

# Brain on Fire: My Month of Madness



## INTRODUCTION

### BRIEF BIOGRAPHY OF SUSANNAH CAHALAN

Cahalan was born in Summit, New Jersey. Her parents divorced when she was a teenager, and both remarried. Cahalan attended Washington University in St. Louis, where she studied journalism. She began interning at the *New York Post* as a teenager and was hired full-time as a reporter in 2008. In 2009, she became suddenly ill with a rare autoimmune disease, anti-NMDA receptor autoimmune encephalitis. She was only the 217th person in the world to be diagnosed with the disease. Cahalan made a full recovery and, after writing a first-person account of her experience for the *New York Post*, she turned her article into her memoir *Brain on Fire: My Month of Madness*. Cahalan's illness and luck obtaining a diagnosis instilled in her the desire to spread her story as far as possible. To this end, she worked with two other families whose children developed the disease to create a nonprofit organization called the Autoimmune Encephalitis Alliance in December of 2012. The alliance seeks to educate both patients and medical practitioners about the disease, as well as connect current patients to survivors. Cahalan married Stephen Grywalski in 2015, and the two live in Jersey City, New Jersey.

### HISTORICAL CONTEXT

As Cahalan explains in the book, anti-NMDA receptor autoimmune encephalitis was first discovered by Dr. Josep Dalmau in 2007, though many doctors and researchers believe that it's been around as long as humans have. Several doctors described the disease in children in papers in the 1970s and 1980s, but most patients were diagnosed with either unexplained psychosis or encephalitis. Because of Dalmau's research and the success of Cahalan's memoir, the disease is now more heavily studied and is included on many standard autoimmune testing panels. Cahalan mentions in the memoir that she was lucky to have good insurance through her job and well-off parents when she became ill, as her treatments cost upwards of one million dollars. When Cahalan became ill, the Affordable Care Act had not yet been put in place. When President Obama signed "Obamacare" into law in 2010, it eliminated some of the struggles that Cahalan and other patients likely faced during and after their treatment. It mandated that insurance companies cannot refuse coverage to individuals for any reason, and also insisted that insurance companies pay for many services that anti-NMDA receptor autoimmune encephalitis patients require, including hospitalization, prescription medications, and rehab and laboratory services.

## RELATED LITERARY WORKS

Cahalan's memoir is one of many memoirs that explore either one's own or one's family member's struggles with the medical system and illness. *January First* tells the story of a man's six-year-old daughter who is diagnosed with a severe case of early-onset schizophrenia, and her parents' struggles to get her the help she needs from a system that makes that exceptionally difficult. Paul Kalanithi's memoir [When Breath Becomes Air](#) chronicles his sudden diagnosis with stage IV lung cancer at the age of 36, and his quest to discover what makes a meaningful life in the face of his own impending death. The Anti-NMDA Receptor Encephalitis Foundation includes a list of articles, essays, and books on their website that tackle the subject of the disease. The book list includes Cahalan's memoir as well as *The Girl on the 6th Floor* by Brian Nichols and *Life After Encephalitis—A Narrative Approach* by Dr. Ava Easton.

## KEY FACTS

- **Full Title:** Brain on Fire: My Month of Madness
- **When Written:** 2009-2012
- **Where Written:** New Jersey and New York
- **When Published:** 2012
- **Literary Period:** Contemporary non-fiction
- **Genre:** Memoir
- **Setting:** New York City, New Jersey, and the NYU hospital, 2009
- **Climax:** Dr. Najjar diagnoses Susannah with anti-NMDA receptor autoimmune encephalitis
- **Antagonist:** Anti-NMDA receptor autoimmune encephalitis
- **Point of View:** First Person

## EXTRA CREDIT

**Florence Forth.** In 2012, a young girl named Florence died from anti-NMDA receptor autoimmune encephalitis. In her honor, her parents organize the Florence Forth race, a yearly 5K and 10K road race in North Carolina to support the Autoimmune Encephalitis Alliance.



## PLOT SUMMARY

The book begins with Susannah relating a hallucination from the hospital. She wakes up to find that she's restrained. A "purple lady" tries to soothe Susannah, but Susannah becomes angry and paranoid. She begins to pull wires off of her head and notices an orange band on her wrist that says, "FLIGHT RISK."

