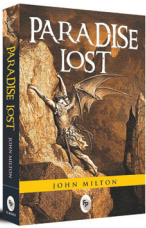


Between The Tattered Pages of My Mind



"The mind is its own place, and in itself can make a heaven of hell, a hell of heaven..."
~ John Milton, *Paradise Lost*

I don't know if it is the medicine or exhaustion. I have such a battle waking up each day. It is not because I fear what is out my door. I notice that my brain needs dreams just as my body needs sleep, but my medications rob me of dreams. This part of the day, I am closest to madness.

Groggy, foggy, tired, and unintelligible, I wake up, sometimes to stare at my phone, not able to commit to any action. I make coffee, sip it in my easy chair. Despite the wonderful caffeine fix, the fog envelopes me and I slide into the dream world.

I take pills, three times a day. What they do to my health I don't fully know, but the choice in my case is between unhealthy and insane. I choose unhealthy and believe the drugs are a miracle. Small miracles, but miracles they truly are.

I consume a cocktail of pills plus a bi-weekly injection. Fluoxetine, an antidepressant. Depakene, a mood stabilizer and an explosive diuretic (use your imagination). Oral antipsychotic. A medication for shaking hands, a benzodiazepine for anxiety. I also take metformin for diabetes, blood pressure medication, a cholesterol pill. Seemingly a toxic mix. But they work. I can't ride a motorcycle, I can't stop my hands from shaking, but the pills



Leif Gregersen, author

work. They keep me stable, coherent. They are a solitary staple holding together the tattered pages of my mind that would otherwise be carried away in the winds of madness. They allow me to exist outside of a hospital.

Let's wind back the clock 40 years. I was on a psychiatric ward at fourteen. At eighteen, in high school, I battled depression and mania. Many distressing and stressful events came together, and I slid downwards into psychosis. Depression was just the prodromal phase, the early warning of things to come. I began having delusions and hallucinations. There were triggers: first, the death of a friend. An unstable home. Working the night shift added to the pressure. Then, violence, arrest and hospitalization on the locked ward of a terrifying complex I never knew of until I was taken there in the back of a police car.

The depths of my desperation were limitless. That place revealed a view of humanity I never imagined existed. There was a loud, brazen woman who kept calling me Vern. There was a man found walking in the snow with no shoes and a grocery bag full of \$20 bills. He would fall asleep standing up, his blistered and swollen feet on the floors shared by all. Then there was Derek. He had been admitted while still in school, he liked sports and talking about girls. It was confusing, but in that depth of despair on the locked ward feeling hopeless and unwanted, he reached out to me and showed me something of limitless value.

"Do you like to draw?" He asked.

"Yes, but I'm no good." I replied.

"Here. Try and draw this." He handed me a pencil, a blank sheet of paper and a picture of a tiger.

I humored him. But I started to see the lines and representations that were turning my sketch into something that resembled a tiger. I no longer listened to the clock ticking or heard the TV.

Just then, Derek said: "See? Now we're no longer in a mental hospital." At first I felt empty there, but with this, it seemed my soul had returned.

A gentle change came over me. My attitude changed. Soon, I was discharged. But without guidance or structure I made mistakes. I drank heavily. I picked a fight in school. I must have made the "spectacle of the year" award in the yearbook. But the seed was sewn. Maybe it was sanity, maybe it was creativity. Maybe it took insanity to draw out creativity. All I know is, flawed and imperfect, my oldest dream came back. I wanted to write.

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A Voice in the Dark

Annie Yang Lei

When my best friend anxiously sobbed to me over the phone at 2 AM that she “couldn’t do it anymore,” I blearily asked, “Do what, the math homework?”

It was a humorous, stupid response that dragged a choked laugh out of her, the first crack of light in a night that had been full of darkness. What I didn’t realize then was how close she had come to taking her own life.

Growing up in a strict household, I was taught that mental illness was either a weakness or a luxury, something that didn’t happen to “people like us.” Depression was just laziness. Anxiety was overreacting. Therapy was for the broken. I absorbed these beliefs until I began unraveling under academic pressure that made every test and assignment seem insurmountable.

