schizophrenia", I cried. "But that's incurable!"

And so exacerbated the odyssey that had begun in Bryan's 10th year — or perhaps before.

Bryan's grandfather, my father, had led a particularly turbulent and unhappy life. After many years of analysis and hospitalizations he was diagnosed as having Obsessive-Compulsive Neurosis, Severe and with Depressive Symptoms; Schizophrenia Reaction, Paranoid Type; Psychotic and Depressive Reaction, and Emotionally Unstable and Obsessive-Compulsive Reaction. He subsequently, at age 47, and after several abortive attempts, succeeded in taking his life by means of carbon monoxide poisoning.

My son Bryan's biological father was a particularly cruel and sadistic man who, almost nightly during our eight miserable years of marriage, left me in our bedroom, crying, as he went out in search of extramarital sex. When Bryan was just two years old he accidentally shut his hand in the refrigerator door and began crying, whereupon his father grabbed him, held his little hand inside the door and slammed it again and again, loudly demanding

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Bryan say it didn't hurt. Soon Bryan got the idea and whispered, "It doesn't hurt, Daddy". Satisfied, my husband left the house.

After the birth of my second child, Bryan's younger sister, I became more and more depressed and discouraged over the seemingly untenable situation I was in. I felt myself losing control over my anxiety and ultimately was hospitalized, receiving a series of six Electro-Shock treatments and insulin shock as well. After six weeks it was felt I had sufficiently improved to the point I could return to my home and resume the duties of wife and mother. A few months later, realizing I could no longer accept the intolerable situation, I filed for divorce.

I, with my two children now six and two, returned to my home town in Texas, where I set up housekeeping in a small rental house and went to work for a defense plant as a clerk-typist. Only two years after leaving Bryan's father I became interested in the town's leading bachelor and soon we were married.

The first indication something was wrong with Bryan occurred when he was 10 years old. He was not able to go to school because of abdominal pain and vomiting. At this point he was hospitalized first in his home town and later as an out-patient at the University of Texas Medical Branch, Division of Child and Adolescent Psychiatry, in Galveston. After consultations with many doctors and the administration of Mellaril, he was sent home with the advice he receive counseling from his male pediatrician. After this six weeks' absence from school, he re-entered, bouncing back with straight "A's" and had no difficulty until four years later.

Early in this second marriage I realized I had made another grave mistake by

marrying a "professional play-boy", who, though coming from a respected family, was interested only in his pursuit of pleasure which involved neither me nor my by now, three children. After just two short years of yet another intolerable situation, I filed for my second divorce.

Two years later, I again re-married; this time to a wonderful, kind and gentle man 13 years my senior who not only loved me but my children as well. He proved his devotion in many ways, not the least of which was to adopt Bryan and his sister soon after our marriage. Ours was the 'perfect' family and we were very close and loving and immeasurably happy. Three months after our marriage my husband's business, which had been extremely successful for years, failed and we decided to move out of state and begin again. We put our lovely house up for sale and made plans to move to a small community in Arizona, hoping to find lucrative employment there.

At this time, in his eighth year of school, Bryan became increasingly irritable and depressed. After consultation with the only psychiatrist available to us, Tofranil was prescribed. Bryan's reaction was extreme and he became manic, incomprehensible and totally devoid of reason. Due to the severity of the effects of the drug he was again hospitalized and restrained. Upon his return home and under the assumption he had been taken off the Tofranil, Bryan immediately returned to incredible and bizarre behaviour as was exemplified by his running away from home in the middle of the night during a freezing rain and digging a rather large hole, making good his plan to live in bleak surroundings. "After all," he explained, exasperated, after having been found and returned to us by the police, "all great men come from adversity."

During one of our nightly barrages of statements and arguments of a nonsensical nature, Bryan, age 14, bombastically informed us he planned to be President of the United States in four years. "If Nixon can do all the great things he's done as President, just think what I can do on Tofranil!"

Totally alarmed, I once again notified his doctor who told me to take him off Tofranil immediately. "Tofranil!" I shouted.

"But wasn't that what had 'blown his mind' before?" "Yes", said the 'good' doctor, "but since he was released from the hospital I continued the dosage and just doubled up on the Mellaril." As a result Bryan was admitted once again, this time as an inpatient, to the Psychiatric ward in Galveston.

