

# Give Unconditional Love to the Mentally Ill

19 digested recovery stories  
English edition May 2023 Issue



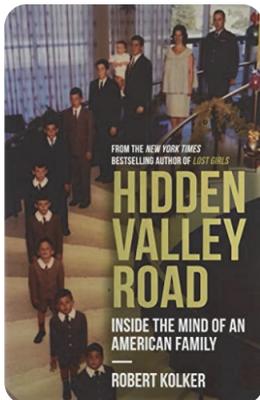
## Freedom Is Therapeutic!

Italian Mental Hospital Abolition Reform



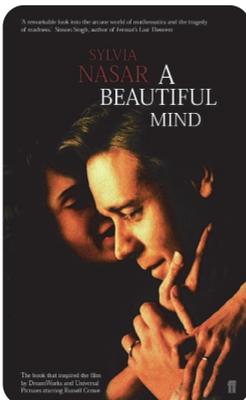
## Open Dialogue as an Embodiment of Love

Psychiatry The World's best recovery performance



## Hidden Valley Road

A family with 6 out of 12 children with schizophrenia



## A Beautiful Mind

Nobel Prize-winning physicist who recovered from schizophrenia



## Hallucination & Delusion Tournament

## The Power of Mutual Friendship

Prof. and Social Workers  
Ikuyoshi & Etuko Mukaiyachi  
"Anytime, Anywhere, Forever"

### The purpose of this booklet

Famous books and theories on mental health are abundant already. However, such books are usually difficult to read and unaffordable for some with mental illness, and for them, access to bookstores is also limited. On the other hand, this booklet is written in short and plain English, free, and delivered free. Leading psychiatrists and mental activists have agreed with the purpose of this booklet, and they all have contributed their articles for free. Therefore, this booklet can be distributed free of charge in both hard and digital versions.

For easy access to this free booklet, go to:

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Please refer to the Epilogue for what we hope to achieve with this booklet.

### A Request

To improve the contents of this booklet, please summarize your impressions of the contribution that impressed you the most among the stories posted here, (preferably including your struggle with illness or support experience) within 500 words and send it to the following email address.

One of your most impressive stories might be fed back to the original contributors.

Mail to: Mental health recovery / Easy Go Farm Booklet

Our email address: [iseasygofarmbooklet@gmail.com](mailto:iseasygofarmbooklet@gmail.com)

Your name and postal address:

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Epilogue

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# *Prologue*

*Life's great happiness is to be convinced we are loved.*

*Victor Hugo*

*From Les Misérables*



# 1. “Freedom Is Therapeutic!” — Italy’s Mental Health Revolution in the 20th Century

The birth of mental care dates back to the early 19th century when the French psychiatrist Pinel liberated the so-called lunatics (mental patients) who had been chained in institutions just like criminals. Pinel has since then been called the father of modern psychiatry.

In the late 20th century, about 200 years after Pinel’s endeavor, another revolution in mental care took place in Italy. Dr. Franco Basaglia liberated lunatics from the mental institutions where they had been treated without any dignity, and released them into local communities, shouting out his slogan: “Freedom is the cure!”

This is a real story that happened in our century and should be memorialized most vividly and told long into the future as a model of the *practice of love* towards the mentally disabled.



Andre, who had been detained in a mental hospital around 1970, complained to the state-owned media: “Eighty of us were packed like sardines in a single room with iron-barred windows. There were no chairs in the room so we all sat on the floor. We were not even allowed to go to the loo. Every time someone died, we heard the bell ringing once, and everyone prayed to God that it would have been far better if it had been for us! I would never, ever, want to go back to that life again.”

Franco Basaglia, then a new psychiatrist sent to the hospital in Gorizia, northern Italy, witnessed the reality of violence in the mental institution: the mental patients were restrained in straitjackets, suffocated, and fainted from electric shocks and ice-cold bathing, and left on wet sheets, with their excreta untended to.

Basaglia published a book entitled *The Institution Denied* to spread the reality of these horrible scenes in the hospital. His book turned out to be a bestseller all over Europe.

Basaglia separated *insanity* from *mental science* and regarded the former as a *series of phenomena* arising from social factors, including family and work environments. He claimed that insanity was a manifestation of one’s deep agony, and at the same time it was one of the conditions of being a human; accordingly, psychiatrists should reconsider the way they faced this human phenomenon to properly respond to the patient’s insanity.

Furthermore, he criticized mental institutions for aggravating the patients' insanity, claiming that, because insanity was worsened by the environment, its risks should be able to be controlled by improving the patients' environment.

With these ideas in mind, he called mental hospitals *total institutions* (meaning “prison-like institutions”) and suggested that all mental hospitals be closed. He then devoted himself to a major revolution starting from the liberation of mental patients from hospitals and the legal banning of mental hospitals, through to the abolishment of mental hospitals in all of Italy.

Basaglia claimed that psychiatrists should support their patients with love. Thus, for the mental patients, he was like a missionary in both an ethical and religious sense. He was exceptionally kind and, in addition to the duties he had as a doctor, he employed every possible creative means to save the patients and to restore trust in mental care, always searching for a light at the end of the dark tunnel.

He first decided to abolish psychiatrists' white coats. He then helped the patients establish autonomous communities and associations of their own and renovated the hospitals into group homes. He even made his lodging available to the patients. He also negotiated with an airline company to offer surplus in-flight meals and a flight experience to his patients to please them. To mark their liberation, he made a paper horse named “Marco” with the mental patients and together they marched to the town out of the hospital gates hitherto closed. Television programs broadcast this scene extensively, and the villagers who joined the march were enlightened by this event. After all this, the people of Trieste finally began to accept the mental patients.

The revolution to liberate these mental patients, however, did not always go smoothly. Major incidents occurred which caused people to be skeptical about liberating mental patients into society: a patient named Giovanni Miklus, who had just been discharged from the hospital, killed his wife and another patient called Giordano Savarin murdered his aged parents who had let him leave the hospital. Basaglia was so devastated by these incidents that he even doubted the justifiability of liberating mental patients and considered stepping down. In addition, he and the other psychiatrists who had been directly involved in these patients' care were sued for liberating them. But fortunately, thanks to the advocacy of the French philosopher Jean-Paul Sartre as well as leaders in

legal circles, and because it became apparent that those patients had not been taking medication, Basaglia was finally declared not guilty.

On another occasion, in the Rezo Trieste Meeting in 1977, in which a total of 1,500 participants gathered under a large tent for only 250 people, a fierce argument erupted between the conservatives, who demanded safety in society, and the reformists. In this chaotic situation, Basaglia, who was suffering a broken rib, appealed to the audience in such a dynamic and desperate manner that everyone was moved by his forcefulness.



(\* See photo)

In May 1978, the Italian Parliament finally enacted Act No. 180, commonly known as the Basaglia Act, to abolish mental hospitals all across the country.

It was only two short years after that when Basaglia fell ill due to a brain tumor. Franco Basaglia was rich in creativity and always inspired people around him. Dubbed the “Conscience of Italy” and the “Father of Act No. 180”, he passed away at the age of 56 to the regret of many.

