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# THROUGH A GLASS DARKLY

ELYN SAKS is a brilliant academic and author. She also has schizophrenia. Here she chronicles her struggle with the illness that has cost her so much and the life she has built in spite of it.

It's ten o'clock on a Friday night in 1982. I am sitting with two classmates in the Yale Law School Library. They aren't too happy about being here; it's the weekend after all – there are plenty of other fun things they could be doing. But I am determined that we hold our small group meeting. We have a memo assignment; we have to do it, have to finish it, have to produce it, have to ... Wait a minute. No, wait. "Memos are visitations," I announce. "They make certain points. The point is on your head. Have you ever killed anyone?"

My study partners look at me as if they – or I – have been splashed with ice water. "This is a joke, right?" asks one. "What are you talking about, Elyn?" asks the other.

"Oh, the usual. Heaven and hell. Who's what, what's who. Hey!" I say, leaping out of my chair. "Let's go out on the roof!"

I practically sprint to the nearest large window, climb through it, and step out onto the roof, followed a few moments later by my reluctant partners in crime. "This is the real me," I announce, my arms waving over my head.

I had finally done it: cracked in public, in front of colleagues, my law school classmates. Who I was, what I was, had been revealed. Now everyone would know the truth – of my worthlessness, my evil. Something was prying my grip loose, finger by finger, and very soon now I was simply going to fall through space.

The next day, I was in the emergency room of the Yale-New Haven Hospital, surrendering my wire belt, fashioned out of several feet of loose telephone wire I had found on the roof, to a very nice attendant who claimed to admire it. But no, I would not give up my special nail. I put my hand in my pocket, closing my finger around the six-inch nail. "People are trying to kill me," I explain. "They've killed me many times today already. Be careful, it might spread to you." He just nods.

Another attendant arrives, this one not so nice. Once he's pried the nail from my fingers, I know I'm done for. Within seconds, the doctor and his whole team of goons swoop down, grab me, lift me out of the chair and slam me down on a nearby bed with such force that I see stars. They bind both my legs and arms to the metal bed with thick leather straps.

A sound comes out of my mouth that I've never heard before. Half-groan, half-scream, barely human and pure terror. Then the sound comes again, forced from somewhere deep inside my belly and scraping my throat raw. I'm choking and gagging on some kind of bitter liquid that I try to lock my teeth against but cannot. "No," I shout. "Stop this, don't do this to me!" I glance up to see a face watching the entire scene through the window in the steel door. Why is she watching me? Who is she? I am an exhibit, a specimen, a bug impaled on a pin and helpless to escape. "Please," I beg. "Please, no!"

I am a chaired professor of law and psychiatry, with appointments in a law school, a college, and two medical schools. I am also an advanced candidate at a psychoanalytic training institute, and the author of three books and over 30 scholarly articles. I graduated valedictorian of Vanderbilt University, studied at Oxford and received my degree with honours from Yale Law School.

But I have also been diagnosed paranoid schizophrenic. I have been hospitalised three times, tied hand and foot to the cold metal of a hospital bed and left alone in the psychiatric equivalent of solitary confinement. I have been given “very poor” and “grave” prognoses. In other words, I was not expected to be able to live independently, let alone work or get married. Yet I have managed to do just that and more.

There were signs in my childhood that all was not right. A very “good girl,” I was nevertheless polysymptomatic. I had phobias, obsessions, and excessive fears that an intruder was standing right outside my window, just waiting for the right moment to break in and kill us all.

I experienced my first instance of “disorganisation” when I was around seven or eight. My dad had snapped at me about something and I felt as if my centre were giving way, consciousness gradually losing its coherence; my mind felt like a sandcastle with all the sand sliding away in the receding surf. The “me” became a haze, and the solid centre from which one experiences reality broke up like a bad radio signal. As frightened as I was, I intuitively knew this was something I needed to hide from my father, and from everyone else as well. That intuition as well as the other masking skills that I learned to use to manage my disease, came to be central components of my experience of schizophrenia.

I “officially” broke down at Oxford, where I was a Marshall Scholar. There I became extremely depressed, anorexic, and paranoid with a small “p”: I felt like people were talking about me behind my back and laughing at me. (Given the way I looked and how I behaved – walking down the street talking to myself and gesticulating – this might not actually have been a delusion.) I also came to believe that I shouldn’t talk – it would only spread my evil around. So it was hard to make friends, to say the least.

Schizophrenia rolls in like a slow fog, becoming imperceptibly thicker as time goes on. At first, the day is bright enough, the sky is clear, the sunlight warms your shoulders. But soon, you notice a haze beginning to gather around you, and the air feels cooler. After a while, the sun is a dim lightbulb behind a heavy cloth. The horizon has vanished into a grey mist and you feel a thick dampness in your lungs as you stand, cold and wet, in the afternoon dark.

