

The Double-sided Story of that Man on the Street

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A lone pathetic-looking figure stood glaring into the brightly lit shop window. The streets were almost deserted as it was 3 a.m. At first glance, you could have been forgiven for thinking the individual was just another man of the road. He had long hair, a bushy beard, and old, tired-looking clothes. He just stood there staring.

A few years ago, this man, my brother, was a serviceman in the Royal Air Force, smartly dressed, well groomed and very particular about his appearance. Intellectually, he was above average, and did well at school. He had great ambitions for the future and dreamed of becoming a fighter pilot. Cranwell, a pilot training centre in England, rejected him, however, because only those with the highest aptitude get to sit in the cockpit. So he accepted a position in RAF communications, and it was there his troubles began.

Vic developed schizophrenic tendencies while under intense pressure in the RAF in Singapore. He was involved in a vital part of national security, working at night and studying for exams during the day. Letters home portrayed happiness, contentment and fun; he was having a good time-or so he said. But in his youth, Vic had always been a bit of a loner, did not mix easily and was possessive with the friends he did have. Subsequent reading of the letters uncovers a camouflage concealing loneliness, depression and mental exhaustion.

One evening in the summer of 1968, after more than a year of growing anxiety, Vic collapsed and awoke in a military hospital for the mentally ill in England.

He has never been the same since!

Was the stress to blame for schizophrenia? The experts say no, the illness was already there, but the stress could have triggered its release. But what is schizophrenia? It is not a split personality as the popular misconception goes, rather like the Jekyll and Hyde myth. It is a perceptual problem in that the sufferer cannot always distinguish between reality and imagination.

Vic is under the illusion periodically that he is being spied upon and he reports these suspicions to the

local police.

He can't separate reality from invention. Many believe they are being poisoned, Vic included, and are very difficult to cook for. The refusal of many to believe there is anything wrong causes some to reject all forms of medication.

The schizophrenic also faces lack of motivation, depression, social withdrawal and blunted feelings. Add low self-esteem to these symptoms and you end up living as Vic has in a dingy, cold, grimy attic room, surrounded by childhood memorabilia. He seems to take comfort in the past, reliving again and again memories of playground pranks and good times.

The symptoms come and go, and he is capable of days or even weeks of near normal activity, but will relapse eventually into his own unreal world of fantasy. Most schizophrenics are not violent; they may appear to be angry, but for the most part they are harmless. Indeed, Vic was attacked one evening by a group of youths for no apparent reason other than he was taking Christmas presents to his family. He did not fight back but clung to the gifts for dear life.

Among the problems the family of the sufferer faces is illogical, irrational behavior. Vic, for example, finds it difficult to get work, not because of his mental condition, but his appearance. Advice about smartening up is only met with resistance, which on the surface appears to be rebellion. In reality he cannot appreciate the need. Another problem is the stigma of having a mentally ill relative at home, someone who is looked upon as weird and unkempt.

The causes of schizophrenia are not known and all that can be said is that it lies dormant until something causes it to emerge. About 250,000 Canadians will suffer from the illness at some point in their lives and it usually appears between the ages of 15 and 30. It occupies more hospital beds than cancer, heart disease, diabetes and arthritic conditions combined. Thankfully, roughly 25 percent of all sufferers will recover, while 10 percent will remain severely psychotic. The remainder will fluctuate between differing levels of psychoses and phases of recovery.

There is no cure, only medication for those willing to take it. It can control the abnormalities of the brain so as to allow almost normal behaviour.

The schizophrenic needs time, patience, understanding and, if possible, therapy; something positive that will occupy his mind and give him interest in life. Thankfully there are volunteers everywhere providing those needs to some, at places where they can be with people who can sympathize with the condition.

More public awareness of the symptoms of schizophrenia would not go amiss, for the harmless, confused individual who sometimes walks the deserted streets at night. To all intents and purposes he looks like a bum, but he isn't – he's a schizophrenic.

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