Susannah then goes back to when her illness began. She wakes one morning to find bites on her arm, which she attributes to bedbugs. The next day at work, she tries to talk to her friend Angela about her bites, but is interrupted when her phone rings. Susannah is horrified when she hears Steve, the Sunday editor, on the phone—she forgot about her weekly meeting to pitch stories. Later, Susannah throws away all her saved articles that she wrote to prepare for the exterminator. Several days later, Susannah is suddenly gripped with overwhelming jealousy and decides to read her boyfriend Stephen's emails. She spends two hours going through emails and his dresser, but thinks that something is wrong with her if she's doing this. Then her left hand goes numb, which she finds just as distressing as her paranoia. A coworker suggests that Susannah see a doctor. When she calls her gynecologist, Dr. Rothstein, he refers her to Dr. Bailey, an esteemed neurologist. Dr. Bailey's neurological exam yields normal results, but he orders blood work and an MRI. At the lab, a male technician guides Susannah through the MRI process. She feels he's too flirtatious and leaves quickly, forgetting her lucky ring in the process. A few days later, Dr. Rothstein calls Susannah and says she likely has mono.

When Susannah is feeling better a few days later, Stephen takes her to a concert. Susannah cannot eat any of her food, is nauseous and dizzy at the concert, and admits afterwards that she can't even remember it. When Susannah finally informs her parents that she's feeling sick, her parents are worried. A few days later, Susannah is feeling better and convinces Stephen to go with her to Vermont. When she tries to ski, she has a panic attack at the top of the mountain.

A week later, Steve asks Susannah to interview John Walsh, the host of the show *America's Most Wanted*. On the day of the interview, Susannah walks down the hallway at the *New York Post* and notices that the walls are breathing and the ceiling is expanding. Susannah can barely follow Mr. Walsh as she interviews him, and doesn't remember walking home that night. The following morning, Susannah notices that the billboards in Times Square are bright and vibrating. She wants to vomit and barely makes it to work. When she finally arrives, Susannah experiences mood swings at her desk—she goes from angry and frustrated to intense happiness in the span of minutes, and sobs through it all. That night, Susannah cannot fathom eating any of Stephen's carefully prepared dinner. When he turns on the TV and falls asleep, Susannah has a seizure.

Susannah regains consciousness in the ER and believes she's dying of melanoma, which she had several years ago. The ER doctor insists that they cannot keep Susannah, and Stephen calls Susannah's mom. The next day, Susannah's mom and her husband, Allen, arrive in Manhattan to convince Susannah to move home to Summit, New Jersey. Susannah experiences more seizures there, and her mom takes her back to see Dr. Bailey. He prescribes Susannah anti-seizure medication and refers to her a psychiatrist. The psychiatrist prescribes anti-

psychotic medications. A few days later, Susannah has another horrifying seizure. Susannah's mom makes an emergency appointment with Dr. Bailey, where a nurse tests Susannah's brain's electrical activity with an EEG test. Though Susannah is obviously unwell—she attempted to jump out of a moving car on the way to the appointment—the results are normal. Susannah accuses her mom of trying to trick her.

Susannah's mom arranges for Susannah to spend the night with her dad in Brooklyn. Her dad and his wife, Giselle, accompany Susannah to her **apartment** before they go to their house. Susannah accuses her dad of kidnapping her. When they finally reach Brooklyn, Susannah is exhausted and hears Giselle call her a spoiled brat. She spends the night vacillating between asking Dad to sit with her and banishing him from the room. She tells him horrible things and hallucinates that he's killing Giselle. In the morning, Susannah's parents speak and decide that Susannah needs to be admitted to the hospital. They take her back to Dr. Bailey, who insists that she's suffering from alcohol withdrawal but finally arranges a bed for her at NYU. In the lobby, Susannah leaves to buy a coffee. She suffers a seizure and doesn't remember any of the next month.

The hospital staff connects Susannah to a 24-hour EEG machine. Her room on the epilepsy floor also has **cameras** to record seizures. She insists that her dad and Allen not be allowed into her room, and hallucinates that the nurses watch her use the bathroom. She panics and tries to escape. Dr. Russo and Dr. Siegel examine Susannah in the next day, and Susannah's mom takes an instant liking to Dr. Siegel. Over the next few days, more doctors join Susannah's team and suggest diagnoses such as unspecified mood disorders, unspecified psychotic disorder, or bipolar disorder. She continues to hallucinate that people on TV are talking about her, which leads to another escape attempt. When the nurses imply to her dad that she'll be moved to a psych ward if the escape attempts continue, her dad begins reading outside her room every day.