During this hospitalization Bryan was diagnosed as Manic-Depressive by the doctors both at Galveston and from Menningers who were brought in for observation and consultation. Lithium was prescribed in an attempt to control the wide mood swings. He was treated with this medication for the four month term in the hospital. After many episodes of an incredulous nature, which included continuous escapes and midnight swims miles out into the Gulf, he was ultimately discharged. Instructions were given my husband and me just how the drug should be administered.

One month after Bryan's release from the psychiatric unit, we, with his doctors approval, moved to Scottsdale, Arizona. We were clearly aware there was, indeed, a rather difficult task to be faced in administering the Lithium. It all depended on whether Bryan were "high" or "low". The children were eventually entered in school, while my husband and I looked for a house to rent as we could not afford to buy. It became increasingly impossible to control Bryan's severe mood swings, though we were in frequent consultation with his Galveston doctor, and as the ill-prescribed medication was not keeping him level, Bryan finally 'snapped' and suffered a complete psychotic break. This resulted in emergency hospitalization with again the now familiar restraints and seclusion.

This time we were truly frightened. What had happened? Why this severe psychotic episode when probably all that had happened was that Bryan was not swallowing the Lithium? Our worst fears were confirmed when the Arizona psychiatrist, Dr. Archer, a very competent and concerned doctor, slowly and sadly told us that Bryan was not Manic-Depressive as first diagnosed, but rather Schizophrenic.

Subsequent to that diagnosis, in the ensuing month Bryan was treated with 400 mgs of Thorazine in addition to large

amounts of Lithium. Within a short time the doctor reduced the Thorazine to one 50 mg tablet at bedtime, while continuing the Lithium. It was at this juncture he made the statement "Bryan has done so well with this medication I feel this points to Manic-Depressive and not Schizophrenia". We were more than a little confused, as two weeks before we had been faced with the alarming diagnosis of possible Schizophrenia, but felt greatly relieved it was only Manic-Depressive which, although our prior experience belied it, could be controlled with the proper administration of medications.

After Bryan had been hospitalized only one month in Arizona and had been diagnosed as Manic-Depressive — then Schizophrenic — then back to Manic-Depressive again, and after his first weekend pass, the doctor advised us he would be permanently released from the hospital the following week-end. We were overjoyed, and although we didn't know how to keep Bryan busy since he could not enter school in his present condition, looked forward with great anticipation to his return. Eagerly I called the attending nurse to confirm Bryan's coming home the next day. To my utter horror she informed me Bryan had calmly walked over to the closed ward and was at the moment strapped in seclusion at his own request!

When finally I got in touch with the doctor I was told that Bryan had become irritated by some kidding from the teenage patients in the Young Adult ward, and as he had felt himself getting a little high and perhaps doing something he really didn't want to do, put himself in seclusion, recognizing he needed more outside control. The doctor did say, however, this was a regression and as such was definitely not good. Of course with this turn of events, all hope of Bryan's coming home permanently at this time was abandoned, as he again reverted to hallucinatory and delusional behaviour. It was just four days after Bryan had been taken off Thorazine and was being treated with only Lithium that his old symptoms again manifested. "This happens with Schizophrenics" the doctor said.

There again was that dreaded word spoken in a positive, definite manner about my son.

It was the doctor's plan to get Bryan again built up with Thorazine and then start tapering off the Lithium. "This is the only way I can make a correct diagnosis", he said.

As Bryan was still in seclusion, worsening every day and not taking his medication by mouth, it was felt intravenous injections should be administered. During this talk with the doctor, learning Thorazine had been increased to 400 mgs a day, he finally, gently said it. "Bryan has Schizophrenia of the paranoid type". My legs went out from under me. "But how can you be sure?" I cried.

"We can classify the diagnosis by the prominent symptoms which manifest themselves," he said.

Slowly I placed the phone back in its cradle, went into my bedroom, shut the door and cried with heaving sobs until there were no more tears left. The one thing I had dreaded for such a long time was finally confirmed; there was no going back, nothing to recall; Bryan had Schizophrenia. God help us!

Bryan refused all food, believing it to be poisoned, and after many unsuccessful attempts the nurses finally placed a stomach tube down his nose in an effort to nourish him more than the IV's had done. Beside myself with concern I asked very calmly, "Doctor, can Bryan die from this?"

"Yes, Mrs. St. John, he can".

"But why?" I pleaded.

"Bryan is completely fatigued and thoroughly avoids everything around him. Our biggest problem has been in getting him to eat and drink."

"Is he *willing* himself to die?" I ventured.

