

TALK ON “THE CENTER CANNOT HOLD: MY JOURNEY THROUGH MADNESS”
(PASSAGES FROM BOOK IN BOLD)

WHO AM I?

I am a chaired professor of law, psychology, and psychiatry and the behavioral sciences at the USC Gould School of Law; an Adjunct Professor of Psychiatry at the UC, San Diego, School of Medicine; and a Research Clinical Associate at the New Center for Psychoanalysis. I am also a patient with chronic schizophrenia. I was given “very poor” and “grave” prognoses—expected essentially to be unable to live independently. How then did I manage to fashion a good life for myself in the face of such a crippling illness? My memoir, *The Center Cannot Hold: My Journey Through Madness*, tells that story. My central goals in writing my story are twofold: to give hope to those who suffer from schizophrenia and understanding to those who don't.

CHILDHOOD AND ADOLESCENCE

I grew up in sunny Florida with caring and attentive parents and two younger brothers, whom I both adored and was in intense rivalry with. My parents were young, and they had certain limitations. For example, my dad could be critical and my mom dependent, and they were very wrapped up in each other. Still, they were basically, in Winnicott's words, "good enough." They loved us and did their best to care for us.

Even as a child, though, there were many signs that all was not well. By the age of five I had phobias, obsessions, and night terrors. As a teenager I had a period of anorexia, and a flirtation with drug use that landed me in a day treatment drug program.

Perhaps more alarmingly, I started having my first episodes of disorganization. The first time it happened my dad snapped at me when I asked him a second time whether we could go to the beach. At that moment I felt as if my self was losing coherence. It was as if my mind were a sand castle with all the sand sliding away in the receding surf. There was no center there to take things in, organize them, and make sense of them. Hence, following Yeats, the title of my book: *The Center Cannot Hold*." This experience of disorganization is something I often still have today.

TALKING HOUSES

My first frankly psychotic experience happened when I was in the drug program—about 15 or 16 years old. **I had read Sylvia Plath’s *Bell Jar*, and its depiction of the isolation and disengagement (and not a little fear) that typify this time of life, really affected me. One morning in class, I suddenly decided that I needed to get up, leave school, and walk home. Home was five miles away.**

As I walked along, I began to notice that the colors and shapes of everything around me were becoming very intense. And at some point, I began to realize that the houses I was passing were sending messages to me: *Look closely. You are special. You are especially bad. Look closely and ye shall find. There are many things you must see. See. See.*

I didn’t hear these words as literal sounds, as though the houses were talking and I were hearing them; instead, the words just came into my head—they were ideas I was having. Yet I instinctively knew they were not my ideas. They belonged to the houses, and the houses had put them in my head.

By the time I walked through my parents' front door—two, maybe three hours later— I was tired, hot, and very frightened. I told my parents about my experience.

They drove me into the drug rehab program I was in at the time. Nothing was ever said again about what had happened. I guess if there is one thing I most regret about my younger years is that my parents were not able to grasp that I could have used a good mental health treatment, even back then.

VANDERBILT:

I went to college at Vanderbilt University, in Nashville, Tennessee—my parents wanted me to stay in the south. I did extremely well—straight A's, first in class, etc., and was able to make one of my closest friends there, Kenny, with whom I remain in close contact even today.

But there were portents of my illness even then. For example, my personal hygiene my first year was appalling, and I had several out of control episodes.

JOYS OF THINKING

At the same time that my mind was starting to betray me, it was also becoming the source of enormous satisfaction. I discovered academia—great ideas, high aspirations, and people (teachers and students alike) whose own intellectual curiosity seemed to give them a real purpose in the world. In particular, I discovered philosophy. I immediately fell in love with it. To my great delight, I found that I was actually good at it, too.

Oddly, philosophy and psychosis have more in common than many people (philosophers especially) might care to admit. The similarity is not what you might assume—that philosophy and psychosis don't have rules, and you're tossed around the universe willy-nilly. On the contrary, each is governed by very strict rules. The trick is to discover what those rules are, and in both cases, that inquiry takes place almost solely inside one's head. And, while the line between creativity and madness can be razor-thin (a fact that has been widely romanticized, unfortunately), examining and experiencing the world in a different way can lead to sharp and fruitful insights.