Michele Zanetti, a politician who had worked in partnership with Basaglia for over ten years to boldly accomplish the Mental Health Revolution in Italy and had visited WHO with Basaglia to make Trieste designated as a pilot area for the world’s mental health services, delivered a condolence speech at Basaglia’s funeral: “He had exceptional kindness and love, and had the generosity to offer a helping hand under any circumstances.” He then said a final farewell to Basaglia, who had fought for the mentally disabled throughout his life: “Thank you, Franco, and goodbye. Please rest in peace.”

Source: *BASAGLIA Una biografia* Published by LINT Editorial sel. Trieste Italy

Authors: Francesco Parmegiani and Michele Zanetti

Translators: Professors Tetsutada Suzuki and Toshihiko Ouchi

## 2. A Beautiful Mind

John Forbes Nash, Jr. was about to be made a full professor at MIT when he was thirty. As a first-year graduate student at Princeton, he had even made an appointment to see Einstein. By his late twenties, Nash's insights and discoveries had won him recognition, respect, and autonomy.

However, at thirty years of age, he suffered the first shattering episode of paranoid schizophrenia. For the next three decades, Nash suffered from severe delusions, hallucinations, disordered thoughts and feelings, and a broken will. He was hospitalized involuntarily half a dozen times for periods up to a year and a half and was subjected to all sorts of drug and shock treatments, and finally became a sad phantom who haunted the Princeton University campus where he had once been a brilliant graduate student, oddly dressed, muttering to himself, writing mysterious messages on blackboards, year after year.

Nash abandoned mathematics, embraced numerology and religious prophecy, and believed himself to be a "messianic figure of great but secret importance." He was involved with other men and had a secret mistress and a neglected illegitimate son. He even threatened to sue Alicia, his wife, for divorce. In his therapy sessions, he stopped making threats of any kind, except divorce.

At MIT, Alicia first encountered Nash as one of his students. Back then, she was to tell her girlfriends that being there made her feel like a "Queen Bee." For a young woman whose husband was in a lunatic asylum, threatening to hurt her, divorce her, take their money, and run off to Europe, she maintained a remarkable calm. Alicia subordinated herself to Nash. She wasn't there to compete with him. She was dedicated to his support. She never talked about their baby, only about Nash. She regarded the pregnancy as a problem, just a danger to Nash. She was worried that it would interfere with her ability to take care of him. However, exhausted and dispirited by three years of turmoil and convinced that Nash's condition was more or less hopeless, Alicia consulted an attorney and instituted divorce proceedings. Alicia's attorney then filed for a divorce.

Meanwhile, Alicia was also having difficulties at her job and found her son hard to handle. But when her mother took her son away for several months, she missed him terribly. Nash tried to be sympathetic, writing to Alicia's mother that "Alicia is seeing a psychiatrist. She is very depressed. She was crying." Alicia then wrote to Nash's sister, "I feel that I now understand [John's] difficulties much better than I ever did in the past, having experienced some of his type of problems personally." She was moved by pity, loyalty, and the realization that no one else on earth would take him in, and offered to let Nash live with her.

Over thirty years of marriage with Alicia, Nash received a lot of love from his wife, and thanks to the love he received also from his friends, he miraculously began to show signs of recovery. And at the age of 66, his condition was well enough to be a co-winner of the 1994 Nobel Prize in Economics.

After the Nobel award, he became a very different man from the often cold and arrogant youth. He may be less than he was intellectually, but he has become a great deal more than he ever was—“a very fine person,” as Alicia, who made his recovery possible, put it once.

After a nearly forty-year gap in their marriage, John and Alicia were about to say “I do” for the second time. For them, it was yet another step—“a big step,” according to John—in piecing together lives cruelly shattered by schizophrenia. “The divorce shouldn’t have happened,” he told Sylvia Nasar, the author of *A Beautiful Mind*. “We saw this as a kind of retraction of that.” Alicia said simply, “We thought it would be a good idea. After all, we’ve been together most of our lives”

Nash has been in touch with his older son who was once lost to him. He also spends much of his time with his younger son. On his wedding day, he proudly described a mathematical result his younger son has lately been trying to publish. And, as the scene suggests, he has come to acknowledge Alicia’s central role in his life.

Sylvia Nasar

Authoress of 『*A Beautiful Mind*』

Doctor and Professor at Columbia University

The Source: 『*A Beautiful Mind*』 Simon & Schuster

Faber & Faber; Tie-In – Film Kindle

### 3. Open Dialogue as an Embodiment of Love

In the early 19th century, the French psychiatrist Pinel liberated lunatics (mental patients) from their chains. This was the beginning of modern psychiatry, and mental hospitals were built.

In the late 20th century, 200 years after Pinel's endeavor, the Italian psychiatrist Basaglia released mental patients to local communities from institutions where they had been treated without any dignity.

And in the early 1980s, Open Dialogue, the home treatment of mental patients through teamwork, was developed by the team working at Keropudas Hospital in Finland which has been the focus of the world's attention due to its surprising effectiveness.

Dr. Jaakko Seikkula has become known for several studies and publications about the Open Dialogue approach.

We can see the wisdom of humankind in this magnificent history, which coherently seeks recovery through love.

#### I. Treatment achievements: Results of the two-year treatment of schizophrenia in West Lapland

Average hospitalization period per patient:	Decreased by 19days
No. of patients taking medications:	Decreased from 82% to 35%
No. of patients receiving disability benefits:	Decreased from 57% to 23%
Recurrence rates among patients:	Decreased from 71% to 24%

#### II. Treatment methods (the steps to take)

< Conventional treatment >	< Treatment by Open Dialogue >
Initially reported to psychiatrists or staff members at the hospital or clinic	Staff members at the health center (nurses, psychologists or social workers, etc.) A treatment team is established within 24 hours by the patients, family members, friends, the psychiatrist, other specialists, etc., and the team staff visits the patient's home.
Treatment methods are determined by psychiatrists, who make the diagnosis and select and determine the treatment methods, visits to doctor's offices, psychotherapy, occupational therapy, etc.	The treatment team opens up the patient's and family members' hearts. All members of the team are involved in the discussion to select and determine the treatment methods for the patient.
The standpoint of the therapists, the psychiatrist, and other staff members provide treatment to the patient in a more traditional doctor-patient manner.	The treatment team, by being more personally involved, opens up the patient's and family members' hearts to improve them through the treatment.

### III. Conceptual diagrams



The person who first got the call is the responsible person



The meeting should be held within 24 hours



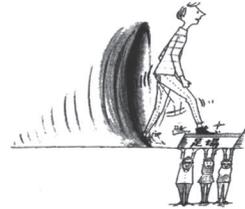
Nothing should be decided without having the person or family involved



Reflecting: The good effects of hearing others speak positively of him



The team member should continue their support



Illustrator: Akiko Hagino (Izaku Shoin)

### IV. The Power of Love in Recovery

After birth, the first thing we learn is to become a participant in the dialogue. We are born in relations and those relations become our structure. Intersubjectivity is the basis of human experience and dialogue and the way we live it.

“The mind is a continuous initiating and responding of voices speaking to each other. Voices are speaking personality, the speaking consciousness”( Bakhtin 1984)

The challenge for any kind of psychological help becomes giving up our aims for change and intervening to produce a change in our clients. As professionals, we should learn to follow the way of life of our clients and their language — entirely, without preconditions. This is not easy. But this is the challenge for me. In one of the latest attempts to help therapists to do just that we have developed specific dialogical methods for looking at responsive happenings in multi-actor dialogues.



