

TIES

# Unmoored by a Psychotic Break

By Tanya Frank

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It begins in the laundry room in the early hours of the morning. I find him alone, tracing the wires of the telephone circuit board.

“This is how they are monitoring us,” my son whispers. “We have to cut some stuff out, change the receiver, I can do it.”

“Who?” I ask. “Who is monitoring us? And why?”

He puts a finger to his lips to quiet me, and begins rifling through the tool kit. He doesn’t seem quite sure what he is looking for.

He has never rerouted wires in his life, and besides, it is 2009 and we have suspended our landline. These wires that my 19-year-old is obsessing over are part of a defunct apparatus from a bygone age.

I shiver in this damp afterthought of a room, but not from the concrete floor under my bare feet. I’m a Londoner with a tolerance for winter. It’s nerves that have me shaking. I am scared of my own child.

My partner is in San Francisco, and we are in Los Angeles. There is no national health system here. We are unmoored, just my boy and me above a twinkling metropolis of strangers.

He takes his notebook and a marker pen from his rucksack to spell it out for me in silence. As he zips his bag back up, I see the tip of our large serrated kitchen knife, the one that went missing a few days ago.

“We can’t trust anybody,” he writes. “Our computers and phones are bugged. Listen, hear that?” I shake my head, unable to detect anything. “It’s a helicopter spying on us.”

When it sinks in that this is not a delirium that can be eased with Advil and a good night’s sleep, and when I stop denying that my son is armed, I take him to the closest psychiatric hospital, where he is involuntarily held for 72 hours, considered a danger to himself or others. His symptomology is examined and classified as if he is some rare and delicate butterfly, and he emerges with a label: schizoaffective disorder.

It is a complex condition with traits of both schizophrenia (a thought disorder) and bipolar (a mood disorder). Basically, my son had a psychotic break. That's what they call it when someone disintegrates from his psyche.

When we drive home, I look at him in my rearview mirror to see where he splintered. He looks whole to me.

I slow down under the Cahuenga overpass and notice the growing encampment of homeless. There are canvas tents and sturdy couches, and I smell sausages cooking on a camp stove. We snake around Runyon Canyon in time to witness "the screamer" (as locals call him) hiking up to the Mulholland overlook, yelling obscenities at people that only he seems to see.

I tell myself that my son won't ever be homeless or scream in the street. He is clever like John Nash, the Nobel Prize-winning mathematician. He will get better, and we won't have to mention this chapter in history to anyone. Ever.

It won't be the first time that my family has buried something in our ancestral hall of shame. I never met my grandmother, who spent 40 years living behind impenetrable gothic walls at Banstead Mental Hospital in England.

I open the car windows to let out some of the stifling melancholy.

When night comes, I sleep fitfully, burdened with self-reproach. If something I have done or said is causing my son's brain to short-circuit, flood with dopamine, lose cognitive function and short-term memory, then surely a change on my part will suffice to bring about a cure.

My boy is restless too. I hear the pull and push of the refrigerator door as he feeds through the dark hours like a fruit bat. Then he is here on the threshold of my bedroom. He may have been crying, but I can't be certain.

"Come here." I pat my mattress.

He climbs into my bed, breathing hard. He heaves our gray woolly poodle onto his chest and kisses her head, tugging gently at the solitary strand of matted fur between her ears.

"Are you scared of the big one?" he asks.

"No, I'm not." I tell him. "Our house sits on bedrock, the best place to be if an earthquake strikes."

What I don't tell him is that we've already been hit. The great chasm of chronic illness has created a rift in our reality. Our family landscape will never look the same again.

He closes his eyes. The full moon shines through the bedroom window, illuminating his face like a spotlight.

I know I should ask him to go back to his room because he is a big man now, but I want to swaddle him, slide him under the covers to hibernate through the winter. This way he can't run into the road to escape the imaginary surveillance helicopters, attack the friends he believes are trying to kill him, or be shot by police officers who don't understand.

When he was a baby, I thought that if I loved him enough, it would stop anything bad from happening. I stare at his broad forehead and try to imagine the neurons misfiring in his prefrontal lobe.

The light breaks outside, and birds chirrup as if all is right in the world. I think about the day ahead, the weeks ahead, and how he might fare if he outlives me. I want to stay home, to protect him from himself and his disordered thoughts, but I have to teach a class.

I clamber out of bed. "Stay, baby," I whisper as I pull the covers up. I stroke his forehead, warm, as if something is cooking in his mind.

Baby, all 5-foot-9 and 160 pounds of him.

I cling to the statistic that out of the less than 1 percent of the adult population given a diagnosis of schizophrenia, most are more likely to harm themselves than anyone else.

But when a few hours pass without hearing from my son, I feel the aftershock of his break. My jaw tightens and my gut lurches with apprehension. When I finally reach him, my body settles. I realize we are morphing into something new, a growing symbiosis. We are hanging on to each other for dear life. In these early days it is the only way to survive.

Tanya Frank is a freelance writer based in Los Angeles working on a memoir about her trans-Atlantic life.

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