For me (and for many of us) the first evidence of that fog is a gradual deterioration of basic common sense hygiene – what the mental health community calls “self-care skills”. Once away from my parents’ watchful eyes, I grew inconsistent about asking myself the taken-for-granted questions. Are showers really necessary? How often do I need to change clothes? Or wash them? Have I eaten anything yet today? Do I really need to sleep every night?

Some days, the answers were clear as a bell. Yes, of course. For heaven’s sake, Elyn, clean yourself up! And so I did. But other days, the questions and the answers were just too hard to sort out.

Isolated, eventually unable to work and full of suicidal ideas – I should be burnt at the stake because I was a witch – I sought help

from my GP who sent me to the psychiatry department. I voluntarily entered a hospital and vowed it would be my first, my last, and my only visit. I worked hard and was discharged after a month.

Eight months later I was back. (So much for resolve.) This time my symptoms became more pronounced – although I mostly hid them from the staff. Four months passed, and it began to look like I might become one of those patients who never leave. I had come to Oxford an ambitious and even idealistic young woman. I’d wanted to make new friends, I’d wanted people to like me. I’d wanted to study what I loved, do well, earn my degree and move into the community of scholars I so respected. But none of that happened. For all my efforts, I had earned only the stigma of a mental patient. A consultation with a renowned British psychiatrist, Dr Anthony Storr, led to the recommendation that I stay at Oxford and begin analysis. In retrospect, his recommendation was truly prescient: “For a girl like this it is psychoanalysis or nothing.”

For the next three years I engaged in five-day-a-week psychoanalysis with an analyst I will call Mrs Jones. I became floridly psychotic with her but managed to navigate life better. As my sessions with her increased, and I became accustomed to spooling out the strange products of my mind, my paranoia began to shift. Although the nameless, faceless creatures from the sky had no less power over my fears and thoughts, the actual human people in my daily comings and goings seemed less scary and more approachable. They were becoming individuals – human beings, as I was – who were vulnerable and interesting, perhaps with something in common with me. Slowly I made one friend, then two. Blinking and shaky, I began to move back into the world again. I became able to work again.

At the same time that my mind was starting to betray me, it was also becoming a source of enormous satisfaction. Beyond the narrow and

disappointing world of an undergraduate social system that had no place for me, I discovered academia – great ideas, high aspirations and people (teachers and students alike) whose own intellectual curiosity seemed to give them real purpose in the world. In particular I discovered philosophy. I fell in love with it. To my delight, I found that I was actually good at it too. Not only did it 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.

I returned to the US to go to Yale Law School, and lasted less than seven weeks before I found myself again in hospital. This time it wasn’t so pretty. Five months of hospitalisation ensued involving long-term restraints and seclusion, forcible medication and no privacy; I was even watched as I showered and went to the bathroom. Apart from the restraints – I still have nightmares – perhaps the most upsetting thing about the experience was the diagnosis: “chronic paranoid schizophrenia with acute exacerbation. Prognosis: grave.” I knew what this meant, but I refused to give in.

Psychosis is like an insidious infection that nevertheless leaves some of your faculties intact; in a psychiatric hospital, even the most debilitated schizophrenic patients show up on time for meals. So it was for me. Completely delusional, I still understood essential aspects of how the world worked. For example, I was getting my schoolwork done, and I vaguely understood the rule that in a social setting, I could not ramble on about my psychotic thoughts. It was not part of polite conversation.



Elyn Saks, left, as a child and, right, today

*I have been hospitalised three times, tied hand and foot to the cold metal of a hospital bed and left alone in the psychiatric equivalent of solitary confinement.*

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. Thus, while I continued psychotic, I was able to function academically and make good friends. 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 very good day.

Work is both my solace and mirror – when I lose track of who I am, it is there on the page, to remind me; when I’m away from it, I lose my bearings. I eventually became a professor at the prestigious University of Southern California Gould School of Law. I went into analysis with a person I will call Dr Kaplan. Early on there began brewing a conflict over medication. My motto was “the less medicine, the less defective”. While previous analysts had tolerated my many, many efforts to get off the drugs – which always left me wildly psychotic – Kaplan took a firmer stand. He said I needed to be on medication, and would forever, and I should just get used to it.

Eventually I would come to accept I had a mental illness and that I needed medication. Two things had that effect. First, I tried as hard as I possibly could have to get off. (I even went to a clinical psychologist to help me develop techniques to stay true to my goals.) I used to think that I just hadn’t tried hard enough, but I knew with this effort I had tried as hard as I could.

Second, I got on a new medication that did a much better job keeping me clear. In spite of my ongoing difficulties ever since undergraduate school (and in all likelihood even before that) I hadn’t ever really thought of myself as “ill” – not at Vanderbilt, or even at Oxford, when I was obviously delusional. I truly believed that everyone had the scrambled thoughts I did, as well as the occasional breaks from reality and the sense that some unseen force was compelling them to destructive behaviour. The difference was, others were simply more adept than I at masking the craziness, and presenting a healthy, competent front to the world. What was broken about me, I thought, was my inability to control my thoughts and fantasies, or to keep from expressing them. My problem was not that I was crazy; it was that I was weak.