Jaakko Seikkula, Ph.D.  
 Professor of Psychotherapy  
 Department of Psychology, University of Jyväskylä

#### Reference materials:

1. Seikkula, J, Arnkil, T.E.: Open Dialogues and Anticipations – Respecting Otherness in the Present Moment. National Institute for Health and Welfare, Tampere, 2014.
2. What is Open Dialogue?, Professor Tamaki Saito, M.D., Ph.D., Social Psychiatry and Mental Health, the University of Tsukuba, Ibaraki, Japan; Publisher: Igakushoin.
3. Dialogical Meetings in Social Networks, Shunsuke Takagi, Ph.D.; Publisher: Nihon Hyouronsha.

## 4. The Power of Mutual Friendships

Being involved in the activities of Bethel House, I have often been deeply surprised by the instances in which the *power of mutual friendships* plays a prime role.

### ***As a social worker***

In 1978, at the age of 22, I started living with mental patients in Urakawa, Hokkaido, Japan. On my business card were my address and phone number as well as the motto “*Whenever, Wherever, Whatever is needed.*” At that time, there was no separation between public and private in my life.

Since my way of devoting myself to patients was too unconventional, I was banned from work for five years—the reason being I “disturbed the traditional medical treatment system.” In 2001, I launched the world’s first “Interpatient Cognitive-Behavioral Therapy Study Group” at Bethel House. In these groups, the patients discover and develop ways to cope with their illness by exchanging ideas with each other and learning to look at themselves through the eyes of one another. Those study groups turned out to be an enormous success.

We are planning on publishing their achievements under the title “Bethel’s Skills Bank” which is currently under preparation.

### **“Mr. Chatterbox Rescue Team”**

Ms. Sonoko Hayashi, the team leader, used to hear a voice in her head, which she nicknamed “Mr. Chatterbox”, and came up with the idea of coping with him respectfully, gently, and tenaciously. She would say to the meddling Mr. Chatterbox, “Don’t worry. I’m not alone. I have friends I cherish and I am living in peace.” When just saying this once or twice had no effect, she tenaciously tried ten or twenty times. In this way, she found how to make Mr. Chatterbox give up and send him back home.

One night, an emergency call came in from a mother who said her son was acting violently. Although I knew it went against common sense and was totally against the rules, I asked Ms. Hayashi and some other members of Bethel House to accompany me and rushed to the scene.

I introduced myself to him through the tightly closed front door of his house, “My name is Mr. Mukaiyachi,” and explained that I wanted to help him in any way I could. But for him, a mental patient living in a world of delusions, a social worker like me was an alarming and unwanted presence.

Then Ms. Hayashi took my place and spoke to him. “I am a schizophrenic. I am managing my life with the help of my peers. I came here because I want to be friends with you.” Other

members also called to him, “We want to be friends with you!” Then, he opened the door and listened to us!

I was pleasantly surprised! I had faced similar situations during my long career as a social worker, but this was the first time I had got such a solid reaction right from the beginning. In this sense, the achievement of the Mr. Chatterbox Rescue Team was remarkable.

A few days later, I was doubly surprised by receiving a phone call from this mother saying that her son said on that day, “Mom, I made new friends today!”

(Ms. Hayashi, who had worked out a unique way to deal with Mr. Chatterbox, actively held lectures, and did outstanding work as PR Manager of Bethel House. She suddenly passed away from a heart attack at the age of 36. One of her peers gave the funeral address: “Please keep on chattering even after you have gone to heaven and remember to call our cell phones whenever you feel like it!”)

### **The “Bursting Out Rescue Team”**

“What a disaster, Mr. Mukaiyachi! When I got up in the morning, my head fell off! Half my body has gone to Tokyo and hasn’t come back. Could you kindly bring it back for me?”

Mental patients have until now shut themselves down and avoided talking about things they wanted to, but only when they have found that they are free to talk with each other openly and without fear, can they find a niche for themselves.

For them, nothing seems to be as pleasant as the *feeling of bursting out* that drives away discomfort in one go. The idea of rescuing each other has led to the launching of a *Study Group on Bursting Out*, and the Rescue Team has formed accordingly. “Our *taicho* (leader) is *taicho fury* (not feeling well)! Let’s rescue him!” Rescue requests are now so frequent that such punning is very popular among the members.

Mr. Ikuyoshi Mukaiyachi  
Psychiatric Social Worker

(Source: *The Wind from Bethel House/Mental Illness and the Church* [Published in Japanese]; Word of Life Press Ministries)

## 5. Hidden Valley Road

In the spring of 2016, a friend introduced me to two sisters, Margaret Galvin Johnson, and Lindsay Galvin Rauch, now both in their fifties, who were the youngest siblings and the only girls in a family of twelve children. Of their ten older brothers, six of them had been diagnosed with schizophrenia. The more I learned about the Galvin family, the more I couldn't believe their story. It was horrifying. Their oldest brother, Donald, tried to kill his wife before being sent to a state mental hospital more than twenty times over two decades. The seventh son, Joseph, sent threatening letters to the president. The ninth son, Matthew, believed he was Paul McCartney. The tenth son, Peter, once shattered the windows of the house, right in front of his parents. And the fourth son, Brian, a talented rock musician, shot his girlfriend and turned the gun on himself. And then, the sisters explained to me, the second son, Jim, sexually abused them both from the time they both were toddlers.

All this, in one family. I couldn't imagine it. And I wondered how such a family could even pretend to stay together under such horrible circumstances — why these sisters wouldn't have run away the first chance they got, never to come back. But the sisters, when I spoke with them, showed that they still had a reservoir of hope. They told me how each of them found a way through their traumatic childhoods. And they told me that their family has a scientific legacy — that they were so statistically unusual that they became one of the first families to be studied by the National Institute of Mental Health, as part of the search for the genetic origins of schizophrenia. And later on, when I talked with several of the researchers who analyzed the family's genetic material, I learned that samples of the Galvin family's DNA helped form the cornerstone of genetic research into schizophrenia that continues today. Even the family hadn't known that yet.

The two sisters wanted their family's story told as a work of independent journalism, and they believed that every member of the family, sick and well, would participate. One of the biggest challenges of this book was to portray mental illness accurately — perhaps in a way that hadn't been tried in nonfiction before. I believe our popular culture has a way of “othering” the mentally ill in both low and high ways: Sometimes the mentally ill people in books and movies are monsters, and sometimes they are vulnerable precious helpless souls who have special insight that the rest of us lack access to. I don't think anyone in this audience can look at their time interacting with the severely mentally ill and come away thinking that most of them or even any of them, check off either of those boxes: The monster. Or the misunderstood secret mystic.

Instead, I thought, what if I wrote about a family with six mentally ill children and wrote about the mentally ill children the same way that I wrote about the non-ill children: Like they were people?

I had many poignant visits with the surviving mentally ill sons. Spending time with them helped me understand that mental illness is not a cookie-cutter condition; even people in the same family manifest it differently. In discussing their illnesses, I also weave in a sort of shadow history of the evolving science of mental illness throughout the 20th century. This is not always a pretty story — it’s about barbaric treatments like lobotomy, about researchers working in silos and not listening to one another, about clashing theories of the illness slowing progress, about groupthink stymying innovation.