But my friend’s suffering forced me to see things differently.

My high school was known for its intense and competitive atmosphere and was no stranger to suicide attempts. A classmate could be present on Monday, and by Friday, people would be gossiping about their admittance to a mental ward. These incidents, though deeply troubling, felt disturbingly commonplace. Teachers would rush to organize assemblies on bullying and mental health, but the urgency often felt hollow and superficial.

She entered high school with a bright smile and big dreams, but by junior year, she was spiraling. Her nightly phone calls became routine, filling late hours with quiet sobbing.

That night, before our calculus homework was due, her voice was barely audible through her choking sobs, and she admitted she had a bottle of aspirin right next to her on the bathroom floor and was considering overdosing. I frantically tried to calm her down and stayed on the line till the sun came up, talking her through the ordeal. My voice was trembling as I begged her not to do anything rash and made her promise to show up at school the next day, and somehow, she listened.

I knew this couldn’t continue, and I urged her to see a therapist, but she hesitated. Her parents didn’t believe in mental health care, so I worked with her to create a Google Slides presentation: statistics on mental health, her recent struggles at school, lists of insurance-covered providers, and evidence-based treatment outcomes. When she finally texted me that they had agreed, I cried tears of relief. Her success felt like a shared victory. It was a glimmer of hope amidst the darkness.

Helping her changed me. I began to see reflections of her pain in myself from panic attacks I had dismissed as overreacting, numb stretches of days where I felt like a shell, and thoughts I never dared to speak aloud. If she

deserved help, maybe I did too. That realization followed me into college, where I finally sought therapy. Shame gave way to empathy, and I came to understand the courage it takes to face such inner battles and the importance of offering unconditional support.

My healing journey hasn’t been linear, but it’s been transformative and enlightening. As a neuroscience major with a psychology minor, I immersed myself in studying psychiatric illness and its biological and psychological roots.

In a neuropsychiatric patient course, I encountered the story of Bethany Yeiser: a woman who battled schizophrenia and homelessness before becoming a mental health advocate and founder of CURESZ. Her memoir *Mind Estranged* opened my eyes to how misunderstood and underserved those with serious psychiatric disorders are, especially individuals living with psychosis. I had learned about psychosis in class: hallucinations, delusions, and disorganized thinking, but her anecdotal descriptions of losing her grasp on reality became more than abstract symptoms. What struck me most was how systems failed her and how people turned away from her when she needed help the most.

Studying her case helped me understand psychosis as a profound medical and social crisis, and her advocacy strengthened my desire to not just heal, but help. I learned that mental health care requires more than just compassion, but systemic change. People fall through the cracks because mental health care remains inaccessible, unaffordable, or stigmatized.

That’s why my support now extends beyond my friends. Today, I volunteer at a crisis line, supporting strangers through the darkest nights of their lives. I speak openly about mental health within my community and family, spaces where stigma still silences conversation, using my own experiences and education to challenge the harmful beliefs I once held myself. When I worked as a patient care technician, I cared for psychiatric patients, gaining firsthand insight into the challenges they face within the healthcare system. I also actively encourage my peers to utilize our university’s counseling services, and I am committed to continuing my education so I can address these issues not only at the bedside but also on a systemic level.

If we want to reduce suicide, homelessness, incarceration, and suffering among people with severe mental illness, we need reform: expanding funding for mental health services, ensuring insurance coverage for long-term treatment, providing culturally informed education to dismantle stigma surrounding psychosis and other conditions, and training law enforcement in crisis intervention.



My journey began with a late-night phone call and a desperate attempt to keep someone I loved alive. It has grown into a commitment to stand beside those in crisis and fight for a system that protects them. And, when someone calls in the middle of the night saying they can’t go on, to be the voice that reminds them they can.

