First Person Account:
Coming Apart—A Tribute to Mark

by Karen Hochman

The article that follows is part of the Schizophrenia Bulletin's ongoing First Person Account series. We hope that mental health professionals—the Bulletin's primary audience—will take this opportunity to learn about the issues and difficulties confronted by consumers of mental health care. In addition, we hope that these accounts will give patients and families a better sense of not being alone in confronting the problems that can be anticipated by persons with serious emotional difficulties. We welcome other contributions from patients, ex-patients, or family members. Our major editorial requirement is that such contributions be clearly written and organized, and that a novel or unique aspect of schizophrenia be described, with special emphasis on points that will be important for professionals. Clinicians who see articulate patients, with experiences they believe should be shared, might encourage these patients to submit their articles to First Person Accounts, Division of Clinical and Treatment Research, NIMH, 5600 Fishers Lane, Rm. 10–85, Rockville, MD 20857.—The Editors.

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Mark was my older brother and only sibling. He was almost two years older than I, and shared my childhood as companion, rival, and mentor. We lived together through the joys and wonders of childhood, and also through the difficulties that come with having parents who together had created and endured a marriage that was devoid of intimacy and satisfaction. My mother finally chose to end it when we were in our late teens. We both anticipated great relief and failed to predict the intra- and interpersonal fallout for our mother. This led her to behave in ways that neither of us could tolerate living with. First Mark and then I ended up leaving her home to go live with our father, who proved to be easier to live with. During this time my relationship with Mark became increasingly close. We shared perceptions of our parents, tastes in music, hopes for the future, and philosophies and ideals.

After much pondering and with a lot of encouragement from my family and others, I decided to go into medicine. Around the same time, Mark, who was successful but uninterested in engineering, decided to change courses and study English literature. We talked about how I, with my more lucrative profession, would support the arts, that is Mark, who was choosing his passion for literature and writing over financial security.

As the years passed, the intensity and closeness of our relationship faded. I chose my life and in so doing frequently went against what Mark believed in or wanted for me. He had been my father in many ways, and I needed to do my separation/individuation thing: find my own identity and develop new relationships. A gap of closeness preceded our coming together again when my mother developed a final recurrence of metastatic breast cancer and died in 1986. It was following my mother's death that I believe Mark experienced his first psychotic break.

I coped with my grief in my way, which was always with the support of and connection to others. Mark, in his characteristic way, bore his grief on his own. His choices for himself had always differed from mine for myself, but during the years immediately following my mother's death, his ideas, choices, and actions became increasingly incomprehensible to me. His discourse became vague. At the same time, his poorly articulated ideas became of increasing importance in his definition of himself.

From discussions with Mark, I learned that he was submerged in a self-study program that included readings of original biblical manuscripts in Greek and an extensive survey of classical, philosophical, and literary works. Mark had always been very bright, creative, and intense. Around this time, however, he was beginning to show confidence in his interpretations and ideas that was excessive and, at times, grandiose. I did not know how to interpret this. At first I chose to see it as eccentricity in the context of his superior intelligence. His focus seemed to

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We drifted apart again. I worried and wondered but was never able to come up with sufficient evidence that there was something really wrong until Mark went on a spending spree for several weeks in 1988. My typically ascetic and money-conscious brother spent all of his inheritance and then some, crowding his tiny apartment with furniture, CDs, a state-of-the-art computer, and literary reference books. His explanation to me and our horrified father was that he needed these things for his work and that the sale of his writings would provide income for the future. He couldn’t see, as I could, that there was not likely to be much of a commercial demand for his interpretations of the works of Milton, Shakespeare, and Immanuel Kant. The spending spree ended when Mark reached his credit limit and was unable to pay for food or rent any longer. He was forced to relinquish his credit cards and then declared bankruptcy and began a life of dependence on social assistance payments.

Mark’s situation became increasingly desperate. He finally came to the attention of psychiatry and was diagnosed with schizophrenia. At the time, he was living in Toronto with some distant relatives and was unsuccessfully seeking work. In a desperate and undoubtedly delusional state, he threw a brick through a window and was arrested, charged, and, prior to his psychiatric evaluation, imprisoned for several days. Happily, he was eventually released from jail and placed on probation with instructions from the court to seek and receive psychiatric treatment. He reluctantly agreed.

This turn of events led to a complete transformation in our relationship. Mark’s functional and cognitive decline had been gradual and indistinct. I was his sister; confused, uncertain, concerned, but not inclined to reach in and take over any of my brother’s autonomy. Now I was to become his primary caregiver/mother, a role I felt I had no choice but to assume. Mark’s diagnosis of schizophrenia gave me the understanding that I had lacked. He needed care, and I was the only one left in the family who was capable of giving it in the way that Mark deserved.

Thus, a month before our wedding day, Mark came to live with Shawn and me. He was both physically and mentally vulnerable. He was paranoid and frequently could not sleep. Living with him was next to intolerable. Shawn and I had no time to ourselves, and we were often left to have conversations in bed, under the blankets, in hushed tones, as our only means of privacy. Mark’s needs for particular routines in eating, sleeping, dressing, and temperature were extreme. Conversations with him were carefully constructed in an attempt to avoid topics of known conflict or hostility, but this strategy frequently failed because of the nature of his thought disturbance.

