

ted patients over decades found that half to two-thirds of people with schizophrenia improve or recover. Schizophrenia was not a life sentence, especially treatment, rehabilitation and support from family and friends. In fact, the

rt wrote, "some people with schizophrenia can experience a remission of symptoms and return to a high level 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 the descriptor with astonishment, wonderingly if this could possibly be the 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 Nasr'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 he had been there in the 1970s. In black and white, there was the indelible image: Nash wearing mismatched plaids, that same wild stare in his eyes.

This biography transported me back to my Ivy League campus – and back even further to the history of its illustrious mathematics 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 various areas as economics, political science and sociology. It was his work in this field that would more than 40 years later and long after his terrible battle with schizophrenia, would win him the Nobel prize.

At graduate school, I remembered, I spent nights over wine and beer with my fellow students, watching them crack jokes and scrawl unfathomable equations on chalkboards. I recalled their awkwardness, their crooked glasses, greasy hair and musty odor. Yet the biography made clear even within the quirky and cloistered world of the math department, Nash was a loner. He was withdrawn and inaccessible long before the onset of his mental illness. As Nash's biography relates, it was not 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. At times, 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. She 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 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 trouble 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 read 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 not crazy. His recovery had begun gradually

the 1980s – no one knows precisely why or how. But the key ingredients, in the 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.