The Importance of Language for Psychiatry

**Carol S. North, MD, MPE, DLFAPA, Adjunct Professor in Psychiatry (volunteer),
The University of Texas Southwestern Medical Center, Dallas, TX, USA**

Members of older generations learned standard rules of grammar in elementary school. The main offender I recall hearing in those days was the word “ain’t” to mean “is not.” The word ain’t has never emerged as accepted standard language and is not part of formal scientific writing. I also remember learning to say, “He and I went...,” rather than “Me and him went....” There are 2 grammatical problems with “Me and him went...”: 1) passive (object) pronouns are reserved for indirect (received) transactions, whereas active (subject) pronouns are used for direct actions,¹ and 2) reference to the other person properly precedes reference to self.² Based on these rules, it would be incorrect to say, “Me and him went to the store” but correct to say, “He and I went to the store.” It would also be incorrect to say, “The teacher gave he and I each a book” but correct to say, “The teacher gave him and me each a book.”

Lately I have been hearing grammatical aberrations on these rules with appalling frequency in circumstances where you wouldn’t expect them (such as from the mouths of national news commentators). This has led me to the sad realization that the grammatical Pandora is out of the box and probably won’t be going back inside anytime soon (or ever). Changes in common language usage are accelerating at dizzying speeds.

Consonant with the above recent trends in popular language, the language of medical specialties has also been changing with amazing rapidity. Experts in psychiatric nosology – the science of classification and diagnosis of psychiatric disorders – understand that formal terminology is essential to the conceptualization and understanding of foundational psychiatric constructs. The American Psychiatric Association has been responsible for formally defining psychiatric illnesses since 1952 (American Psychiatric Association, 1952), and during the ensuing decades, the formal name for reference to psychiatric illnesses has been “mental disorders.” By at least 1990, however, rogue phrases had begun to creep into psychiatric terminology. A noteworthy example is the cringe-worthy term “mental health disorder.” Joining the word “health” with words implying pathology (“disorder,” “diagnosis”) to create phrases such as “mental health disorder” and “mental health diagnosis” is oxymoronic. The words *health* and *illness* conceptually don’t belong

together. Combining words for health and illness into a single entity is not the style of terminology for other medical specialties: for example, diseases of teeth are not “dental health disorders” and heart diseases are not “cardiac health disorders,” but rather dental and cardiac disorders respectively. Because psychiatry is a branch of medicine (Guze, 1978), there is value and utility in following these broader medical conventions.

The last few decades have witnessed an alarming increase in terminology joining health and disease, in both lay and medical usage. I lamented about this trend in a scientific article I recently coauthored (North and Pfefferbaum, 2022). In my published article, I facetiously suggested the most absurd example I could imagine to illustrate the ultimate in preposterous terminology: “mental health illness.” Lo and behold, in the last month, to my astonishment, I heard not just 1 but 2 different national news commentators on different networks utter those exact words, “mental health illness.”

Such distinctions may strike lay readers (and mental health professionals as well) as the unnecessary product of nitpicking over terminology. But, in psychiatry, words matter. Language referring to mental illness is a reflection of our understanding on a fundamental level and drives how we behave toward people with psychiatric disorders. I imagine that the recent changes to common phraseology referring to psychiatric illness must be driven, at least in part, as an effort to combat the stigma of mental illness. Inserting the word “health” after the word “mental” may have been meant to soften the blow of psychopathology for those who cannot bear any mention of mental illness. If anything, however, this convention confirmed that for many people mental illness is too awful to validate by even acknowledging it. By avoiding its mention, we inadvertently further stigmatize it.

Given all this, what are we to do? Ideally, I’d like us to ratchet our language back to its previously intended form. However, it seems the language train has already left the station years ago, and that is not likely. Regardless, we can be leaders in mounting a campaign to re-insert proper terminology in our language and alerting others to the dangers of language creep in psychiatry.

COMMENTARY

Dr. North’s article is both interesting and cogent for our field. I have thought about this issue (mental health disorders as an oxymoron) a million times. I also recall joining a group of psychiatrists many years ago demanding that NIMH (National Institute of Mental Health, established in 1949) be renamed as National Institute of Mental Illness, to no avail.

~ Henry Nasrallah, MD



I’d like to invite others to weigh in with their own observations and thoughts about psychiatric terminology, and perhaps a discussion on this topic can start here.