The stakes here are of course more about just one family. Schizophrenia affects an estimated one in one hundred people — or 82 million people worldwide. As I got to know this family better, I came away thinking that *Hidden Valley Road* was a chance to tell a story not just of survival and resilience, but of redemption, and even hope. It is not just about how one family’s dreams are shattered.

It is about children, now grown, investigating the mysteries of their childhood—re-evaluating the lives their parents lived, and rediscovering the humanity in their suffering brothers.

It is about, even after the worst has happened in virtually every imaginable way, finding a new way to understand what it means to be a family.

Robert Kolker

Author, “*Hidden Valley Road: Inside the Mind of an American Family*” (Doubleday, 2020)

## 6. An Essay on Life

I recently received a letter from one of my former students, whose first child is handicapped. When the child was born, she tried to accept her situation and said: “I am convinced that God has chosen me because He thinks I am capable of raising this child.” But then, seeing her neighbors’ children growing up normally, unlike her child, she has been made miserable. “Please teach me what it means to be strong, Miss. It is too difficult for me,” she cried in her recent letter.

I have read a book that begins with the words: *Life is difficult*. It is truly so. Her cries are also mine. How can we be strong when things go wrong and we become depressed even though we want to live strong?

“You don’t need to be strong. You can cry whenever you want to,” I remember writing back to her. I then added, “Note the difference of one word,” by which I meant that suffering is not something to be *rid* of, but to be *accepted*.

Everyone hopes to live without suffering, but that is not possible because we are living in an imperfect world of humans. We all experience suffering to some degree, and cannot live as intended. But if we gave meaning to this suffering and lived with it, then that might help us live strong.

I have talked about a quote from Victor E. Frankl on human freedom in one of my Personality Theories classes: *it is not freedom from conditions, but it is the freedom to take a stand against the conditions*. My former student cannot change the condition that she gave birth to a handicapped child and she cannot be freed from it, but she does have the freedom to choose whether to accept it or not.

*Life is difficult*—but I would like her to flourish in her difficult life. A “good life” is not a life without suffering or crosses, or with less of them; instead, I believe it is a life in which we can fully take advantage of the freedom not to be tormented by them.

Kazuko Watanabe  
Former Chairwoman, Notre Dame Seishin Gakuen

Author of the best-selling essay collection: *Blossom Where You Are Planted*  
Source: *An Essay on Life in Important Things That I have Almost Forgotten* [published in Japanese]; PHP Bunko

## 7. An episode of Our Fight for Recovery

It was in May 2006 that tragedy suddenly struck my wife. She was then 64 years old. She had a seizure early in the morning and an ambulance took her to the hospital. The diagnosis was severe, advanced depression. In no time she was hospitalized. It was then I recalled her constant complaints of fatigue and insomnia. However, I never imagined it was so serious.

At that time I was an office worker, caught up in the rat race all the time and I spent little time with my family, going to the office early in the morning and coming back home at midnight even on weekends. It was due to this situation that my wife felt so unbearably isolated and lonely at home for a long time and eventually became mentally ill.

Over the next four years, she was hospitalized three times, in total for 437 days.

I was so sorry about that and wished that she might get well soon.

I learned how to cook, did my best to do laundry, and went to see her in the hospital every day. In the meantime, something worse happened.

I was diagnosed with chest cancer at my regular health check-up in April 2009. My chest cancer had developed to stage IV, without any symptoms that I was aware of.

I was overwhelmed with anxiety and fear, but I was lucky enough to be hospitalized at the same hospital as my wife. We encouraged each other and devoted the whole time to our recovery for about 5 months.

Thanks to the rapid development of modern medication, I was blessed with good doctors and medicine. I left the hospital with my wife in early September. I can never forget her smiling face on that day.

Since then, we go out together hand-in-hand for a walk every day for our rehabilitation. We commute to the hospital once a month for regular checkups. We are enjoying good results so far and we are well enough to plan to travel to Japan this year. I feel that I see the light at the end of the tunnel at last!

Right now I spend the days left to us, short though they may be, dreaming of going on an around-the-world trip, which we have long put off.

Mr. Tadanori Yoneyama (October 2012)

(Note: “I will never die until my wife gets well!” Having said that, Mr.Yoneyama took loving care of her for 6 years, passing away in March 2013 after he confirmed his wife’s remission.)

## 8. God Saved My Bipolar Butt

By John & Karrie Wenzler

In October 2004, my husband John, age 48 at the time, collapsed in a parking lot. He was rushed to a hospital. After two weeks of testing, he was diagnosed with a brain aneurysm which required surgery.

My husband is a long-time sufferer of bipolar disorder which has complicated his many medical conditions as well as our marriage and life in general. In this case, pain medications in large quantities were triggering delusional dreams and hallucinations without any psych medications during his hospital stay. For example, strong pain medications used before surgery caused him to remove his IV and feeding tube. He was not able to sleep and rest because he was experiencing the TV being on fire and other things during the night that was not happening. He also asked for a divorce, something he has done many times over the years during extreme mania.

While I tried to explain to the hospital staff about the side effects of the medications and his need for his psych medications, urging the staff to contact my husband's psychiatrist, I was ignored and it was many weeks before something was done. The delusions got worse ; he squirmed in his bed and continued to see strange things in the night. Thankfully one night, it was God that he saw who calmed him a bit. But the delusions and jumping around in bed often led him to be restrained in bed. Meanwhile, John's family and friends were shunning me due to his rants about divorce. I was taking a lot of time off work and my job was at risk. I had to run John's business during all this, where frustrated employees were vandalizing the office as well as many other problems. For a short time, I was suicidal. I wrote to friends and family for help, and sought medication; neither helped.

By this time, my husband was suffering from severe respiratory problems. He was already suffering from pneumonia nine months earlier, and he needed an artificial trachea inserted into his neck to breathe. His family was consulted by the hospital staff, but due to his life suffering from bipolar disorder, they concluded that terminating his life would be the best option.

As power of attorney, I was asked by my husband's family to issue approval, but felt that God was telling me I should keep him alive. The trachea was therefore inserted, and my husband was able to breathe again.

In my personal opinion, mental illness is much worse than a medical problem. If someone has a medical condition, you can explain options and have their cooperation in care or decision-making. When mental illness takes hold of one's brain and behavior, there is no cooperation or reasoning, and little correct reporting by the ill person of what is going on within them, or around them.

In 2008, I finally called John's bluff on his many filings for divorce. This time I instigated the action because I could not take it anymore. I was going down with the ship; I no longer had the energy or time or money to save him from the ravages of his mental illness. A year later in June 2009, it was finalized. We held hands in the courtroom. I cried. I wanted to divorce the mental illness, not John. I loved him and hated the bipolar that ruined his life and our marriage.

Only what God has put together cannot be kept apart. John had a serious manic episode in May 2010 that went on for too many weeks, which had severe implications for his medical conditions and became life-threatening. He needed in-home care for 2–3 weeks, so I had him come to our house where I still lived. He slept and got the medical attention and new doctors that were needed during that time. We discussed his staying only 6 months until a new entire team of psychiatric and medical professionals could be found. At the end of the 6 months, we bought John a new wedding ring to wear and agreed that we would not legally marry again due to the financial and legal complications that I could be responsible for. However, we would essentially be married in God's eyes, as it was His plan and love that brought us back together.