"No, he isn't even that organized". When I asked if he thought it would help Bryan if we came to see him he said he didn't think it would help at that time. "He still doesn't recognize any of the nurses or even me," he said.

"But Doctor, I don't understand why he has refused to take the Lithium".

"Bryan is convinced someone is trying to kill him, a sign of paranoia. When the nurses have brought him a bowl of ice

cream and a spoon, Bryan has absolutely refused to eat it. But if they bring it in a carton and Bryan opens it himself, then he will eat it, but only if he opens it himself." Thoroughly disheartened I slowly hung up the phone only to wonder how I would have the strength to bear this seemingly unending drama, and be a pillar not only for Bryan but the rest of the family as well.

During this thirteen day period in seclusion Bryan got no better, still refusing all food and drink. His weight dropped from one hundred and seventy to one hundred and twenty pounds. After consultation with another doctor it was decided a series of Electro-Shock treatments was indicated in an effort to change the thinking process.

After Bryan's second ECT we again were at the hospital for a visit. The first sight of him made our hearts leap to our throats. There, in front of the television, sat Bryan, desperately clutching the hands of the two male aides and quietly sobbing. Finally we were able to loosen his grip and led him back to his room. We had brought him another milkshake, but this time he hadn't the slightest idea of what to do with it. He cried most of the time and neither my husband nor I could get him to tell us what he was so upset about. We stayed by his bedside until, exhausted, he finally went to sleep.

Thoroughly alarmed and seeing no appreciable results from the ECT's, I asked, "Doctor, is there any hope of Bryan's ever coming home?" Softly and gently he answered, "Yes". Nothing more; just a quiet "Yes".

After we had picked up a hamburger and a milkshake for Bryan we drove to the hospital but couldn't find him anywhere. Finally he was discovered in the X-Ray room behind a door which automatically locked from the inside, making entrance impossible without a key. Members of the staff were quite upset as they couldn't discern how Bryan got in the room in the first place. When things settled down a bit we went to his room while he ate and talked. He seemed more manageable, more at ease and more jovial, yet his trend of thought was hardly ever stable in any direction. Bryan rambled on and on, his mind racing from one thing to another. He was still

disoriented and showed a great deal of confusion as to why he was in Camelback Hospital in Phoenix, instead of being back in our old house in Texas. We brought him up to date as best we could, but it was obvious he still didn't comprehend. Then I asked softly, "Bryan, do you realize you are sick?"

"Yes," he replied.

"Does it hurt?" I questioned. His beautiful blue eyes filled with tears and he quietly sighed, "Yes, oh yes", as he fell back on the pillows.

After the sixth and final ECT had been given, the only perceptible change we saw was Bryan was now eating a little bit. He was still hostile, hallucinating and posturing, and often was extremely rigid. It was at this point, seeing only negligible results, we brought in yet another psychiatrist who believed in treating Schizophrenia with nothing but mega-doses of drugs — much higher dosages than suggested by the manufacturers. These were tried for awhile with no appreciable significance.

We began to be really frightened for Bryan's life and had to do something, anything to break this psychosis. Earlier I had read the book *How To Live With Schizophrenia* by Drs. Abram Hoffer and Humphry Osmond, which indicated successful results with the use of massive dosages of Vitamins B-3 and C. Not knowing where else to turn and feeling I might possibly have found the avenue for a break-through for Bryan, I placed a call to Dr. Osmond, who graciously spoke to me for half an hour. It was his suggestion that mega-doses of the aforementioned vitamins be given, which would serve to make the prodigious dosages of Pro-Ketazine, Stelazine, Tri-lafon and other phenothiazines less harmful and would more than likely be of benefit to Bryan in and by themselves. It was also suggested by Dr. Osmond that as Mellaril had helped Bryan when he was ten years old, it might be helpful to him now and that another series of ECT's might be indicated.

Elated, I called Bryan's doctor who immediately began administering massive doses of nicotinamide and ascorbic acid. Slowly, as the days went by, Bryan became

a little bit better, though he did have periodic regressions.

It was the doctor's plan to slowly decrease the medications, though not the mega-vitamins, until the optimal dosage could be found.

Another three months went by with Bryan still hospitalized. During this period he vacillated from fairly good to very poor. There were, however, many weekend passes, most of which were successful, though there were a few incidents. After a particularly good ten day pass, the doctor, finding Bryan sufficiently recovered, made the decision to let him go home and remain home. How utterly wonderful! Finally, after twelve long months in hospitals, Bryan was coming home. All of us rejoiced at this unbelievable news, but none more than Bryan and I.