Not only did this work give me a surprising joy, it also imposed a structure on both my mind and routine that I'd been unable to provide for myself. The rigor of the material, and the

lively give-and-take of the students and faculty in the department, imposed a kind of order to my days. Suddenly, I had attainable goals, a sense of productivity and purpose, and tangible results against which I could measure my progress. By the second semester of my freshman year, the department allowed me to take courses in the graduate school.

While I would eventually leave philosophy—too many bad memories--the joys of thinking have remained with me, providing a focus and a sense of well-being. Intellectual work is clearly one of the stalwarts of my recovery and I discovered the pleasures of this kind of work early.

OXFORD:

I eventually won a Marshall scholarship to study ancient philosophy at Oxford. There my world really started falling apart. It started out looking like depression with mild paranoid features, but became over time more of a thought disorder than mood disorder. I became very depressed and lost a lot of weight. I became very socially isolated. I thought I wasn't supposed to talk—I had the quasi-delusional belief that my talking was wrong--leaving me even more isolated. Believe me, it's hard to make friends if you don't talk! I believed many people were talking about me and laughing at me behind my back—which may have been true as I was a bit of a sight. And I found myself unable to work—the last thing to go for me.

More alarmingly, I began to have vivid fantasies of killing myself because I thought I was such a bad person. Dousing myself with gasoline and setting myself on fire was my preferred approach. My GP urgently sent me to a psychiatrist who urged me to check myself into the Warneford Hospital. Eventually I did go.

MIRROR:

I was not getting better. I was also very resistant to the idea of taking drugs—the drug Center had instilled that in me. But then one day something happened that changed my way of thinking—that changed everything.

I looked into a mirror.

It was the first time I'd actually seen myself in weeks. And it felt as if someone had punched me in the stomach. Good God, I thought. Who is that? I was emaciated, and hunched over like someone three or even four times my age. My face was gaunt; my eyes were simultaneously vacant and full of terror. My hair was wild and filthy, my clothes wrinkled and stained. It was the visage of a crazy person on the long-forgotten back ward of a hospital for lunatics.

I was scared of dying, but even more scared of what I saw in the mirror. The woman looking back at me was in some kind of terrible, terrible trouble. I vowed that I'd do whatever I needed to do to get her out of this place in any way I possibly could.

The choice seemed clear: drugs or death. I went off immediately to find my doctor. **I said to her,** “OK, yes, I’ll take your drugs,” the words all running together.

I got out of the hospital as quickly as I could, determined never to come back. I was not going to be one of those revolving door patients. This would be my first, my last, my only hospitalization.

SECOND OXFORD HOSPITALIZATION: THE TUNNELS

Several months later I did come back. So much for resolve.

In my fog of isolation and silence, I began to feel I was receiving commands to do things—such as walk all by myself through the old abandoned tunnels that lay underneath the hospital. The origin of the commands was unclear. In my mind, they were issued by some sort of beings. Not real people with names or faces, but shapeless, powerful beings that controlled me with thoughts (not voices) that had been placed in my head. *Walk through the tunnels and repent. Now lie down and don't move. You must be Still. You are evil.* The effect of those commands on me during those nights and days was powerful. It never occurred to me that disobedience was an option; it was never clear what might happen if I disobeyed. *I do not make the rules. I just follow them.*

SELF-INJURY:

Another command (or thought, or message) I continually received was to inflict pain on myself, because that was all I was worthy of. So I burned myself—with cigarettes, lighters (easily come by—everyone smoked then, as I did), electric heaters, boiling water. I burned my flesh in places on my body that I thought people would never see. I'd do it in the bathroom when no one was there, or down in the tunnels, or out on the grounds. Once in the music room, when I was trying my best to set my sock on fire, an attendant went by, saw what I was doing, and tsk-tsked in a mild tone, “Elyn, really, you mustn't do that, it's simply not on, you know.”

In fact, many staff members knew what was happening; after all, they dressed my wounds, putting salve on the burns, noting the when and where in their charts. But no one seemed to know or understand why, and there was no way I could tell any of them that the impetus for my behavior, the commanding impulse, was not mine, but came from thoughts put inside my head. I was afraid they'd laugh at me—and as frightened as I was, the thought of derision frightened me even more. In retrospect, it was a life-threatening deception, somewhat along the lines of hiding recurrent chest pains from one's cardiologist from embarrassment.