We have been rewarded with 3 years of John being more stable with new medications and new support people in his life. We have lived so normally for 3 years that it is truly a blessing of Godly proportions. I can now love John and am not filled with daily rage and hate toward his mental illness. We have peace at this time and pray that it will continue.

Ms. Karrie Wenzler

Story contributed by John and Karrie Wenzler, authors of the book *God Saved My Bipolar Butt*, available in paperback and Kindle from Amazon.com.

## 9. The Recovery of the Brain and Beyond

When I began as a young psychiatrist 25 years ago, I thought mental illness was just a brain disorder. For instance, certain kinds of auditory hallucinations are caused by dopamine receptors because shutting them down by antipsychotic medicines erases such hallucinations; depressed moods are attributed to the condition of serotonergic neurons since increasing the serotonin levels in the brain by medications relieves them. Therefore, I thought that all symptoms of mental illness would eventually be explained by the condition of the brain if each of these symptoms was tied to each part of the brain, such as agitation to noradrenalin nerves and anxiety to GABA receptors.

The medicalization of mental illness is the basis for the view that this illness can be explained entirely in terms of the brain. In general, the medicalization of illnesses means that the individual's condition is explained by the patient's physiological dysfunction, and is diagnosed and treated based on its cause. The cause of the illness is considered to be inside the patient; for example, pulmonary tuberculosis is caused by *Mycobacterium tuberculosis*, and is treated by the administration of streptomycin, isoniazid, and rifampicin; stomach cancer results from the malignant proliferation of the gastric mucosal epithelium, and is treated by the removal of the tumor in an operation. People who try to fit this framework of medicalization into the context of mental illness believe that they can justifiably say that schizophrenia is caused by overactive dopamine receptors. And so, psychiatrists treat schizophrenia by shutting down these over-active dopamine receptors using antipsychotic medications.

However, mental illness cannot entirely be explained in terms of this medicalization context. For instance, suppose an employee with poor sleep and appetite, a depressed mood, and suicidal thoughts after having overworked was brought to a mental clinic. If this patient were considered within the framework of medicalization, then the psychiatrist would think that the cause of the illness should be inside this employee because a decreased level of serotonin was found in her brain. So the employee would be treated by increasing the serotonin levels in the brain using antidepressants to improve her physiological condition. But here, is the cause of the employee's bad condition in her physiological state? No. The employee's physiological state is the *effect*, and the cause is the fact that she was constantly told by her employer to work overtime. We can say so because there is a causal relationship between overwork and depression—if the employee was freed from overworking, then her depressed mood would improve. Experience is causally related to psychiatric symptoms; in this case, the employee's experience is the *cause* and her psychiatric symptoms are the *effects*.

I have been a molecular biologist for nearly 30 years, and recently the focus of my interest has shifted to the quest to find out how much of the mind can be explained in terms of

the brain. When I first started my career, I thought that all mental symptoms should be able to be explained in terms of the brain. My point of view now, however, is slightly different. Dignity or love cannot be accounted for by proteins; nor can self-esteem be explained by chemical reactions. Dignity is the resonance phenomenon between you and someone you value as indispensable. The mind extends inside the brain and beyond. Medications may heal the brain, but it is when the factors beyond the brain are healed by the *medicine of human contact* and the *medicine of time* (as Dr. Ikuko Natsukari put it) that a true recovery occurs.

Masanari Itokawa M.D., Ph.D.

Vice Director General  
Director, Center for Medical Cooperation  
Tokyo Metropolitan Institute of Medical Science

## 10. What Does Personal Strength Mean?

Genki, our pet dog for seventeen years, died in peace three years ago. At first, he had by no means been welcome in our house. We decided to keep the mongrel puppy after our eldest son found him abandoned and pleaded to take him in. But as time went by, Genki became a natural presence in our home. Even now, I feel saddened when I look at the empty doghouse and the garden without him.

While I wish I could see him again, I wonder, “Was he really happy as part of our family?”

One day, I read a book that said that a dog can never choose its master.

Whether the dog lives in a grand mansion, or whether the owner is a homeless person, the dog remains faithful to its master. While Genki had *life*, he lived a *life* straight from the heart. As a pet, he not only brought me healing but taught me many things. If we human beings could also live life straight from the heart that way, I guess that we would all be happier.

\*

My mother suffered from mental illness and had psychiatric treatment for half a century. I always thought of my mother as an *unfortunate woman* because her life had been filled with suffering such as illness, divorce, and loss of work. However, my way of thinking changed four years ago when I made both her illness and my history of psychiatric treatment public.

When I met with my patients and their families away from the clinic and got to know them without the doctor-patient relationship, I came to realize how mentally strong they are.

One of my patients with whom I have been corresponding once wrote in a letter, “I deeply appreciate your mother’s *haiku*:

*To live or to die  
A draft of wind  
that can go in one of two ways.*

This emboldens me to be happy with myself as a disabled person who can go forth with a feeling of equality to all.”

He has no relatives to rely on and is supporting himself on welfare, but he holds up his head and says, “I have meaning in my life.” While almost overwhelmed by loneliness, those were the best words he could come up with.

I think I have now realized that a truly *strong person* lives the *life* God has given him or her straight from the heart. In realizing this, I can now respect my mother.

And this moves me to rethink the way I work as a psychiatrist.

Dr. Ikuko Natsukari  
Yakitsubenomichi Clinic

Child psychiatrist; her books include *Kokoro Yamu Haha ga Nokoshite Kureta Mono* (What my mentally ill mother has left behind). She has also written many academic papers.

## 11. Give *Vitamin L*

Since the sudden onset of your precious family member's mental illness, you, as the members of the family, may have repeatedly given seemingly good advice, guidance, warnings, and directions to him or her with the desperate wish to normalize the abnormal behavior.

It is a natural thing to do as family members. Of course, medication is an important method to cure this illness, but much more is necessary for recovery -- *love* and *warm support* from those who surround the patient.

According to Dr. Seiichi Harada, a practicing psychiatrist who is using both drug and cognitive behavioral therapies, anyone would start hearing voices in their heads in the presence of the following four factors: *anxiety*, *isolation*, *severe fatigue*, and *insomnia*. The medication works on *anxiety* to start with. Then, it affects *insomnia*. As the mind and body get better, it somewhat reduces the *severity* of fatigue. But *fatigue* remains.

Family members may be puzzled by the fact that the patient experiences severe fatigue even though he or she is not doing any work. Another psychiatrist, Dr. M, compares the patient's fatigue with that of a person who has just finished climbing a 3,000-m high mountain—and it persists.

What is important to realize next is that medication has no effect on *isolation* that should be avoided. So, to save the patient from isolation, I have been encouraging the members of the family to give him or her *vitamin Love* that is most effective if given by them. *Vitamin L* includes the following three points:

- (1) Tell the patient that he or she is an irreplaceable, precious person and therefore a treasure to the family.
- (2) Just to be alive is great (because the patient is already enduring considerable hardship).
- (3) Understand the patient's feelings.

The following is a letter I received from a woman with whom I was unacquainted.