We told him that he needed to find his own place, and he sadly agreed. He needed my help in order to do so, however, because he frequently became despondent and would have many times settled on improper dwellings because of his hopeless state of mind. Eventually we did find a suitable place, and once Mark had secured financing through social services, he moved in.

Shawn and I moved to Toronto the subsequent year. Shawn was starting a postdoctoral fellowship at the University of Toronto, and I had been accepted into a residency in psychiatry there (which I chose for a variety of reasons, some of which relate to my experiences with Mark, and some which do not).

When we left Winnipeg, we left Mark behind, albeit with a fair degree of trepidation and ambivalence. Within 2 months of our arrival, however, it became clear that there was no real support for Mark in Winnipeg without us. I arranged for him to move to Toronto. During most of our time there, prior to the final phase of Mark’s illness, Shawn and I had frequent close contact with Mark. We often ate dinner together and sometimes went on outings, especially when visitors came from out of town (which was frequently). Mark had briefly connected with a psychiatrist whom I had arranged for him to see. He ended it after a short trial of therapy, probably because he did not see a point to it. During the many discussions we had, Mark held to the view that his intellectual and creative works were of utmost importance on a global scale. He perceived his many difficulties as having been philosophically, politically, and intentionally constructed in order to test his dedication and internal strength. Discussions of this nature between us were common.

We had found a place in Mark’s life through consistency, caring, reliability, and respect. Mark tried to reciprocate by sharing with us his many discoveries of ideas, objects, and places that he felt we might have interest in or that he felt might be beneficial to us. Shawn and I talked about and conceived of a life that would always include Mark in close proximity. We spoke of his having an apartment in our home or nearby. The expectation that we would bring him with us wherever we went to live was a given.

What I refer to as the final phase of Mark’s illness began during the latter part of my pregnancy with Hannah, our first child. During October 1991, the quality of my relationship with Mark became strained and rapidly progressed to the point where he was openly hostile toward me. He had clearly incorporated me into his delusional system. He refused to come to our home, frequently cut short telephone conversations, and eventually wrote me a disturbing letter in which he referred to me as a “duplicitous bitch,” and “the mother of death.” I was furious and frightened. Despite my knowledge of and
connection to world-class psychiatrists with specialized interest in schizophrenia, I was powerless to access help for my brother because he was unwilling and without insight. The Ontario Mental Health Act was clear that unless Mark was at imminent risk of harm to himself or others, he was free to refuse treatment for his illness.

A couple of months passed with little or no contact. As New Year’s day approached, I called Mark and made plans to get together with him for brunch. When we came to get him, however, he was not at home. Nor did he return home later that day or the next. I was frantic with worry and began envisioning Mark, whom I perceived as vulnerable, being tortured or killed or maybe traveling in a delusional state and becoming one of the homeless, chronically mentally ill.

In fact what had happened was that Mark had run off in a delusional panic. He believed that when Shawn and I came to get him on New Year’s day, we intended to kill him. He fled to the bus depot and purchased a ticket to Winnipeg, where he hoped to seek refuge. He never made it that far, but instead got off the bus at Kenora, Ontario, because he believed that the bus was going to explode with him in it. As he was walking on the highway, he became convinced that his shoes were going to explode, so he took them off and continued walking, in January, in Kenora. He finally reached a telephone and in desperation called the police asking for help. They took him to the regional hospital where he was assessed and found to be acutely paranoid. He was informed of the need to stay in hospital for treatment, but presumably refused and was subsequently certified and placed on constant observation. While still in the emergency room, he escaped and ran to the partially frozen Lake of the Woods, where he jumped into the water in an attempt to end his life. As he later explained to me, he was terrified that the doctors were planning to castrate him and otherwise torture him. His doctor later informed me that Mark’s suicide attempt was very nearly successful. Despite the icy water and Mark’s will to die, his body instinctively fought to remain alive and kept bringing him back to the surface. The forceful undercurrent never caught hold of him, and instead several local firefighters on a boat pulled my unwilling brother out of the water and brought him back to the hospital.

My ordeal as the frightened sister of a missing person ended when Mark called me from the hospital to tell me of his unwelcome adventure. He was kept in hospital for several weeks, again under the Mental Health Act, and involuntarily given antipsychotic medication to relieve the intensity of his delusions. Shortly thereafter, he returned home to Toronto and discontinued taking his medication again.

My daughter, Hannah, was born during Mark’s stay in Kenora. When he returned to the city, he set about to regain our trust and reintegrate himself into our lives. The time between his return to us in late January 1992 and his suicide in August was one of increasing connection and closeness to me, both in terms of time spent and in terms of the intimacy and authenticity of our discussions. I was on maternity leave for the first 6 months and spent much of my time with him and the baby. We went on walks to High Park and to the Ravines of Toronto. We also went grocery shopping and cooked meals together, but mostly we just spent time. Mark began to see a previous supervisor of mine, a psychiatrist whom I respected and who had shown an interest in meeting and treating Mark. Mark connected with him and continued to see him regularly despite the fact that he was not interested in taking medication. I was pleased with this and confident that should Mark be willing, he would receive the most up-to-date, state-of-the-art treatment, as this psychiatrist was also an active schizophrenia researcher.