DR. STORR:

Nearly four months in the hospital passed like this, and I did not get better; in fact, I only got worse. The hospital referred me to Dr. Anthony Storr, a well-known psychiatrist and psychoanalyst who consulted to the Warneford. I felt for the first time really heard by him.

Dr. Storr's recommendations were simple: “Your mind is very sick,” he said calmly, “and just as I’d advise with a sick body, it needs a specific kind of exercise to help it heal. To me, that means resuming the work you love. It makes you happy, it gives you purpose, it challenges you. And so you need to stay at Oxford, in your program.” This advice was in contrast with that of the hospital doctors that I should withdraw from school and go home to my parents.

Storr’s second recommendation was equally wise: I should get into psychoanalysis. Indeed, Storr’s report, which I read much after the fact, was truly prescient. He said “for a girl like this it is psychoanalysis or nothing.”

MRS. JONES

My new analyst, Elizabeth Jones, greeted me at her front door. She resembled any elderly British matron, tall, large-boned and stately, wearing a long flowered dress that touched the tops of her shoes.

During my sessions with Mrs. Jones, I whispered—because I was convinced that people in the house next door or across the street were able to hear what I was saying. Some of the beliefs that had begun at the Warneford (for example, that beings in the sky controlled my thoughts and were poised to hurt me) took center stage in my thinking again. I would mutter complete nonsense, disconnected words and rhymes, which even as I whispered them out loud gave me great shame. I didn't want Mrs. Jones to hear them, in spite of her absolute “tell everything” rule.

Mrs. Jones was different than the hospital doctors. Her training had prepared her well for me, and she went directly to the heart of the matter, in the process sparing neither my feelings nor my assumptions about how a proper British matron should speak.

If I expressed concern that I was not smart enough for my studies at Oxford, she would reply: “You were first in your class at Vanderbilt. Now, you're

upset about Oxford because you want to be the best and are afraid you can't be. You feel like you are a piece of shit from your mother's bottom."

While the content of what Mrs. Jones said to me was not always a comfort (more often than not, it was startling, and had the effect of catching me up short), her presence in the room was. So calm, so reasonable, no matter what bizarre words and images she or I used. No matter what I said to her, no matter how disgusting or horrible, she did not recoil, or flinch, or shift back in her chair, or blink in disbelief or disgust. To her, my thoughts and feelings were not right or wrong, good or bad; they just were.

Soon, Mrs. Jones herself became the overt object of my fantasies. "I know you say you are my analyst," I snarled at her one memorable afternoon. "But I also know the truth. You are an evil monster, perhaps the devil. I won't let you kill me. You are evil, a witch. I'll fight."

Walking by kitchen stores, I stared through the display windows at the knives, thinking that I should buy one and take it to my next session. Once, I even went into a hardware store to look at the axes, wondering which one, if any, might protect me. For awhile, I carried a serrated kitchen knife and a box cutter in my purse to my sessions—just in case.

At the very same time I was terrified of Mrs. Jones, I was equally terrified I was going to lose her. I would plot ways to keep Mrs. Jones from abandoning me. *I will kidnap her and keep her tied up in my closet. I will take good care of her. I will give her food and clothes. She will always be there when I need her to give me psychoanalysis.*

Psychoanalysis on demand!

And then, once back in her office again, I'd tell her every single evil thing.

Notwithstanding the deepening of my psychosis, my work with Mrs. Jones proved very helpful: I became able to work again and made close friends. It was as if the analysis had helped interrupt the malignant negative symptoms of schizophrenia. I graduated from Oxford creditably and applied to law school in the states. Still, my last session with Mrs. Jones was catastrophic—she and her analyst-husband trying forcibly to remove me from their house as I fought, screaming and sobbing. When I finally left, she pat-patted me on the back and said, “take courage, Elyn, take courage.”

YALE THE FIRST TIME:

I decided to go to Yale for law school. I arrived there in August, and without a Mrs. Jones to turn to, I started spinning more and more out of control. I was doing well academically, but then started to be unable to work (later the hospital would say that I was “gravely disabled” because I couldn’t do my Yale Law School homework; what would that make the rest of New Haven?). I was forced to stay in the Yale Infirmary one weekend, and was then kicked out because they couldn’t manage me. Kicked out of Student Health: I didn’t know whether to laugh or cry.