After a week, Susannah's psychosis recedes, and the hospital staff schedules a spinal tap. As the second week begins, Susannah begins slurring her words and allows her tongue to hang out of her mouth. Dr. Siegel explains to her parents that the spinal tap shows elevated white blood cell levels, which indicates an infection. Several friends come to visit Susannah over the next few days and are shocked by her appearance, and Susannah's mom is similarly shocked when she learns that Dr. Siegel is no longer working on Susannah's case. Dr. Russo explains that a doctor named Dr. Najjar has taken over and would like another spinal tap. The test reveals white blood cell levels that are much higher than the first test, which indicates that Susannah has a form of encephalitis (brain swelling). A few days later, Dr. Najjar finally arrives to introduce himself to Susannah. He asks her to draw a clock face from memory. Painstakingly, Susannah draws a clock with all the numbers on the right side, which indicates that the right side of her brain is

inflamed. Dr. Najjar arranges to perform a brain biopsy and sends samples of Susannah's blood and cerebrospinal fluid to Dr. Dalmau, who discovered anti-NMDA receptor autoimmune encephalitis in 2007.

The hospital conducts tests to measure Susannah's cognitive function and ability to speak, and she scores poorly on all of them. She's diagnosed officially with anti-NMDA receptor autoimmune encephalitis that afternoon and is informed that she'll need to undergo an ultrasound to check her ovaries for teratomas, a type of tumor. Susannah hallucinates during the ultrasound, which reveals no tumors. Dr. Najjar explains his treatment plan to Susannah and her parents, which he believes should return to Susannah to 90% of her former self. Susannah's parents and a friend from college help move Susannah home the next day. Susannah becomes paranoid that Stephen will leave her for her friend, but this is part of the normal recovery process—patients go through the same symptoms in reverse as they recover.

Susannah says that it's impossible to talk about what it was like to be crazy, as she doesn't remember it and didn't have any self-awareness during that time. A few weeks after Susannah's release, one of Stephen's nephews is scared of her, and she begins to understand that she's different than she used to be. As Susannah attends family weddings and parties over the summer, she struggles with shame about her appearance (the steroids make her face puffy and caused her to gain weight) and the fact that she has a hard time holding conversations. People speak slowly to her because they don't realize she understands them perfectly—she just can't speak well. She has to take medications six times per day and resents her mom when she hounds her to take them. Her mom also insists that Susannah be evaluated at a rehab center. Though Susannah scores abysmally on some tests, she aces those that measure her analytical thinking. This indicates that Susannah is fighting her body; her mind is as sharp as ever.

During her third hospital stay for treatment, Susannah begins keeping a diary and becomes curious about what happened to her. Her dad helps her with her journal and is alarmed to discover that Susannah remembers nothing after her seizure in the hospital lobby. He finally gives her his personal journal from her time in the hospital because he finds the experience too difficult to talk about. Susannah's relationship with her mom improves when her mom finally admits how she scared she was that Susannah would die.

Though Susannah continues to improve, she moves in permanently with her mom and Allen. For her, this represents giving up her freedom. To combat this, Susannah begins keeping lists and reading. She also begins exercising to lose weight, though she admits that her fixation on her body only covered up her fears that she'd never be the same again.

In the fall, Susannah finally returns to work. She writes several articles from home before returning in full capacity. After

attending one of Dr. Najjar's lectures on Susannah's disease, Steve asks Susannah to write an article about her experience. As she researches, she's shocked to discover that though the disease was only recently discovered, doctors believe it's been around forever—and is likely to blame for the symptoms that prompted exorcisms, especially in children. She also contacts Dr. Bailey and discovers that he'd never heard of the disease. After the article runs, Susannah's inbox floods with emails from people with the disease themselves, or with afflicted family members.