~ Carol North, MD

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- American Psychiatric Association (1952). *Diagnostic and Statistical Manual of Mental Disorders*, First edition. Washington, D.C.: American Psychiatric Press, Inc.
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- North, CS and Pfefferbaum B (2022). *The need to clarify professional terminology in psychiatry*. *Annals of Clinical Psychiatry* 34(3):149-151.

Notes:

- He and I are subject (i.e., active) pronouns, but him and me are object (i.e., recipient/passive) pronouns. A simple test to know which pronoun to use is to strip one person from the sentence and see if it makes sense. For example, “He went” and “I went” are grammatically correct; “Him went” and “Me went” are grammatically incorrect.
- “I and he” (active) and “me and him” (passive) are grammatically incorrect because the other person should precede the first person.

Between The Tattered Pages of My Mind

(continued from page 1)

During one hospital stay I was delusional and said a Hollywood director wanted to have me write the screenplay for his next movie. A ward aide said:

"I challenge you to write one page of a screenplay. One page."

I did what he asked and wrote that page but threw it out. I wish I could have kept it. Years later, I wrote a short story about someone who escapes from a psychiatric ward, a common theme for patient-writers I learned. It went nowhere. But as the words went from mind to page, I experienced a new joy, a new freedom. In the years that followed, I read all the poetry I could find. I read any novel recommended to me. I wrote reviews of all of them no one would ever see. I saved every cent, sacrificed for months to buy a typewriter. Out of all that darkness a memoir came together.

I truly lived the hermit's life. Depression overtook me many times. Often, the delicate balance of my pills fell apart. Ten years of isolation and poverty passed, then I had a short voluntary hospital admission, and my prescription was drastically changed. The new meds weren't helping, so I tried going back on my old ones. My dire situation made me unstable. On urging from my parents, I was taken back to Alberta Hospital. If only the story ended there with me walking in, not being chased down, subdued, given an injection and locked into that dreadful place.

First chance, as I left the ambulance on seemingly good terms, I bolted. "All the Kings horses and all the King's men" (author unknown) dashed after me as I tried to use my knowledge of the complex to escape. It would be six months before I would leave that place, and even then, only under strict conditions.

When I was discharged, I went to a group home. I found a good one. It meant regular meals, regular exercise, regular medications, encouragement to attend all programs and appointments, and even a little dignity. Perhaps what it gave me most of all was a place where everyone either had a mental health issue or was a staff member trained to deal with one. I was also put in an unsupervised house. All the stigma was gone and finally I could be part of a real community. Then another miracle happened.

A friend, a dear, sweet friend had saved the only known copy of my manuscript. It became **"Through the Withering Storm,"** my first book. It sold more than 500 copies. More books followed. Extensive reading and writing on many topics paid off. I was offered work as a writing instructor. I wrote and published magazine articles. I even found the Schizophrenia Society and was hired to give talks about mental health. Miraculously, they were okay with me selling books. Later, I taught poetry for three years at the same psychiatric hospital that once confined me.

Those who are seriously injured carry their scars to their deathbed. Mental illness has injured me and my loved ones in more ways than I can count. Wounds heal. But scars remain. My parents are gone now, but they left this world knowing I found joy and passion and even success. Alfred, Lord Tennyson, writing about the death of King Arthur in **"Idylls of the King"** wrote about how we go on, among, "new faces, other minds." My hope is that when my time to pass comes, that I leave a path to freedom through creativity that other faces and other minds can follow to their own healing and recovery, through the magic of the written word.

VIDEO HIGHLIGHT



Brain Attack

Click on photo to view video.

*Because psychotic episodes damage the brain, it is imperative to comply with treatment to prevent more damage. In this video, **Henry Nasrallah, MD,** and **Bethany Yeiser, BS,** compare a psychotic episode, or "brain attack," to a heart attack. Just as a patient will do anything from diet to medication to prevent a second heart attack, persons with a psychotic break must adhere to medication to prevent further brain damage. The role of long-acting injectable medications to prevent relapse is discussed.*

Please consider making a donation to the CURESZ Foundation online at **CURESZ.org**

Your contribution will help provide education and referrals to persons with schizophrenia, their families, and those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain disorder, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

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