The article that follows is part of the Schizophrenia Bulletin's ongoing First Person Accounts 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. 18C-06, Rockville, MD 20857.—The Editors.

The voices would not stop: “Hurt yourself!” “You’re so stupid!” “You’ll never be any good!”

I was crouched, sitting up in the corner of the living room. I had to make them stop! Leaning forward, I rocked back and slammed my head against the wall. The voices got a little quieter, so I did it again. And again and again.

Through the hubbub of voices berating me, I heard a small voice. “Mommy?”

I opened my eyes and saw my four-year-old son, Travis, standing there in his rumpled pajamas. He clutched his Big Bird doll to his chest. “Mommy, are you OK?”

What was I doing to him? Looking into his wide brown eyes, I asked, “Is Mommy scaring you?”

He nodded his head and held Big Bird tighter. I swept him into my arms and hugged him. “It’s not your fault, honey,” I said into his soft brown hair. “Mommy is sick.” I cursed to myself: why did I have to have schizophrenia? Why couldn’t I get rid of it?

“But, Mommy,” Travis said, “why don’t you go to the doctor?”

I held him tighter. There was no way this child could understand why I didn’t go to the doctor.

Still, it was a good question. Since I was 8, I had heard voices telling me bad things or silly things, or urging me to hurt myself. My first diagnosis of schizophrenia came at age 12. At that time, I began seeing a psychiatrist and taking medications, neither of which helped the voices go away. Before I was 18 I had seen several psychiatrists, taken what felt like every antipsychotic medication known to medical science, and had bad reactions to them all. At 17, after a course of 30 shock treatments, the doctors told my parents that I was incurably mentally ill and recommended that I be given a lobotomy and placed on the back ward of the State hospital. My parents took me home instead, where I lay on the couch all day. I had no self-esteem, no hopes, no goals. I had schizophrenia and I was “hopelessly mentally ill.”

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A year later, I met a man and married him after a few days. I refused to go to any more doctors or take any more meds. I wanted to live a normal married life; normal people don't have to take pills to think clearly and act appropriately.

The voices got worse, but I felt I didn't dare get help or tell anyone about them because that would endanger the facade of normalcy that I was attempting to present. By cutting my arms surreptitiously, I could quiet the voices down.

My family was horrified when I got pregnant. I felt sad that there was no one I could share my joy with; my husband was growing more distant and hostile. Mother said I was irresponsible for bringing a child into the world who would likely end up as a mental patient. No one seemed to understand that, like a lot of other people, I wanted a family of my own. Being mentally ill does not keep one from feeling basic human needs and trying to fill them as well as possible.

My husband left soon after our son was born. Then followed a period where I drifted with the baby, at times living with my parents or with friends, at times living in shelters or on the street. The voices constantly tormented me, but I was afraid to get help. I had heard that the Division of Family Services took children away from mentally ill mothers and put them in foster homes. I had no intention of giving up my son.

I ended up in a small town in southwest Missouri. Travis was four and had begun having crying spells and saying he wished he was dead. One of my greatest fears was that he would end up having to go through what I went through, so I took him to the local mental health center. After interviewing us, the therapist told me that she could not help him unless I went in for therapy as well.

It was with great reluctance that I entered into the system once more. My only motivation and concern was to get help for my son.

It turned out that this was the best choice of my life. My therapist and other staff were experienced in working with people with schizophrenia. They helped me repair the damage to my self-esteem and taught me how to handle my illness. I started back to college. I wanted to be a psychiatric social worker, to help others stuck with the same problems I experienced. I was also determined to get more than a minimum-wage job so I could support my son.

I ended up earning a B.S. in social work and psychology and an M.S. in counseling, marrying and divorcing again, and having twin boys. Travis is now 17 and has required only intermittent counseling. I have been working since 1985. If it were not for my children, I know I never would have come this far.

If the above seems rather lengthy, it is because I wished to establish my credentials as a consumer, a parent, and a professional to make certain points with validity. Mentally ill people also have the desire, in many cases, to have children. The demographics of people with chronic mental illness show that more people of child-bearing age are swelling the ranks of clients. Naturally such people are more and more often becoming parents. Rather than dump their children into foster homes, it seems more humane and efficient to help people with schizophrenia learn to deal with the situation of raising kids while dealing with a long-term illness.

For instance, I have learned to let my kids know that my illness is not their fault. I have found a doctor and a therapist I trust, and I talk with them and try not to hide things from them. I take my medications as prescribed and have worked to develop a social support system of friends and mental health professionals. These and other suggestions have proved helpful for my clients in the same situation.

Having children can provide motivation to recover. Having a family can give one a needed feeling of belonging and an impetus to acquire the skills needed to become functional in society. Having a mentally ill parent does not preclude a child's having a good and nurturing relationship with that parent. Many mentally ill parents raising children need help to achieve the goal of a functional family—help that is rarely available in the current system. Instead, those with mental illness are stigmatized by assumptions on the part of family and professionals that they cannot care for children and would have detrimental effects on children in their care.

The Author

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