Susannah admits that she only remembers her hallucinations from the hospital, which doctors attribute to the fact that hallucinations are created by the brain and are therefore flagged as more important. As Susannah continues to recover, however, she finds that some things trigger faint memories of her time in the hospital. Two years after her release, Susannah returns to the hospital. She runs into the “purple lady” at the nurse's station, and the nurse embraces her. Though Susannah's opening hallucination wasn't real, the nurse was. A year later, Susannah visits a patient at NYU who had been referred by Dr. Bailey.



## CHARACTERS

### MAJOR CHARACTERS

**Susannah** – Susannah, the author and protagonist of the memoir, is a vibrant 24-year-old writer for the *New York Post*. She lives in New York City and treasures her tiny studio **apartment**. Susannah is determined, tenacious, and stubborn. She loves her job as a reporter and does whatever it takes to do it well. At the beginning of the memoir, she's four months into a relationship with Stephen, a laid-back musician whom she's known for several years. Susannah's entire life changes when she notices two bug bites on her left arm and becomes obsessed with ridding her apartment of bedbugs. Soon after, she begins experiencing hallucinations, delusions, and paranoia about work and family members. She stops eating and sleeping, and though she's normally reluctant to see a doctor, she arranges to see a neurologist, Dr. Bailey. When her two appointments with Dr. Bailey yield normal results on neurological exams, Susannah becomes convinced that Mom is attempting to humiliate and trick Susannah by hiring actors to conduct her exams. Susannah also begins having seizures and becomes loud, demanding, and overbearing. Finally, Mom and Dad insist that Dr. Bailey arrange for Susannah to be admitted to a hospital, and Dr. Bailey arranges for her to be admitted to the epilepsy ward at NYU. In the lobby of the hospital, Susannah suffers another seizure and doesn't remember her entire month in the hospital. While she's there, she continues to believe that Dad killed his wife, Giselle, and believes that the nurses are out to get her. Susannah constructs her story using interviews with her doctors and family members, as well as

**EEG video monitoring** from the hospital. In doing so, Susannah can begin to construct her lost month and explore the foreign identity of the person she was in the hospital. Finally, Susannah's case attracts the attention of Dr. Najjar, who performs a brain biopsy and diagnoses Susannah with anti-NMDA receptor autoimmune encephalitis. Susannah returns to her mom's home soon after beginning treatment. As she recovers, Susannah struggles with the fact that her cognitive functioning and motor skills are nowhere close to what they once were. To distract herself, she fixates on her appearance—while she lost a great deal of weight in the hospital, the steroids she has to take make her gain weight. Susannah likens her return to herself after her release from the hospital as a coming of age of sorts, as she slowly regains her cognitive function, motor skills, and begins to expand her awareness from just herself and her misery to include other people. As soon as she's able she dives back into work and soon writes an article about her experience. In researching her article and subsequently writing the memoir, Susannah makes it her mission to spread her story as far as she can to give others validation for their suffering with the disease.

**Stephen** – Stephen is Susannah's boyfriend, who is seven years older than she is. Susannah describes his eyes as being honest and trusting, making Susannah feel as though they've been dating forever. At the start of the memoir, the two have been dating for four months. Stephen witnesses Susannah's first major seizure and rides with her to the ER. Though seeing Susannah so ill is heartbreaking, after she's admitted to the hospital, Stephen vows to stay with her as long as she's there. Others refer to him as the "Susannah whisperer," as Susannah is calmer when he's around. Nurses allow him to stay long past the end of visitor hours because Susannah doesn't try to escape when he's there. Once Susannah returns home, Stephen visits often. They attend parties and weddings together, and Stephen makes sure that Susannah is comfortable and takes charge in conversations. About a year after Susannah first became ill, Susannah and Stephen move in together. Stephen is anxious about this transition and the responsibility of caring for Susannah in case she becomes ill again, but he pushes through his discomfort. He checks in on her obsessively when she goes out without him, which Susannah resists. Their relationship finally returns to an equal partnership once Susannah stops antagonizing him for checking in on her.