Of course, that wasn’t true. Most other people didn’t have thoughts like mine. Thanks to the drugs coursing through my body, I experienced long periods of time in which I lived as other people did – with no psychotic thinking at all.

Ironically, once I accepted that I had the illness, it came to define me less. It became accident, not essence. Psychoanalysis helped me with this. Indeed, the analysis was as important as the medications, even though some think that psychoanalysis doesn’t help people like me. Among other things, psychoanalysis has given me a place to bring my disturbing thoughts and has helped me to make sense of them and of my struggles. Without the analysis, I believe the drugs would not have allowed me the life I want. I think I would have lived out my “grave” prognosis.

With my life now on a more even keel (not perfect, but better) I had time for other things. For instance, I got into psychoanalytic training, something I had fantasised about since I was in high school.

And after many years of not dating, I fell in love – for the very first time. I was nearly 40 years old. Will was a law librarian at USC

(he’s now at two downtown law firms), and an artist at heart – he designed and built beautiful furniture.

After our first date, having talked a lot about his beloved parrot, Will brought me a feather to paste on my computer. I called a college friend that night and asked him (I’m not sure why I put it this way) whether he thought that a man who plucked a feather from his parrot and pasted it on your computer liked you. Without missing a beat, Kenny said, “I don’t know, Elyn, but one thing is for sure, he likes you better than he likes his bird!”

Dr Kaplan had told me that often women feel like they don’t

have a choice in sex, and in our time together he helped me to understand that I did have choices – about when, and with whom, and under what circumstances. I knew all too well that my illness complicated things – it made certain risks much bigger than they might have been for someone else. Taking off your clothes can feel like taking off armour; revealing vulnerability feels dangerous. And even the sanest person has to admit that the physical experience of orgasm is disorienting, even somewhat hallucinogenic – for me, that letting-go, falling-through-space feeling hadn’t always been good. When space looks suspiciously like an abyss and “losing yourself” can equal psychosis, ceding control can be terrifying. But what happened between Will and myself was everything I’d hoped it would be. I felt safe in his arms and fulfilled.

It took me time to tell Will about my illness. He was as supportive and understanding as he could have been. He has seen me psychotic twice – I still have symptoms and even full-blown episodes at times – and while he has found this difficult, he has not fled or criticised or buried his head in the ground. He has been a true support like my friend Steve Behnke. One cannot

overestimate how important good and kind people are in one’s life.

Eventually Will and I married. We joke that, being older, we had just skipped our first marriage. I still go to bed every night and wake up every morning thinking how lucky I am to have found Will.

I can’t deny that my life has been difficult at times (in addition to my mental illness I had breast cancer and, later, an ovarian cancer scare, which resulted in a full hysterectomy). I lost years of my life. I missed countless relationships – intimate friends, cherished lovers; I never had children. I never enjoyed the excitement of working in a high-powered law firm, with challenging cases and hardworking and bright colleagues. Even now I can’t travel the way I’d like to. And if someone could wave a wand, or give me a pill that would make it all go away (better yet, to never have happened), I would take it in a heartbeat.

Still, life has also been good to me. I now have almost everything I could have wished for, even though my illness took an enormous toll. For years, I’d seen my body as the place that I lived, and the real me was in my mind; the body was just the carrying case, and not a very dependable one. Will has changed much of that for me, and so has surviving cancer. In short, I have ended up with what everyone wants – mentally ill or not: I have ended up with a life wonderfully worth living. ■

Elyn R Saks’ memoir of schizophrenia, *The Centre Cannot Hold*, is published by Virago, £17.99stg.

## WHAT TO LOOK OUT FOR

The signs and symptoms of schizophrenia vary from person to person but in general are of two types, positive (or active) and negative (or passive): ■ **POSITIVE SYMPTOMS** **Delusions** occur in 90 per cent of cases, eg, believing you have special powers or are someone else **Hallucinations** – for 50 per cent of people this may mean hearing voices but can include other senses **Disorganised thinking** – a change in patterns of thinking, but usually expressed as erratic speech **Disorganised actions** – such as wearing inappropriate clothes or muttering aloud in public ■ **NEGATIVE SYMPTOMS** **Withdrawal or loss of motivation** – may manifest as apathy, difficulty keeping up with work, etc **Loss of feeling** – may affect relationships, social activities and ability to express emotion **Poverty of speech** – reduced verbal ability, repetition and vagueness **Flat presentation** such as poor eye contact, or lack of body language.

Schizophrenia affects one in a hundred people in Ireland at some point in their life. If you would like further information or support, please contact Schizophrenia Ireland, 01 860 1620 or phone their helpline, 1890 621631 (Mon-Fri 9am-4pm); [www.sirl.ie](http://www.sirl.ie).