*My younger brother has been mentally ill for 20 years. He recognized neither his illness nor his need for medication and was staying at home and isolating himself from the rest of society. "You are ill! You are a person in need of medication!" everyone in our family kept telling him all the time for 20 years. But every time we tried to persuade him, he became violent and made a mess all over the house. We were all living in fear.*

*I encountered your book by chance. The part you mentioned about vitamin L was a real eye-opener to me. In accordance with my proposal to my family to tell him how precious, and valuable he is to us, our family decided to act. A month later, he said that he positively wanted to be hospitalized and went into the hospital.*

*One year has passed. He is now living in a group home and continuing to take medication. His life has calmed down peacefully on a disability pension and welfare. We are still giving him the words of vitamin L. I would so much like to thank you.*

How pleasant it was to receive this letter! I would like to express my fullest gratitude to this family who put my words into practice.

Ms. Nobuko Takamori

SST Instructor gives over 300 lectures every year in various parts of Japan.

## 12. When Helping Ends Up Hurting, and When It Serves Its Purpose

It was roughly twenty-eight years ago when I began my current activity to support people who have lost their homes. This activity of mine started with the occurrence of the Great Hanshin-Awaji Earthquake in 1995, and at first, consisted of giving shoulder massages to people sheltering at the evacuation center for several months.

While I was giving them a massage, some of them talked, and others just kept quiet and nodded off.

There was no meaning or intention in my activity. Those who received it might have felt comfortable just for a short while, but in the next few minutes, they would be sleeping on the pieces of cardboard spread out on the cold floor of the sports hall. Their bodies would soon become hard.

Even so, I visited the evacuation center every, each day, and indeed many people were waiting for my massage every time.

Thinking back, my activity neither forced them to do anything, nor required hope from them nor had any aims or goals—probably that’s why it turned out to be a valuable time both for them and me.

I then moved to Tokyo and joined activities to support the homeless. Here, too, I just gave them shoulder massages. At first, I might have conceived the idea of helping them out, but I now think what I envisioned was not real help. I simply massaged their shoulders. This activity didn’t intend to teach them how to get out of their present situation or to suggest that they receive welfare or get into an institution or seek a better life.

Suppose, now, we have someone in need in front of us and want to help this person. What should we do? Presumably, we all want to give a helping hand to him or her to bring something good to them.

We are well-intentioned when we try to help someone, and although our actions sometimes do help people, at other times this helping only hurts them. This occurs because our actions contain the coexisting motives to help them AND to deny them. The reason we hurt them is because we wrongly assume that we are always doing good in guiding and helping them to a better situation. I would say this assumption is wrong because it is the same as saying that their current situation is not good or harmful and it should be denied. Therefore, what happens is that we try to help them but end up hurting them.

The same thing can be said regardless of whom we are trying to help—be it a child, a family, a student, or a patient. If our “help” is intended to guide them to a better future but denies who they are right now, it is not a help at all.

What we can do is simply give them a shoulder massage. Just keep them company and walk together on the roads they choose as they cling to hope in their suffering right now. They may sometimes want to talk to you by asking what you think they should do; some other times you may be sitting face-to-face with them, desperate to stop them from doing something because they are about to make a risky choice; and even some other times the knowledge you have may be of help.

That said, the only help an individual can give to a person in need is simply to keep him or her company. View the world as they do and accompany them. Think together when they must make decisions. Walk together in the ways they have chosen.

This should apply to anyone—every person is living at their own pace. When we cannot manage ourselves, what better help can there be than to have someone keep us company and think together with us?

Suimei Morikawa  
Psychiatrist, Acupuncturist and Moxa-Cauterizer, and Open Dialogue Practitioner

His books include:  
*Roaming among the Aging Homeless Society*; Asahi Bunko & Kindle; Asahi Shimbun  
Publishing; and  
*Open Dialogue—How We Do It*; Igaku-Shoin Ltd.  
(Both in Japanese)

### 13. Oh, God, I Sure Have Lived

An unexpected life exactly describes my life.

The fact that I have been affected by mental illness is my unexpected life. I have neither wished for nor chosen such a life. I have never wanted to lead such a life. It was God, however, who has given it to me. (Oh, I must have made a mistake. Sorry, my Lord!) God unilaterally told me that I am supposed to live with mental illness. To me, however, it is a sort of “Come on, give me a break” type of life.

It is twenty years since I started experiencing mental illness. It has caused me great suffering and I have lost much. It also made me unable to do whatever I could do before. The sorrowful bereavement of a precious friend of mine was a great shock to me. I was married and divorced. I have been haunted spiritually twice so far. More pain and hurt have overtaken me than joy.

My life is a repetition of hitting rock bottom, where I struggle my way upward and then fall back once more.

I appreciated an e-mail a friend of mine once sent me. It went, “Thank you for choosing to live on. I wouldn’t have met you, Koba-chan, otherwise! I think that everything will eventually turn out to be good in the eyes of God.”

Although I never anticipated such a life, it has given me strength and sturdiness that enable me to live with my vulnerability and weakness. Even when I was at the mercy of the very worst of emotional sufferings, I received the gift of the power to overcome them and I have survived so far.

I have read the book titled “SACRIFICE” (a story on the suicide of the author’s son) written by Kunio Yanagida and I wrote as follows on the back page of its book cover:

*I would rather choose to live than die, even though I have to live with my illness. I wish to live on and on until I make my life exist firmly. So that I make my life relieved which was suffering from mental illness.*

When I see God in heaven, I will dare to say, “Oh God, I sure have lived.”

Ms. Hisami Kobayashi

## 14. Maintaining a Reasonable Distance

My younger sister, now over 60, is living with my younger brother in our parent's house. Our parents have already passed away, and my brother has been isolating himself from the rest of society for more than 40 years since he graduated from junior high school.

As far as I can see, my brother has no notable disability apart from having difficulties in human contact. My sister is schizophrenic, but her symptoms are negative and stable, possibly due to old age as widely said. She seemingly also doesn't hear voices in her head recently, however, she cannot maintain motivation for everyday life including having meals, and only goes out for lunch each day. I am helping with my brother's living expenses by sending money to his bank account. As for my sister, I visit her once a week and hand over to her a quarter of the monthly disability pension for the cost of living and also accompany her to the clinic once a month.

I have now been helping my sister for about 15 years, I guess. She was married back then, and her husband came up to me to talk about my sister who was living with him and their two adult children. He said that something was wrong with her health condition. In the acute stage, she was talking incessantly in the car when we accompanied her to the clinic and had auditory hallucinations and silly smiles. All in all, she was not in a condition to be able to cope with life in general. Subsequent treatment eliminated most of the symptoms, but currently, negative symptoms are rather apparent.

During this time, she had to cope with serious events such as divorce and separation from her children and grandchildren. She must have suffered tremendously before her condition settled down. She couldn't get housework done despite her will; she was isolated within the family; and she suffered from severe illness and side effects of the medication. In addition, the people around her also got into trouble because of her.

She doesn't talk much about her current situation. I suppose I'm maintaining a reasonable distance from both my sister and brother. They have their own lives, and I have my own life.

I do what they ask me to do, but I value their independence and rarely interfere in their matters. My sister has had glasses and teeth made, but she doesn't seem to be using them now. I do ask her what she needs and give advice, but in the end, it's all up to her decision.