**Mom** – Mom works at the DA's office. She's very close to Susannah before Susannah becomes ill. Because Mom is a worrier and is deathly afraid of cancer, Susannah resists telling Mom that she's ill until after she has her first seizure, after which Stephen insists they clue Mom in. Mom and her husband, Allen, care for Susannah for several days in their home and arrange several appointments with Dr. Bailey, a neurologist. Though Mom is certainly aware that Susannah isn't being herself, she also attempts to give Susannah the benefit of the

doubt and allow her to function independently prior to her hospitalization. After Susannah is hospitalized, Mom is diligent about keeping notes and questions for the doctors. She and Dad, who have been divorced for eight years, put aside their differences to advocate for Susannah to receive the best care. Mom forms a special affinity for one doctor, Dr. Siegel, and is distraught when she learns that he's no longer on Susannah's case. Throughout Susannah's recovery, Mom is tasked with caring for Susannah. She makes sure that Susannah takes her medications, which Susannah resents her for. Mom must treat Susannah like a child in order to keep her safe and taking her medications, and this doesn't change until Mom finally admits how scared she was that Susannah would die.

**Dad** – Dad lives with his wife, Giselle, in Brooklyn Heights. He and Susannah aren't particularly close at the beginning of the memoir. When Susannah spends the night with Dad just prior to her hospitalization, Susannah says unspeakable things to Dad that make him cry. She also hallucinates that Dad killed Giselle, after which she refuses to allow him into her hospital room at NYU. Despite Susannah's protests, Dad spends every day with her at the hospital outside her room. When her paranoia recedes, he begins spending his time in her room and feeds her breakfast daily. He and Mom keep a joint journal to communicate with each other about Susannah's progress and what the doctors say, and he also keeps a personal journal that he later shares with Susannah. When Dr. Najjar informs Mom and Dad that he'd like to perform a brain biopsy on Susannah, Dad especially struggles: his mother was an RN and never spoke well of brain surgeons. Over the course of Susannah's recovery, she and Dad become especially close as a result of how much time they spent together in the hospital. Despite this, Dad mostly refuses to talk about what happened, as it's too painful for him.

**Dr. Najjar** – Dr. Najjar is a neurologist working at the NYU hospital. His personal background is a success story—as a child in Syria, he'd been unsuccessful in a private Catholic school, but when his father moved him to public school, a teacher took Najjar under her wing and Najjar began earning straight A's. He went on to study medicine and graduated at the top of his class. Because of his own experiences, Dr. Najjar feels compelled to help those in need, especially when others have given up on them. Dr. Siegel passes Susannah's case onto Dr. Najjar when her ailment proves to be a mystery. Dr. Najjar is the first to suspect that Susannah has anti-NMDA receptor autoimmune encephalitis. When he first meets with Susannah and her parents, he speaks to Susannah directly and promises to help her. After Susannah's article about her time in the hospital runs in the *New York Post*, the article is translated into Arabic and runs in several Syrian newspapers. Dr. Najjar's father cries with pride, and a Syrian ambassador to the UN thanks Dr. Najjar personally for his contribution to medicine. He's later named on of the top neurologists in the US.

**Dr. Bailey** – Dr. Bailey is a highly regarded neurologist practicing in New York City. Susannah describes him as grandfatherly and kind, and she wants to assure him that everything is fine the first time she sees him for the numbness in her left side. Though his exam yields normal results, after Susannah's parents insist, he refers Susannah to the New York University hospital. When Susannah contacts Dr. Bailey after recovering from her illness, she discovers that Dr. Bailey had never heard of anti-NMDA receptor autoimmune encephalitis, despite his prestige in the medical world. However, Susannah learns several years later that Dr. Bailey referred a patient who exhibited similar symptoms as Susannah to Dr. Najjar, though he didn't admit to the patient's parents that he'd misdiagnosed Susannah.

**James** – James is Susannah's younger brother. Despite their five-year age difference, they're very close. When Susannah becomes ill he's midway through his first year at college, and Mom and Dad keep the severity of Susannah's illness from him. They only allow them to speak on the phone after Susannah has been in the hospital for several weeks, and hearing how difficult it is for Susannah to speak makes James cry. When Susannah is released from the hospital and James comes home for the summer, he spends much of his free time with her and drives her around. He talks about bands and movies, something that she used to do but can't anymore.