THE ROOF OF YALE LAW SCHOOL

I then had a major—and public—breakdown the seventh week of my first semester at the Yale Law School.

I greeted my two classmates, Rebel and Val, in the Yale Law School Library at 10 o'clock on a Friday night. We had made the date to work on our memo assignment together, but we didn't get far before I was talking in ways that made no sense:

“Memos are visitations,” I informed them. “They make certain points. The point is on your head. Pat used to say that. Have you ever killed anyone?”

Rebel and Val looked at me like they, or I, had been splashed in the face with cold water. “What are you talking about, Elyn?”

“Oh, the usual. You know. Heaven and hell. Who's what, what's who. Hey!” I said, leaping out of my chair. “Let's all go out on the roof. It's OK. It's safe.”

I hurried to the nearest large window, opened it, then climbed through and stepped out onto the roof, a flat surface and not at all scary. A few moments later, Rebel and Val followed and they asked what had gotten into me.

“This is the real me.” I announced, waving my arms above my head. And then, late on a Friday night, on the roof of the Yale Law School Library, I began to sing, and not quietly, either. “Come to the Florida sunshine bush. Do you want to dance?”

“Are you on drugs?” one asked. “Are you high?”

“High? Me? No way. No drugs! Come on, let's dance! Come to the Florida sunshine bush. Where they make lemons. Where there are demons.

“You’re frightening me,” one of them said, and then Rebel and Val headed back inside.

I shrugged and followed them.

Back inside I asked my classmates: “are you having the same experience of words jumping around the pages as I am? I think someone's infiltrated my copies of the cases. We've got to case the joint. I don't believe in joints. But they hold your body together.”

This was more than either of them had bargained for and they quickly left, although I insisted on staying.

Eventually I made my way back to my room. And once there, I couldn't settle down. My head was too full of noise. Too full of oranges, and law memos I could not write, and mass murders that I knew I

would be responsible for. Sitting on my bed, I rocked back and forth,
moaning in fear and isolation.

(Rebel Story)

HOSPITALIZATIONS

The next morning, I went to my professor's office to ask for an extension, and began gibbering unintelligibly as I had the night before. He eventually brought me to the ER.

We both sat down with the admitting nurse to do the necessary paperwork, and I quickly explained that my friend, Professor M., was having terrible stomach pains and needed to be admitted immediately. I laughed hysterically.

A few minutes later I found myself in a small private room, waiting for a doctor. The attendant was kind, and I readily gave him my telephone wire belt after starting to snap it through the air.

"But you can't have my 6 inch nail," I said, patting my pocket.

Then The Doctor arrived.

"Give that to me," he said.

"No," I said.

He immediately called for security. Another attendant came in, this one not so nice. Once he'd pried the nail from my fingers, I knew I was done for. Within seconds, The Doctor and his whole team of goons swooped down, grabbed me, lifted me out of the chair and slammed me down on a nearby bed with such force that I saw stars. Then they bound both my legs and arms to the metal bed, with thick leather straps.

A sound came out of my mouth that I'd never heard before. Half-groan, half-scream, barely human, and pure terror. Then the sound came again, forced from somewhere deep inside my belly and scraping my throat raw. "Noooooo," I shouted. "Stop this, don't do this to me!" I glanced up to see a face watching the entire scene through the window in the steel door. Why was she watching me? Who was she? I was an exhibit, a specimen, a bug impaled on a pin and helpless to escape. "Please," I begged. "Please, this is like something from the Middle Ages. Please, no!"

Five months of hospitalization ensued—hospitalization involving longterm restraints and seclusion (how much), forcible medication, and no privacy: in the beginning I was sometimes even watched as I showered and went to the bathroom, and was not allowed privacy while talking to people, including my parents. I do believe that the hands-off approach--even benign neglect, maybe—that I experienced at the Oxford hospital was much preferable to the over-interventionist posture of the American hospitals. As I have come to say, I am very pro-psychiatry but very anti-force.

