

His shorts were a bright plaid, glaringly different from the pattern on his shirt. On his feet he wore red sneakers. On the self-consciously earth-toned Princeton campus of 1976, he stood out.

"Who's that?" I asked my friends in the math department about the odd-looking figure who hung around the math area, which faced the biology lab where I'd begun working on my doctorate.

"Oh, that's Nash," came the reply.

"Who's he?" I persevered.

"He's crazy, but he won't hurt you." End of discussion.

That was my introduction to math genius John Nash – years before he was awarded his Nobel prize in economics, years before his recovery from schizophrenia, years before the release of the film version of his biography, "A Beautiful Mind," which is scheduled to arrive in theaters in January. And years before I began to care about the stigma of mental illness.

I didn't question my friends' dismissiveness. Nash's illness reduced him to insignificance for me, as it did for so many others.

Like them, I grew accustomed to seeing "The Ghost of Fine Hall," as he was known, in and around the math department where he had been a fixture for years – a department in which he no longer had any formal affiliation but where all knew of his former glory. Outside Princeton, many academics assumed he was dead.

The trouble was that I saw this dead man walking everywhere on campus. He could hardly be missed. Hunch-shouldered, arms hanging, he wandered the grounds wearing a vacant expression and the same mismatched plaids in all weather, regardless of season. He muttered to himself and made no eye contact. His appearance was so unsettling that I never said hello or bothered with a half-smile. I never wondered who he really was beneath the off-putting exterior, why he was there, whether he had a family, what his background was. I simply tried to steer clear.

It took me 20 years to realize that in writing him off as almost subhuman, I'd fallen into the smug ignorance of most Americans. Sixty percent of them, according to one comprehensive national survey, want to distance themselves from people with schizophrenia. As a grad student in the 1970s, I was, as they say, part of the problem.

I came to Washington in 1982 to become a health policy worker and later became an independent medical writer. The topic of mental health did not reach my professional radar until 1998, when I was tapped to help draft and edit the first-ever surgeon general's report on mental health.

The project began with a call from the project's senior scientific editor, University of Maryland psychiatry professor Howard H. Goldman. This report, he told me, was a watershed event. Never before had a surgeon general focused on mental health and mental illness. The current surgeon general, David Satcher, saw the document as an opportunity to draw attention to illnesses that were as real and disabling as heart disease and cancer but had rarely been treated as such. Would I be interested?

I hedged, not eager to commit to a topic of marginal interest. Even after I reluctantly agreed, I had no way of knowing how absorbing the assignment would become.

I began by editing chapters from experts. One part, "Outcome of Schizophrenia," explained that popular assumptions about schizophrenia – including that it follows an inevitable downhill course to total dysfunction – were based on a century-old description. Newer research that systematically

tracked patients over decades found that half to two-thirds of people with schizophrenia improve or recover. Schizophrenia was not a life sentence, especially with treatment, rehabilitation and support from family and friends. In fact, the expert wrote, "some people with schizophrenia can experience a remission of their symptoms and return to a high level of functioning." That was news to me.

To illustrate the point, the author cited the story of a certain John Nash, the 1994 Nobel prize winner in economics. I re-read this descriptor with astonishment, wondering briefly if this could possibly be the same figure I recalled from graduate school days. I then pushed the question from my mind. But a few weeks later, curious to know more, I bought Sylvia Nasar's 1998 biography of the troubled genius. As I leafed through the book, I came upon a picture of Nash from Princeton – which had been taken while I had been there in the 1970s. In black and white, there was the indelible image: Nash wearing mismatched plaids, that same hollow stare in his eyes.

His biography transported me back to the Ivy League campus – and back even further to the history of its illustrious math department. In 1950 Nash earned his doctorate there in a branch of mathematics known as game theory, a system for assessing competing strategies and outcomes in such areas as economics, political science and sociology. It was his work in this field that, more than 40 years later and long after his terrible battle with schizophrenia, would win him the Nobel prize.

In graduate school, I remembered, I had spent nights over wine and beer with math students, watching them crack jokes and scrawl unfathomable equations on napkins. I recalled their awkwardness, their crooked glasses, greasy hair and body odor. Yet the biography made clear that even within the quirky and cloistered world of the math department, Nash was a loner. He was withdrawn and inaccessible even before the onset of his mental illness.

But, as Nash's biography relates, it wasn't until after he left Princeton for his first faculty post at the Massachusetts Institute of Technology (MIT) that he began a precipitous mental slide. In 1959, when he gave a lecture to the American Mathematical Society, Nash rambled incoherently. To listeners, the lecture seemed to certify him, in the most conspicuous way, as a madman.

Nash's wife made the painful decision to have him committed to McLean Hospital outside Boston. Psychiatrists diagnosed paranoid schizophrenia. So began a 30-year nightmare of delusions, hallucinations and disorganized thoughts and speech – the hallmarks of one of the most feared mental disorders.

Many of the treatments he received have long since been discredited. In 1961 doctors at a Princeton-area hospital subjected him to six weeks of insulin coma therapy – daily injections that sent his blood sugar plummeting and rendered him comatose, followed by forced feedings of glucose to revive him. Recoiling at what he called being "tortured," Nash would drop even apparently effective medications upon discharge, prompting a new cycle of troubles and treatments.

In 1960, convinced he was a political prisoner, Nash traveled to Europe, determined to hand in his passport at a U.S. embassy. Initially he was talked out of it; later he simply threw the document away.