**Paul** – Paul is a Sunday news editor at the *New York Post* and Susannah's mentor. He's a large man, though he's very comforting, and he uses extremely colorful language. He gave Susannah her first chance at being a reporter when she was a sophomore in college, and has mentored her ever since. Susannah describes him as an overwhelmingly masculine individual: he regularly gambles, eats burgers with gravy, and parties hard. Though he worries about Susannah when he sees her after her release from the hospital, he does allow Susannah to return to work and quietly helps her with her articles when he sees that she struggles to write coherently.

**Allen** – Allen is Mom's third husband. He's a kind and calming man and does his best to support Mom throughout Susannah's illness. At one point Susannah hallucinates that Allen calls her a slut, something that he'd never do. When Susannah attends appointments prior to her hospitalization, Allen often drives Susannah and Mom to them.

**Giselle** – Giselle is Dad's wife. She is largely a background figure throughout the memoir, as Susannah doesn't know her well and Dad is an exceptionally private person—he doesn't even tell Susannah and James that he and Giselle are married until after the fact. Giselle does her best to support Dad, even though he closes himself off from everyone and is unwilling to accept comfort or help. During her illness, Susannah has a hallucination that Dad murdered Giselle, and because of this Susannah refuses to allow Dad into her hospital room.

**Emily** – Emily is a college student who begins experiencing many of the same symptoms Susannah did when she first became ill. Her illness ebbs and flows for several months while her father attempts to convince doctors to test her for anti-NMDA receptor autoimmune encephalitis. Finally, while Emily struggles with seizures, a neurologist agrees to test her after reading Susannah's *New York Post* article. Emily makes a full recovery, and her father credits Susannah's article for the fact that she survived.

**Angela** – Angela is Susannah's best friend at the *New York Post*. She's a few years older than Susannah, and Susannah says that she often jokes that she'd love it if a future daughter were just like Angela. Angela is one of the *Post's* most talented reporters, and she often spends her Friday nights writing several different stories on multiple screens. After Susannah returns to work, Angela surreptitiously helps Susannah with her articles.

**Dr. Ian Arslan** – Dr. Arslan is a psychopharmacologist (a psychiatrist who specializes in medication management) who joins Susannah's team of doctors at NYU. Susannah describes him as looking more like an old hippie than a doctor, and he loves beat generation writers. He suggests that Susannah might have schizoaffective disorder, or mood symptoms that overlap with psychosis. He doesn't share this possible diagnosis with Susannah's parents.

**Julie** – Julie is one of Susannah's coworkers at the *New York Post*. At first, she suggests to Susannah that she might have bipolar disorder. When she later visits Susannah in the hospital with Angela and Hannah, she's immediately comfortable and shows off funny photos from her recent hospital stay to deliver her son.

## MINOR CHARACTERS

**Steve** – Steve is the new Sunday editor at the *New York Post*. Susannah finds him intimidating despite his friendly nature.

**Mackenzie** – Mackenzie is an editor at the *New York Post* whom Susannah approaches for guidance after she snoops through Stephen's things. Though Mackenzie soothes Susannah in the moment, she later admits that she was worried by how guilty Susannah was.

**Dr. Eli Rothstein** – Dr. Rothstein is Susannah's gynecologist, though he's also a friend. He's often a laidback medical practitioner, but he's extremely worried when Susannah calls him about the numbness in her left side. He arranges for Susannah to see Dr. Bailey.

**Liz** – Liz is the *New York Post's* librarian by day and a Wiccan priestess by night. She performs a tarot reading for Susannah.

**John Walsh** – John Walsh is the host of the television show *America's Most Wanted*. Susannah has the opportunity to interview him, but the symptoms of her illness prevent her from conducting a successful interview.

**Dr. Deborah Russo** – Dr. Russo is an attending neurologist on the epilepsy floor at the NYU hospital. She prescribes Susannah more antipsychotic medications and diagnoses Susannah with postictal psychosis, or psychotic behavior following seizures.

**Dr. Sarah Levin** – Dr. Levin is the first psychologist Susannah sees. She diagnoses Susannah with bipolar disorder and prescribes antipsychotic medications.

**Dr. William Siegel** – A neurologist on Susannah's initial team of doctors at NYU. He has a stellar reputation and makes a particularly positive impression on Mom, who nicknames him "Bugsy." However, after Susannah continues to not improve, Siegel passes Susannah's case on to Dr. Najjar. Mom is hurt when she discovers this.