DR. WHITE:

I returned to Yale the following year—it never occurred to me that I wouldn't finish my degree. There's a funny story around my readmission: I looked up the psychiatrist who was going to evaluate me, and found an article he had written on just such readmission interviews, so I knew all the questions and answers in advance! I think that even if I wasn't totally stable then, I deserved to be readmitted for being so enterprising. In any case, I quickly got into psychoanalytic treatment again; I knew what had worked in the past, and I was going to make sure I took advantage of that again. Dr. White, the quintessential Yale professor, practiced in the tradition of classical analysis—that is, he was much more respectful of patients' defenses. He often interpreted what was going on with me, and in that way helped detoxify some frightening thoughts. **“I think you're talking about threatening and scary ideas, because you feel threatened and scared yourself,” he said. “The violence is your defense against fear. You are safe here.”**

I went through Yale Law School in the usual three years, doing very well academically. I also did clinical work representing mentally ill people and children. And I made my closest friend in Steve Behnke. We noted when I started writing this book that at the same moment I was screaming bloody murder while being restrained, he was in Rome singing Gregorian

Chant with the Pope's Latinists. We had both come to the same place from very different directions. In any case, at the end of law school I was chosen by the administration to be Class Marshall at graduation—representing our class in the University graduation as it bestowed our law degrees. That was a good day.

POST-LAW SCHOOL IN NEW HAVEN:

After graduating from law school, I worked for eight months at a legal services office in Bridgeport. I hated the work—it was both very boring and very stressful at the same time—a lethal combination. I decided to go into teaching. The only available job that would keep me in New Haven near Dr. White was as a Legal Skills Professor at what was then called University of Bridgeport Law School. The work was easy and fun, and I had the chance to work on my first article.

And then, White announced his retirement in three months—a year and a half before I had planned to leave New Haven—and I had the worst episode I had had since starting Yale the second time. Eventually he reversed himself, saving me from what would probably have been another hospitalization—I was that upset.

I guess you could say I have some separation issues.

LOS ANGELES: KAPLAN

I was fortunate when I went on the teaching market to get several good job offers. I took the best—at the University of Southern California Gould School of Law. I got into treatment immediately with a former student of Dr. White's, a man named Kaplan. He had a lot of experience both as an analyst and as a hospital doctor. He was very experienced working with patients like me. White had told him not to be too scared of me; and when I had my first episode with him—and all those after—he wasn't.

SERIOUS EFFORT AT MED REDUCTION:

While White had supported me many times in my efforts to get off medication—which never worked but didn't stop me trying--one battle between Kaplan and me concerned the use of medication. Early on we really locked horns over this. For me, the motto of “the less medicine, the less defective” held sway. Part of the way I could prove I wasn't mentally ill—which I resisted mightily for many years--was to get off medication. And so I kept trying—and trying and trying and trying.

After a particularly difficult period with Dr. Kaplan, I determined that I was going to get off the meds if it killed me. I wasn't going to keep him apprised of the rate of the reduction. And I was going to go to another therapist as well as him—a Cognitive Behavioral Therapist person—to try to keep myself true to my goals.

And so I started the reduction. I hid what I was feeling when I started feeling bad. The days and nights were harder now. The sheer physical effort of containing my body and my thoughts felt like trying to hold back a team of wild horses. Sleep was spotty, and filled with dreams that left me awake and sweating in terror. Nevertheless, I dropped down to a lower dose again.

Months before, I'd accepted an invitation to attend a workshop at Oxford. Once there, somehow, I held on by the skin of my teeth,

although I'm sure everyone at the workshop thought I was one of the strangest people they'd ever met. By the time I boarded the plane for home, I was a complete wreck.

When I walked into Kaplan's office my first day back, I headed straight for the corner, crouched down on the floor and began to shake. All around me were thoughts of evil beings, poised with daggers. They'd slice me up in thin slices, or make me swallow hot coals. Kaplan would later describe me as "writhing in agony."

Even in this state—what he accurately described as "acutely and floridly psychotic"—I refused to take more meds. *The mission is not yet complete.*

Immediately after the appointment with Kaplan, I went to see Dr. Marder, a schizophrenia expert who was following me for a movement disorder caused by the meds called "tardive dyskinesia." He'd never seen me ill before; he'd been under the impression (and I hadn't disabused him of it) that I had a mild psychotic illness and that my primary concern was avoiding TD. Once in his office, I sat on his couch, folded over, and began muttering. I was disheveled—I couldn't remember when I'd slept, or what I'd eaten. When had I bathed—in Oxford? Before Oxford? Did it matter, if we were all going to die anyway? Anyone who walked into that room would have thought

Marder was treating a schizophrenic street person; weeks later, he told me that's exactly what I looked like.

“Head explosions and people trying to kill. Is it OK if I totally trash your office?”

“You need to leave if you think you're going to do that,” said Marder.

“OK. Small. Fire on ice. Tell them not to kill me. Tell them not to kill me! What have I done wrong? All the explosions. Hundreds of thousands with thoughts. Interdiction.”

“Elyn, do you feel you're dangerous to other people? Or to yourself?” he asked.

“That's a trick question,” I said.

“No, it's not,” he said. “I'm serious, I think you need to be in the hospital. I could get you into UCLA right now, and the whole thing could be very discreet.”

“Ha ha ha. You're *offering* to put me in the hospital? Hospitals are bad, they're mad, they're sad. One must stay away. I'm God. Or I used to be. (My husband made a marginal note here asking if I quit or was fired!) I give life and I take it away. Forgive me for I know not what I do.”

“I really think a hospital would be a good idea,” Marder said.

“No, thank you oh so very much,” I said.

“All right, then, but if I were you, I’d stay away from work for awhile. You don’t want your colleagues to see this.”

“Thanks, banks, bang, ‘bye. See you soon.” Oblivious to the look on his face, I left.

The next morning, I dragged myself to my office—my hideout, my refuge. I ran into my colleague, Ed, in the hall. A few months earlier, I’d told him about my illness, but only in the simplest terms. Nothing could have prepared him for the person standing front of him.

I began telling him about little people with explosions and voicemail and killing fields—and he quickly figured out what was happening. “Elyn, what the hell’s going on? I thought you were kidding at first, but you’re not, are you? Does anyone else know about this? Is it OK for anyone else to know?”

“I wouldn’t mind telling Michael,” I said. “Not the Archangel one. The other one.”

Suffice to say that Ed eventually brought me home, showing the good judgment to follow my doctor’s advice rather than tackle me to the ground and take me to the hospital, as others—including his then-wife who was a physician--were recommending. Eventually I acceded to everyone’s demand that I take more meds.

I could no longer deny the truth, and I could not change it. The wall that kept me, Elyn, Professor Saks, separate from the insane woman I had once seen in that mirror long ago, lay smashed and in ruins.

ACCEPTING MENTAL ILLNESS AND NEED FOR MEDS:

And then another event further convinced me that perhaps I was indeed mentally ill: I got on a new drug.

Because of risks of my meds, Kaplan suggested one of the new classes of antipsychotics, a drug called Zyprexa. (Note on clozapine now.) The change was fast and dramatic. First, the side effects were much less than with Navane. More important, the clinical result was, not to overstate it, like daylight dawning after a long night—I could see the world in a way I'd never seen it before. The illness was still there—but it wasn't pushing me around as much as it once did; finally, I could focus on the task at hand, unencumbered by the threat of lurking demons.

The most profound effect of the new drug was to convince me, once and for all, that I actually had a real illness. For 20 years, I'd struggled with that acceptance, managing to hold on to the belief that basically, there was nothing unusual about my thoughts. Everyone's mind contained the chaos that mine did, it's just that they were all much better at managing it than I was. They simply didn't say what they were thinking out loud. My problem, I thought, had less to do with my mind than it had to do with my lack of social graces. I wasn't mentally ill. I was socially maladroit.

Of course, that wasn't true. There's no way to overstate what a thunderclap this revelation was to me. And with it, my final and most profound resistance to the idea I was mentally ill began to give way. Ironically, the more I accepted I had a mental illness, the less the illness defined me. It became accident, and not essence--at which point the riptide that had kept sucking me in set me free.

LIFE AFTER ACCEPTANCE: PSYCHOANALYTIC TRAINING:

When I thought what I wanted to do with my life post-tenure and post-acceptance of mental illness, I decided it would be to follow a lifelong dream of mine: to be psychoanalytically trained. My friend Kenny reminded me that I had expressed this dream as a freshman in college. When I became ill, I thought it would be impossible. But I was doing better and I decided to apply. I was accepted at a Psychoanalytic Institute where I have been training as an analyst, which has been an enormously enriching and gratifying experience. I have decided not to finish the clinical part of my training, as my book will enormously complicate any treatments I might conduct. I am about as far from being a blank screen as one could be. The Institute has been as supportive as they could have been around my disclosure of my illness and the publication of my book.

WILL:

Now that I had accepted my life, and felt happy professionally, I felt finally free to explore other aspects of my life I'd put on hold—like romance. I had dated normally in high school and college, but after I became ill that part of my life essentially went on hold. I went years and years without a date—seven, then a month with a guy, then another seven. Part of that was because I was so ill I didn't have any place in my life for a lover; I was too preoccupied with—and tortured by--the inner workings of my mind. And part was due not to my illness but to my psychology—and I worked on all that mishagosh in therapy.

In any event, I would watch movies in which people fell in love—or watch my friends fall in love and marry—and I would think that I must have come from another planet because things like that didn't happen to me.

When it came to my personal life after my illness had quieted down somewhat, I started nurturing a fragile but growing hope for a relationship with a man named Will, a librarian at USC. I had tried flirting with him to no avail (who knew how to do that?), but after he left USC he invited me to lunch. And then he invited me to see the California Poppy Reserve in Lancaster. When he kissed me good bye after our first date, I thought to myself, “this is even better than getting an article accepted!”

The next day Will brought me a feather from his parrot, which he pasted on my computer. That night I asked my Vanderbilt friend, Kenny, whether he thought that a guy plucking a feather from his bird to paste on your computer meant he liked you. To which Kenny responded without a beat, “I don’t know, Elyn. But one thing for sure, he likes you better than he likes his bird!”

I wanted a relationship with Will, and slowly, I began to believe that it actually might happen. Eventually I told Will that I loved him; and, indeed, that he was the first man I had ever loved in that way. He said that made him very sad.

At the right moment I told him about my illness, and he responded as gently and kindly as a person could.

If Steve’s friendship had made me feel human, Will was making me feel like a woman.

Eventually Will and I married. We kid around that, being in our 40’s when we married, we simply skipped the first marriage. Will absolutely insisted on making our wedding cake. And he made an amazing video wedding invitation set to the theme of “I Love Lucy.” What a guy, huh?

(Rabbi shoe story)

RILKE ANECDOTE:

Recently a friend posed a question: If there were a pill that would instantly cure me, would I take it? The poet Rainer Mary Rilke was offered psychoanalysis. He declined, saying, “Don’t take my devils away because my angels may flee too.” I can understand that: Mania in manic-depression has been described as a sometimes pleasurable high that brings with it feelings of omnipotence. But that’s not the experience of schizophrenia, at least not for me. My psychosis is a waking nightmare, in which my demons are so terrifying that all my angels have fled. So, would I take the pill? In a heartbeat.

That said, I don’t wish to be seen as regretting the life I could have had if I’d not been ill. Nor am I asking anyone for their pity. What I rather wish to say is that the humanity we all share is more important than the mental illness we may not. With proper treatment, someone who is mentally ill can lead a full and rich life. What makes life wonderful—good friends, a satisfying job, loving relationships—is just as valuable for those of us who struggle with schizophrenia as for anyone else.

For a person with mental illness, the challenge is to find the life that’s right for you. But in truth, isn’t that the challenge for all of us, mentally ill or not? My good fortune is not that I’ve recovered from

mental illness. I have not, nor will I ever. My good fortune lies in having found my life.

CONCLUSION

I've described one person's odyssey and what has been helpful for her. I am part of a research team studying what high functioning individuals with schizophrenia think has been most helpful to them. Parenthetically, some say I am unique, but our study is showing this is not so. E.g. we have an MD doctor, a PhD clinical psychologist, two high-level consumer advocates, a fulltime student, a fulltime caregiver. We are out there—the stigma is just too great for most of us to be public. In any case, I hope to be able to report back with more people's experiences in the future. Thanks for allowing me to speak here today.