But Mark was worrisome. Since his return from Kenora, he seemed to be suffering from depression. He was constantly fatigued and seemed to have lost his enthusiasm for both his studies and for the other things in life that had formerly brought him pleasure. He spoke with me about his lost hopes and his feeling of having been betrayed by people like him, with whom he had previously felt a great deal of connection. Most of these people were musicians and other artists about whom he had experienced delusions of reference. I think that his elaborate delusional system had been shattered by the effects of antipsychotic medication. The acute delusional panic had gone away, and I understood this as postpsychotic depression. I spoke to him of what I perceived as an existential crisis in his life. He began to sell his scholarly books and with me about his lost hopes and his feeling of having something new to motivate him to live. This didn’t seem to happen though. The signs of depression continued. His appetite dissipated, and he lost weight. He began to talk to me about suicide.

I knew, even while it was happening, that he was sharing his internal debate with me. I feel lucky because these discussions gave me a chance to see how he thought and what he was thinking. However painful it was to share in this, it was good for me, for it allowed me numerous chances to try to dissuade him. With a sick and scared feeling in my body, I argued, manipulated, and tried to bargain with him. These discussions occurred sporadically, interspersed with playing with the baby, listening to music, and later during visits at the hospital. He was readmitted when his delusions became so frightening...
and powerful to him that he could not promise me that he would be safe until the next time we saw each other. I brought him to the hospital following a phone call in the middle of the night: Mark had called to ask if I was okay because he had awakened in the night to find his pajamas neatly folded on a chair. He believed that he had gone to bed with them on, and since he was experiencing delusions of control, was terrified that he had come and killed me.

His delusions at that time were consistently terrifying to him. He believed that he would be forced to castrate himself, cut off his penis, blind himself, deafen himself, cut out his tongue, cut off all his fingers, and become a paraplegic—all as a test of his endurance and in someone’s attempt to destroy his faith in God. He believed that he would be doomed to years of psychological torture and the complete isolation of a “locked-in” state.

At one point he told me that if these mutilations were to occur that I should write my name in his hand with my finger, so that he would know it was me. “I don’t expect you to come and visit me more than once every 2 weeks.” I told him that I would never abandon him and he said he knew that, but nonetheless....

He said I was a special person, like Shakespeare, and although I don’t really understand what he meant by that, I know that it was a compliment and believe that he understood my intentions. “I hope that we can be together again sometime,” he said. “What do you mean?” I asked. “Somewhere wherever we go after we die.” “I hope so too.” Then I held him. I hold this scene in my mind, with all-encompassing love and despair. And hope stronger than faith.

On the morning of August 26, 1992, while I was getting ready to go to work, the doorbell rang. This was unusual. I went downstairs to see who was there and was greeted by two police officers who asked if I was Karen Hochman and then whether they could come in. I was perplexed and anxious as I led them up the stairs into our second-floor apartment. I guessed that they might be there with a subpoena to appear in court, as a number of psychiatrists I knew were being sued by former patients. When they asked if Mark Dickof was my brother, I felt the world begin to cave in. “Where is he? What did he do to himself? Is he all right?” NO!

I don’t know how to describe that moment. It was as though my insides were being torn apart. And it was the start of a physical and psychological pain that I had never experienced before. It did not dissipate for a long time. Damn him! He promised to wait, but didn’t, and instead took the opportunity of a brief chasm in time and space to separate from me enough to kill himself. Even as I write this I am angry. And I feel embarrassed that I have the audacity to claim that I was that important to someone’s life. I believe that the influence I had speaks more for the fragility and isolation of Mark’s existence than any special qualities that I might possess. The truth is that Mark had been walking a fine line between life and death for some time.

While going through the inevitable sorting through of his things, I came upon evidence that Mark had been planning his suicide for several months: a handwritten will dated June 12, 1992, a book about tying knots with a marker at the page of “hangman’s noose,” and a plastic bag with a receipt for nylon nautical rope also dating back to June 1992.

Mark was found hanging from a maple tree in High Park. Apparently he was discovered early that morning by a jogger who, when he first saw Mark’s body, thought it was just someone standing under a tree.

It is 5 years later as I write this narrative. My life has gone on. Despite the sadness and anger that I still feel from time to time, Mark was right, and I have recovered. But I remember, and I mourn. I have come to believe that the remembering and the mourning are as much a part of me as anything else. I admit with pride and with loathing that integrating my experience has made me stronger and more sensitive. I have come to accept the choice that Mark made for himself. And I see that it was wrong to have expected him to continue to live in my vision of his future. It was not his vision for himself, and when I put myself in his place, I can hardly blame him.

The Author

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