Life is different. I presume some people have to endure a life that is not intended. I just wish all the happiness for them. I understand that both of them are aware that I, their brother, am always ready to give a helping hand to them.

Mr. Tomitaro Sugimoto, Chairman of a family group with 100 members, Numazu City

## 15. The Warmth of Reality

I have been mentally ill for the past 13–14 years. I have been living with this illness all this long time. When I first became ill, I had no idea what was going on and, to escape from my agony, I was even willing to die.

But now, after a long treatment, I am more than happy that I have my own family and am leading a life I could never imagine back then. Though I haven't recovered completely, I am now capable of getting along with my illness.

Surely my husband has helped me a lot in gradually accepting my true self. My husband, on his part, has also accepted me as who I am and loved me. He never neglected my feelings or thoughts even though I kept going back and forth between the world of reality and that of delusions.

“Someone keeps watching me!” I would wail when my condition worsened now and then. “I sometimes feel the same,” he would reply. He has kept telling me that I can just stay as I am, and it helped me to start visualizing the real world little by little. Once you experience the world of abnormality, it is really hard to get out of it—because you get confused and it becomes difficult to distinguish between what is real and what is not.

My husband said there was one way I could be saved. “That’s to have a child of our own,” he said. And thankfully we had a baby. Indeed, giving birth and raising a child was hard and there was suffering involved, but it truly showed me the way because I felt it was something only *I* could do. And even though it was a huge burden for me and I needed a lot of help from many people, I began to feel what was real as I watched my child grow up step by step.

Our child is now 11 years of age, and three of us are living as a quiet and peaceful family. My days are still far from easy, but I believe that taking one step at a time and cherishing every day of life will serve as the best cure. I also believe that human bonds become stronger if we accept each other’s weaknesses and that no matter how deeply we suffer, we are always energized. I will be grateful to those people who will be watching over me lovingly, and I’d like to keep on finding the warmth of reality.

Misato (Pen name)

## 16. This Is Love

I have been suffering from mental illness for over ten years, and for almost six years spent most of my time in bed. In the past, when I heard the five o'clock chime echo in the town every evening, I would become gloomy and couldn't help feeling anxious and depressed. I was seized by a sense of regret that another day had gone without getting anything done.

Yet, I got to know a man quite by chance and we decided to get married. But making such a decision and confiding in him about my illness were different matters. After being unable to make up my mind for a long time, I finally took the plunge, picked up the phone, and told him that I am mentally ill. Then he answered, "I don't mind at all. Don't worry. I bet you've had difficult times. Let's get married. I'm coming over right now."

He then pedaled his heavy bike for 40 minutes up to my place where I was living on my own, arriving at half past one in the morning, wearing a raincoat in heavy rain and strong wind because a typhoon was approaching that very day. He is not handsome by any means, but I will never forget his face that day—soaking wet and looking rather helpless in his raincoat. I still remember it vividly and love it.

When the day broke he said, "You told me that you are mentally ill, but don't let it get over you." He then took off his glasses and said, "I'm so nearsighted that I can't see a foot away without glasses. I say your illness is the same."

He married me without asking anything at all about my past or going into details about my illness. He didn't even speak a word to his family that I am ill. When I asked him recently what he would say if it ever came to the point that he had to speak about my illness to his parents, he simply replied, "I'd tell them that I didn't speak about it because it wasn't necessary."

I am truly grateful to my husband, for his deep love for me.

I imagine that there will be hard times on our journey still, but I'm sure we will be able to get over them as long as we believe in each other, not to mention the people we are counting on for support.

MiMi (Pen name)

## 17. With My Son Carrying the Burden of Schizophrenia

My second son experienced his first attack of schizophrenia when he was a freshman in high school. During the following years, he was hospitalized twice. One time he escaped from the hospital in bare feet, taking four hours to walk home. He was immediately taken back to the hospital and was physically restrained in a segregated ward. He was not allowed to wash his face nor take a bath for around two weeks.

I longed to share the burden my son was carrying. That was all I, the miserable mother, could do. Nonetheless, both my son and I are grateful that we have been supported by the people around us. I also came to know more about my son, because he suffered from schizophrenia, than I would have learned otherwise. My handicapped son is truly my treasure.

He will soon be 25 years old. I thank God he has lived this long.

The following are my son's feelings: "I want you to understand me." "Please do not think that I am lazy, as I am doing my best. Please do not force me to do things when I am tired." Those words grasped my heart, and I strongly regretted that I had forced him to do things that were difficult for him. I should have given him more careful consideration because he was suffering mentally, which was hard to see.

The spring before last, my son began to live all by himself. It was his strong desire to do so. Perhaps, people might think how could I let him live alone or what a cold-hearted mother I am? But it was what he wished to do and I wanted him to carry it out. At first, I disagreed with him because I thought it would be too much for him. He protested so vigorously that I thought I should understand him as an adult, not as a child. I eventually took his side. Indeed, my son is now a responsible adult.

I find my son becoming able to do things that he couldn't take care of before by letting him live alone. I presume he is finding his way to recovery as he continues to live at his own pace while receiving support from local specialists.

Recently, receiving short emails occasionally from my son has become one of my pleasures. I hope he will continue to make steady joyful progress one step at a time while receiving support from the people around him.

Ms. Yuko Yuimi (Pen  
name) Chartered Social  
Worker and Psychiatric  
Social Worker

## 18. My Son Saved Me, Who Was Alcoholic

Below is how I quit drinking alcohol, which appeared in “Readers’ Voice” of Asahi Shimbun, one of Japan’s leading newspapers, just before I retired:

*“I first had a taste of alcohol when I was thirteen or fourteen. I stole a half-finished bottle of golden-brown whiskey from my father, who was a regular drinker and drank it. After I started working for a trading company, I drank heavily after work and even during my stay overseas; I kept drinking every day without suffering from hangovers. I have been dependent on alcohol for 45 years of my working life, and I will be retiring next July. So, for fear of spoiling my retirement by alcoholism, I swore to my son last May, who had been worrying about me, that I would never drink again.*

*Since then, I have been going for a run three times a day from 5:00 a.m. As a result, I got rid of flab both physically and spiritually and realized my senses were becoming more acute. I got straight A’s in my physical examination. My zodiac sign is the rabbit and, since next year is the rabbit year, I’d like to make a new start and train myself even harder.”*

To be honest, there was another story behind this, which could not be made public at the time.

One day, before I posted this article to the paper, my son called me to his room, not wanting his mother who was ill and weak to know about it. To my surprise, in his right hand was a glittering kitchen knife! Stabbing it violently at the tatami mat in front of both my knees, he growled, “Father! Which do you want: *sake* or life?” Startled by this sudden outburst and not knowing what to say, I somehow managed to pretend to be calm and answered, “I want life.” Seeming to have trusted what I said by looking into my eyes, my son pulled the knife out of the tatami mat and went off to the kitchen to put it back.

Twenty years have passed since then—I haven’t taken any alcohol at all. When I was tempted, I hardened my heart and fought with myself *to keep the promise to my son*. Today, I owe my health to him and the kitchen knife he held that day, and am deeply grateful. The lives of all my old drinking friends were short-lived and they left this world long ago.