While at the hospital on the day before his final discharge, the doctor came over and talked to me. "I want to see Bryan at my office for thirty minutes twice a week for awhile, and then I think he will do all right by coming in just once a week", he said.

"Doctor Archer", I pleaded, "how can you ask to see him when you know we can't possibly pay for it?"

"Whether you pay or not," he said, "I will continue seeing Bryan." I was overwhelmed by his attitude and genuine unselfish concern. He knew quite well we would not be able to pay him, indeed not even for the care he had already given all of us, yet still he insisted on seeing Bryan. This was just one aspect of Dr. Archer's personality that made us love him so. How very fortunate we were in having a doctor of his calibre. We will forever be indebted to him for his unflinching kindness and patience and will always credit him for saving our son's life. When we got up to leave, tears came to my eyes as I warmly shook his hand for the last time at Camelback Hospital.

I could hardly believe it! The long-awaited day had finally arrived. I was even more thankful for the fact that even as close to death as he had been for many, many days, Bryan was coming home, not as an emotional cripple, not as a hopeless case to be hidden at home, but as a bright young man who would be able to win back

his place in society and in the family as a most beloved son.

Bryan's going home medication was Navane, 40 mg a day, Serentil, 100 mg at bedtime, one tablet of Cogentin a day, Vitamin B-3 and Vitamin C, 3,000 mg of each every day, plus 50,000 units of Vitamin A and 250 mg of Acromycin for his acne which had run rampant during his eight month stay at Camelback.

Seven days after his release from the hospital, I went over to visit a friend. When I got back at five-thirty and asked where Bryan was, my husband said that just before five Bryan had asked permission to ride his bike. By eight o'clock Bryan still wasn't home. I became very frightened and was getting ready to call the hospitals when Bryan walked in the front door. We brought him into our bedroom, told him to sit on the bed, and we shut the door. My husband, who was also tremendously worried, was by now absolutely furious to think Bryan had needlessly caused us so much concern. Then he began to let Bryan "have it". "Just because you have a little fuzz on your face," he yelled, "you think that you're a Big Man, don't you?" He then began using foul language, something he seldom ever did and certainly not in my presence. He was so caught up in the situation that he made Bryan stand up and look him in the eye. Then he began to taunt Bryan and provoke him into hitting his dad. Poor Bryan just stood there and told his father he was not going to hit him. My husband stood about a foot away from him and began yelling and cursing directly in Bryan's face. Bryan was terribly upset, not angry or hostile; just scared. Finally his father left the room leaving Bryan and me to ourselves. I told Bryan I was not going to allow him to upset the whole household, that I had his little brother and sister to consider and not just him. I was so hurt and worried and relieved that he had come home unharmed, I began to cry. I could not help it. Bryan started crying too, banging his fists on the bed and saying, "One week, just one week out of the hospital and I blew it!" I could hardly bear to see him so distraught and crying. "The last thing Dr. Archer told me when I left was not to lose control and judgement, and that's just exactly what I've done!" he said.

Shortly after, his father, having calmed down, came in and apologized to Bryan for handling him in the manner in which he did. "Bryan," he said, calmly this time, "you have got to realize that you have this illness and you are going to have to live with it the rest of your life, whether you like it or not." Not much was said after that; too much had been said already. How wretched and distressed we all felt, each having lost his control.

In order to keep Bryan occupied now that he had little structure, he was enrolled in an English Correspondence Course and in Summer School. Bryan, who hadn't studied in nearly a year, had great difficulty in making himself do his homework. My husband and I were constantly reminding him to get down to it, and it seemed that every day one of us would practically have to force him to study. His reactions to our proddings were impatience and anger. On his sixth appointment with Dr. Archer, who was still seeing him twice weekly, Bryan replied, when the doctor asked him how he was getting along with his parents, that he had gotten very mad at his Dad for making him do his homework. "Bryan", Archer said, "the only reason your parents keep on you about your homework is that they want you to succeed. If they didn't care for you or love you, they wouldn't show any interest or concern at all. I suggest", he continued, "that you set up a schedule of all the things you have to do each day. Put it where you will see it easily and follow it as exactly as you can. It is, after all, *your* responsibility to get the work done". Bryan seemed to agree that making up a schedule of each day's duties was a good idea. Dr. Archer impressed upon him once again, "There are four vital things you must do: get plenty of sleep, use good judgement, curb your impulsiveness and try hard not to mis-interpret things others say and do. If you have any problems in these areas at all, I want you to tell me about them."