**Dr. Sabrina Khan** – Dr. Khan is the psychiatrist on Susannah's team of doctors at NYU. She is concerned after examining Susannah that the issue isn't psychiatric but neurological. She also recommends that Susannah be assigned a security guard.

**Dr. Friedman** – Susannah's team of doctors call Dr. Friedman to attend to Susannah's skyrocketing blood pressure.

**Hannah** – Hannah is Susannah's cousin and one of the first visitors allowed to come to the hospital. Though she's shocked by Susannah's appearance, she acts naturally and brings Susannah a novel by one of Susannah's favorite authors.

**Katie** – Katie is the first non-family friend who's allowed to visit Susannah. Susannah describes her as goofy and vibrant, and she fully accepts her job of distracting Susannah when she visits.

**Dr. Josep Dalmau** – Dr. Dalmau is a neuro-oncologist who discovered anti-NMDA receptor autoimmune encephalitis in 2007. By the time Susannah is in the hospital, Dr. Dalmau had developed two quick tests to screen for the disease. He declined to name the disease after himself.

**Karen Gendal** – Karen Gendal is a speech pathologist who assesses Susannah's ability to speak and form ideas. Though her tests are inconclusive, she writes that Susannah is absolutely not the same person she was before she became ill.

**Dr. Chris Morrison** – Dr. Morrison is a neuropsychologist who tests Susannah's cognitive function after her brain biopsy.

**Lindsey** – Lindsey is one of Susannah's friends from college. She flies in from St. Louis to help move Susannah home after she begins treatment and is released from the hospital.

**Jeff** – Jeff is a friend of Susannah's from college. He visits Susannah briefly right after she returns home from the hospital and is frightened by what he sees.

**The purple lady** – The purple lady is a nurse on the epilepsy floor at NYU. She's a black Jamaican woman, and Susannah at times wonders if she's Sybil, her childhood nanny. She factors into Susannah's hallucinations, and Susannah reunites with her

when she returns to visit after her recovery.

**Sybil** – Though Sybil never actually appears in the memoir, Susannah remembers and mentions her at several points. Sybil was Susannah's childhood nanny. She was Jamaican, and Susannah often wonders if the purple lady, a nurse who cares for Susannah in the hospital, is Sybil.

**Rachael and Bridget Stephen's** sisters. They are shocked at **Susannah's** condition when she comes to visit them with Stephen, which shows Susannah how far she has to go in her recovery.

**Dr. Bertisch** A doctor who performs tests on **Susannah** and suggests cognitive rehabilitation therapy to address Susannah's depression when she's having trouble communicating.



## THEMES

In LitCharts literature guides, each theme gets its own color-coded icon. These icons make it easy to track where the themes occur most prominently throughout the work. If you don't have a color printer, you can still use the icons to track themes in black and white.



### IDENTITY AND ILLNESS

*Brain on Fire* tells the story of 24-year-old Susannah Cahalan, a journalist at the *New York Post* who suddenly contracts the disease anti-NMDA receptor autoimmune encephalitis. The disease temporarily changes Susannah from a driven, strong-willed, and passionate person into someone who is paranoid, angry, and mean. Most difficult for Susannah, who describes herself as a proudly independent person, is that the disease also makes her entirely dependent on her caregivers in the hospital, her family, and her boyfriend. As Susannah changes over the course of the memoir, she and her family continually question who she is and whether she'll ever be the same as she once was, and Susannah in particular chafes when she senses that her friends and family aren't able to see who she is due to the way her illness affects her body and brain. In this way, the memoir explores different modes of expressing and experiencing one's own identity or the identity of another person, as well as the ways in which questions of identity are entangled with health and the body. When Susannah first becomes ill, her symptoms are primarily psychotic ones. She becomes paranoid about bedbugs and thinks that her boyfriend, Stephen, might be cheating on her. She becomes delusional and experiences intense mood swings, all of which are worsened by aural and visual hallucinations. These symptoms turn Susannah into a completely different person than the woman she was before she became ill. This leads her parents and Stephen to question who, exactly, this new person is—and whether this new person is still Susannah. When her family doesn't recognize Susannah's personality as

her own at various points in her illness, they're actually perceiving that their memories of Susannah don't match up with the person in front of them. By explaining her personality and mood changes in terms of how well her brain is functioning at any given time, