

## A Unique Perspective on Mental Illness

*Summarized by Thomas T. Thomas*

Every journey through a mental health diagnosis is uniquely personal, yet many shared themes emerge—and above all, hope. At the March 25 informational meeting, we heard from **George Lausten**, a young man whose story offers a powerful and unique perspective.

George is a medical student at Baptist Health Sciences in Memphis, Tennessee. He grew up in Minnesota before moving to California for college, where he was diagnosed with bipolar I disorder during his freshman year. In the years that followed, he experienced multiple psychiatric hospitalizations. With ongoing treatment and support from loved ones, he has been free of manic episodes for over five years. In addition, he graduated from Stanford with an honors degree in psychology and is pursuing a career in psychiatry to help those without access to medical or social support systems.

At the beginning, Lausten made clear that his diagnosis was bipolar I, although at the beginning his symptoms sometimes presented as schizoaffective disorder. So, his comments and observations may not apply to all conditions.

Lausten came from a small town in Minnesota—so small that his mother ran the only restaurant in town. He helped in the family business, did well in school, participated in sports, and was the high school valedictorian. He said he experienced no trauma or abuse growing up, that there is not a reason for mental illness to happen. “It’s nobody’s fault,” he said. “And it’s not your fault.”

He moved to California when he entered Stanford University. He was in a residential philosophy program, discussing major ideas with other students every day. It was a whole new world and overwhelming, Lausten said.

He then began having symptoms of mania. Still in his freshman year, he had random ideas for new businesses, like solar-powered telephones and “renewable” solar energy. He was going to save the world. He began to believe he was the Apostle Paul, that he was going to save people. He was acting strangely, sometimes aggressively. He was also incoherent and rambling. He would give away his money—once giving a barista a \$700 tip. He became obsessed and paranoid. He was obsessed with the number six, and he began counting his steps. His friends didn’t know how to treat him.

One day, Lausten threw a punch at a friend. After that, he left the dorm, went to downtown Palo Alto, and lived as a homeless person. His friends came looking for him, and he went to see a therapist. But he became aggressive, the police were called, and he was taken away in handcuffs. He experienced similar incidents over two years.

“It was a weird time,” he said. He was in extended hold in the hospital, was given medications, and went into depression. He was in and out of the hospital three times. Finally, his family found him. “That’s the reason I am here today,” he said. “They could love me when I was unlovable.”

The turning point was in his sophomore year. He was in an outpatient program and wanted to join a summer internship with a group called [City Impact](#), which provides social and medical services to the homeless in San Francisco's Tenderloin. The experience gave Lausten a measure of autonomy, and he felt "I can handle this." And after this, his family and friends knew the warning signs of an impending manic episode or depression and could help him.

Medication, he explained, is an important part of the treatment puzzle but not the whole picture. Medications can cover about half of the symptoms, but it's a long process, and there are side effects. Lausten was treated with ten different medications, and on one of them he gained about thirty pounds. It took a while for him to determine whether he wanted to be thin and crazy or overweight and sane, until he decided that sanity was more important.

Therapy is an important part of the process, but not all of it was really helpful, Lausten said. One therapist told him that he didn't need medication because bipolar isn't real and is just a defense mechanism. Also, each person is different, and each bipolar experience is different. So, the therapist can't just treat you as a textbook case. The therapist's empathy is important. And Lausten said it's necessary to do some research on a prospective therapist to see what approach they take.

He said it's important to keep taking medication and doing therapy, even when he feels healthy.

In Lausten's experience, sleep is his biggest metric of when things are changing for him, toward more manic or depressive states. The disorder manifests on a biological level, too, and he can even smell different at different stages.

Things that help him include exercise. He enjoys being in nature, "because urban society is noisy, and out there you can hear yourself think." And, because we all live so much inside our heads, he values building things with his hands.

Family support is extremely important to him. His family told him, "When you hit rock bottom, we're here." But they also let him experience the consequences of his actions—unless they constituted a threat to himself or others. They let him hit rock bottom. They loved him enough to do the hard things.

But, he cautioned, family members must establish boundaries. They have to ask, "Is this someone who wants to change and has the capacity to change?" If not, it's exhausting. And you can't reason with someone who is in a psychotic state.

The important thing is forgiveness, he said. After all he went through, George Lausten for a long time couldn't say he was sorry. But still his mother said, "I forgive you. It's nobody's fault."