When Bryan wasn't studying or in school or swimming, he was out in the neighborhood doing odd jobs for people and taking care of lawns. The list of duties he made up seemed to be of great help to him in accomplishing the things he needed.

After Bryan's ninth visit with the doctor, his

Navane was reduced to 20 mgs a day, and the visits were to be once every two weeks instead of twice weekly. We were particularly happy about that, for it meant Bryan was becoming more and more dependable and reliable and had so few real problems he didn't need the doctor as much. On an ensuing visit, Bryan told the doctor that he was having a rough time controlling his temper. Dr. Archer replied it was imperative to learn to control his emotions, even anger. "Controlled expression is what you must develop, Bryan. You have got to rid yourself of your real emotions or you will either become very bitter or explode. But remember I said 'controlled' expression, not impulsive actions which upset you and the whole family". It took some time for that bit of advice to sink in, but eventually Bryan began to understand and practice it.

After his studies for the summer were completed, we reluctantly and with no little concern, allowed Bryan to go with his church group on a three-day journey to Disneyland. I carefully prepared his medications and vitamins for each of the days he was to be gone, and unlike in times past, Bryan dutifully took each day's dosages with little or no thought.

Little by little, since school had started in September, my husband and I kept adding a few more responsibilities, and because our trust in Bryan was so great, we loosened our prior, somewhat dominant and overpowering control even more.

At the writing of this story, Bryan was seeing Doctor Archer for thirty minutes every two months. His medication was reduced to 5 mg of Navane, plus the Cogen-tin. Eventually he was taken off all medications and treated with megavitamins only.

Bryan planned to make up for that year out of his life by graduating one year from his release from the hospital, when he was barely eighteen (the time he would have naturally graduated had he not become ill). That meant, of course, going to summer school, taking three correspondence courses, plus a full load of subjects his senior year.

There are scars on Bryan's face and shoulders due to the severe case of acne,

and I know there are deep scars in his very soul; he suffered so much and so long he will probably always have them. But ours is a family who went through the tortures of the damned, and emerged victorious. We are all grateful.

1984

Bryan is 29 years old now; it has been 14 years since the onset of Schizophrenia and his hospitalization for one full year.

Since his release from Camelback Hospital in Phoenix, Arizona, Bryan subsequently moved to the Los Angeles area following his graduation from High School, having successfully completed the required hours of study. Almost immediately after having arrived in Southern California, Bryan became a Born-Again Christian and credits his complete cure from Schizophrenia to the miracle wrought by a loving God. Be that as it may; suffice it to say he has remained true to his beliefs and principles for some nine years now.

Bryan has been married to a lovely young woman a few years older than he, with two children by a previous marriage, for four years, and is the doting father of a darling toddler, a boy, and another infant son. His step-daughter is 15, only 14 years younger than Bryan. While they have a few problems relating, Still, it is a very happy and loving family and Bryan, to quote him, "Couldn't be happier."

Whatever he attempts, Bryan "gives it his all" and though he demands excellence in anything he undertakes, he is mellowing to the point that he is much more realistic regarding his capabilities than ever before. He has a great flair for

expression, and is investigating the possibility of taking a correspondence course in creative writing.

As far as the manner in which he is functioning psychiatrically, one would never be able to guess that he was so seriously ill for such a long time. He is extremely articulate, well-read, well-mannered, has a charming sense of humor which he is able to maintain even in most adverse situations and is "normal" in every sense of the word.

Bryan has not been on medication or drugs of any kind for 13 years, with the exception of mega-vitamins, which I find remarkable. Needless to say he neither drinks nor smokes, making good his promise when he was so ill many years ago.

I, his mother, live only two hours away from Bryan and his family and we visit often and talk over the phone once or twice a week. He is a loving and devoted son and is my strength. I know he will always be there for me should I need his support. After such a devastating bout with that dread disease it is a true miracle that Bryan has made the recovery he has and not a day goes by that I don't rejoice in the knowledge that he is totally cured.

I am of the opinion several factors played an important part in Bryan's recovery: his devoted and dedicated doctor, the nurses, aides and attendants at the hospital, the love and support throughout the entire ordeal given him by his family, the reduction of potent drugs which were replaced by mega-vitamins, but finally Bryan himself for his indomitable spirit and courage.