When my son, who is still withdrawing into himself, was eight years old, his mother developed schizophrenia and his father was a heavy drinker and alcoholic. He grew up in the worst environment and has lived a stormy life, but has boldly survived to this day. I am proud of him! Thank you, my son, thank you.

I asked him recently if he had anything he wanted me to do. Then he became serious and replied, “I was born to stop you from drinking, so I have now done what I was meant to do.” I am still so grateful for these words from him.

My son gave me new life! My wife, who was schizophrenic, passed away two years ago. My son is still withdrawing from society and living on his own. But the uneasiness between us has at last been lifted and we sometimes visit each other to have a chat. To me, nothing is more important than the *love of family*, the *medicine of human contact*, and the *medicine of time*.

March 2018 Hodari Suzuki

## 19. ♪ “Mother crow... Why~doya~cry...”? “May~theglorious...glorious reign”

Gosh! What’s happened to him? Is he finally crazy...? With nothing else we could do, we just stared in astonishment at our son singing loudly out of tune on the balcony, with just a pair of shorts on.

When he was suffering from *insomnia*, 12 mg of antipsychotic Risperdal, the maximum dose you can take per day, and two sleep inducers, as well as the “pills in the pocket” (sleeping pills) wouldn’t help him sleep at all. He would become restless and unsteady, with increased anxiety and tension, and soon lose control of his mental faculties. When this happened, immediate hospitalization was the only solution.

He had been in the hospital ten times in 11 years (with a duration of six months each on average). Each time he went into hospital the dose kept increasing and his ability to manage himself was gradually lost. It seemed quite obvious that he would ultimately fall into despair. So we were firmly determined: we would *not* put him into hospital next time—we would make him recover at home unless some serious accident happened.

Then a surge of insomnia came over him for the eleventh time. This time, we took turns in watching over him 24 hours every day so that he would not get overwhelmed with *anxiety*. We always kept him company and never left him alone. When he didn’t want to talk, we just sat by silently and waited for the first light of dawn—day after day.

Some two months passed. Then, much to our surprise, all of a sudden he started to snore loudly in the middle of the day! After about 18 hours of solid sleep, he came to life again, looking surprised himself. He at first didn’t seem to realize what had happened to him, but soon noticed that he had just had a long deep sleep, and exclaimed with a big smile on his face, “I’ve done it!” He then had a smoke with an air of satisfaction.

He had finally managed to come out of the tunnel of insomnia without going into the hospital for the eleventh time! Our son, who was now sane for the first time in two months, lay down in the hammock hung on the balcony and gazed up into the sky happily, gently swinging the hammock on and on.

Since that time he hasn’t been back in the hospital for a full 17 years, and his dose of Risperdal has also been reduced to 4 mg a day!

Mike Shinjiro Go                      Chartered Psychiatric Social Worker

Postscript: My son mentioned above is now 52 years old and his record of non-hospitalization reached 21 years since he sang on the balcony. As his parents are aging, his two younger brothers, one married, have proposed that, from now on, they will take care of their brother. Although he is now temporarily in the hospital in preparation for moving to a group home, he and his brothers are getting along very well and their days are peaceful.

## *Epilogue*

(From the Editor)

Our eldest son, born in 1970, developed schizophrenia at the age of 20 while he was a university student in the UK, and was subsequently hospitalized ten times during the 11 years. Every time he was hospitalized his dose kept increasing, and he suffered from low spirits and loss of hope. We, as his parents, had a sense of crisis that, if we didn't take action ourselves, he would end up being ruined by those medicines.

Back then, some psychiatrists were saying publicly that mental patients would not be cured if they were hospitalized three times or more.

“What nonsense!” I was angrily opposed to this remark. In the old days, many diseases were incurable, and doctors made every effort to make them curable by even injecting unapproved vaccines into themselves and their wives and children! The indiscreet remark of “incurable” is virtually the same as judges sentencing patients to life, and it essentially means that the doctors have abandoned their mission. In addition, those psychiatrists would tell their patients to accept the illness without giving enough consideration to their feelings. But how would they make an excuse for young people who had committed suicide by losing hope after listening to these words from them?

“That’s enough! I’m gonna cure him!” And so I made a new resolve, quit my job, and began studying to be a Chartered Psychiatric Social Worker. I devoted myself to reading shelves of technical books on mental health. However, nowhere could I find any established cause of the illness; all I could find were hypotheses and conjectures. All in all, the true cause of the illness has not been made clear, as far as medical science is concerned, and the treatment is symptomatic, that is, not aiming at a complete cure but only improving the condition. I had to accept the reality that a complete cure for mental illness couldn't be expected.

Having been confronted with this reality, the three of us—my eldest son, my wife and I—decided to move to a remote village on the west coast of Izu in January 2000 for my son's recuperation, and began tangerine farming for the first time in our life. The grand view of Mt. Fuji over Suruga Bay is truly spectacular, and we thought it was just too good to keep it to ourselves. So, we began offering opportunities to visit our farm to our fellow patients and their families who are also fighting mental illness. Our farm is privately run and small, but the view from the farm is simply second to none. We named our farm *Mental Health Recovery—Easy Go Farm*, wishing that visitors would be able to relax and enjoy themselves there.

Our fellow visitors have shared with us a variety of stories of their struggle with the illness, and we thought their stories were too valuable to listen to only once. So we started putting together some of the striking stories with the common theme of *recovery through the power of love*, and have been distributing the booklet series to our fellow patients and their families living all over Japan.

I am a medical layman, but I have my own opinion that mental illness is caused by the agony of *isolation* and *low self-esteem*, and thus it is an *illness craving love*. *Love* has an immense and wonderful power in the recovery of this illness, and true stories contained in the booklet coherently testify to this great power. By distributing copies of this booklet, we hope to spread and encourage this *love* to our fellow patients, families, and medical service personnel as widely as possible.

Come to think of it, since every part of the body is still in place for a mental patient, I do not doubt that someday this illness will become *completely curable* with the advancement of electronic analysis and cellular neurobiology. As for this booklet series, we will welcome the contribution of true stories from all over the world, and it is planned that a decent book will eventually be completed and made freely available on the Internet as well. My old bones' dream is to disseminate these stories free of charge to our struggling fellows around the globe.



Mt.Fuji, a world cultural heritage site, is viewed from the Mathis Garden of Easy Go Farm in Izu, Peninsula.  
David B Mathis and his wife Toni are the original supporters of our farm.

**Our gratitude extends to:** Mr.David Mathis and his wife Toni, Lake Forest, IL. and the late Sr.Dunn Coletta, St.Francis WI.USA, and to all those who have contributed their articles or supported us financially. We'd also like to thank our Project partners Mr. Shuichiro Kashihara, Mrs.Marie Shimane, Mr.Shinji Jomori, Mr.Etsuro Itoh, and Sr. Kayoko Go.

This booklet is not for sale

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As this project cannot continue distributing free booklets only with the help of pro bono services and free articles, donations from readers are very important. Your help, in any amount, would be greatly appreciated.

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*Mental Health Recovery* **Easy Go Farm**

E-mail: [mikeshinjirogo@gmail.com](mailto:mikeshinjirogo@gmail.com) URL: <http://ezgofarm.com>

Mailing address: 101, 3976-2 Nonaka, Asahi City, Chiba 289-2513, Japan

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