I expected little more than a good read from Nash's biography; what I got was a lesson about the shattering impact of schizophrenia. But I didn't stop to think about my own behavior toward Nash until I got to the account of the battle over his nomination for the Nobel prize.

The Royal Swedish Academy of Sciences awards the Nobel prizes after secret negotiations by several committees. But what happened to Nash was such an indictment of the participants that some later felt compelled to reveal the story.

When Nash's candidacy was first considered in the late 1980s, the selection committee immediately expressed concern about incurring embarrassment if they awarded the prize to someone with schizophrenia, even though Nash's work in game theory was finished in 1951, several years before the onset of his illness.

The committee dispatched a scout to Princeton with one mission: to determine whether the rumors that Nash was recovering were true. Nash was eccentric, the member reported back, but no longer crazy. His recovery had begun gradually in

the 1980s – no one knows precisely why or how. But the key ingredients, in his biographer's view, were likely the gentle support of his wife and the sheltered Princeton campus. One day, the story goes, Nash suddenly turned to a professor to whom he'd never spoken before and remarked that he'd seen the man's daughter quoted in the newspaper.

### Mental Health Client Stigma by George Carvalho

As a Patients' Rights Advocate I talk to people whose lives are profoundly and adversely affected by the stigma of mental illness daily. This stigma is the shame that individuals in society place upon others suffering with mental health issues to distance themselves clearly and definitively from them. This is often accomplished with the use of derogatory labels like "crazy person," "nut case," "looney" and "wacko."

For a vast majority of the "normal" population this stigmatization is driven by stereotypical images as well as a deep fear of "losing" one's own mind. Stigmatization may produce the illusion of creating and maintaining the distance society at large believes it needs to feel safe. In reality, it is alienating both to those who have been psychiatrically diagnosed as well as those who have not. Mental illness and mental wellness exist on a continuum, throughout society and within each individual. There is no clear point of demarcation. It is damaging for those who declare themselves to be "normal" to constantly strive to be so.

For those stigmatized painful isolation results. People are not seen as individuals but as a group defined by generalities. For those who have not been psychiatrically diagnosed but could benefit from treatment, the fear of isolation increases the likelihood that mental health services will not be sought. For those who have been psychiatrically diagnosed the effects are particularly severe. The terror of psychosis is made worse by the resulting isolation and sudden lack of gentle or non-coercive human contact.

The worst effect of stigmatization is that some who label themselves "normal" act out of fear against those who have been diagnosed. In the past it has taken the form of forced sterilization of the "mentally infirm." Today fear is evident in overly restrictive legislation and organized demonstrations against the right of the "mentally ill" to live in one's neighborhood.

I maintain that in this day and age it is easier to come out of the closet about one's sexual orientation than it is to say the one is bi-polar. If you could benefit from treatment but are fearful of the shame of diagnosis, find the courage to take those first steps to reach out. Dealing with stigmatization is painful, but you will benefit by the experience and knowledge that you are not alone. We can bring healing to ourselves and to society as a whole by overcoming fear and reaching out to those suffering with mental illness.

If you are fearful of others diagnosed with mental illness, become educated about the facts of mental illness and mental health. You can do this by participating in organizations that support people with mental illness such as Mental Health Client Action Network or the Local Affiliate of NAMI.

The committee proceeded with Nash's application, but not without resistance. One member claimed to be skeptical of the value of Nash's work on game theory, despite the fact that it was already being applied on an international scale in commerce and diplomacy. When the nomination came before the full body for a vote, Nash was awarded the Nobel prize in one of the closest votes in the Academy's history. Debate was so bitter that it delayed the usually punctual news conference to announce the winners.

After reading this, I realized that if members of the Academy – so educated, so worldly, so refined – could so nearly let a personal history of mental illness blind them to an individual's accomplishments, then others could, too. Including me. Even if my long-ago reaction to Nash was instinctive, unlike the committee's prolonged consideration, it was no less disturbing, no less a violation of a person's worth.

Why had I thought only of avoiding Nash when I passed him years before? Why had I reacted with revulsion, not empathy? Why had I not stood up to those who ridiculed him, who dismissed him as a freak?

These thoughts became enmeshed in my writing of the 1999 surgeon general's report.

Stigma, I wrote, is *"the most formidable obstacle to future progress in the arena of mental illness and health... It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger and/or avoidance.*

*"Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia... It reduces patients' access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society."*

It's right there in print. Little did anyone know I was at that point writing a kind of self-critical autobiography. But still, no dogmatic report can translate realizations into personal behavior.

As passionate as I've become about the plight of mental illness, I'm no Mother Teresa. I do not now run over and greet wild-eyed strangers I see on the street; they still make me uneasy. But now I am willing to pay slightly higher taxes or insurance premiums if that's what's needed to get them adequate psychiatric care – far more humane and effective these days than what Nash experienced. And I know now their humanity is inextricably connected with mine.

As I was writing the section of the surgeon general's report dealing with the consequences of stigma, I felt almost as though I were shaking myself free of a lifelong hangover. Even if my insensitivity toward Nash made no difference to him at the time, it had tacitly endorsed others' disregard of him and condoned a kind of social injustice.

Gradually, my ignorance and apathy about mental illness evolved into empathy. But that transformation did not occur solely by educating myself. It took Nash's story to rouse me. It took recognizing that I was part of the problem. I'm still working on it.

*Freelance medical writer Miriam Davis is working with co-author Howard H. Goldman on a book about the stigma of mental illness. Miriam Davis Special to The Washington Post December 18, 2001; Page F1*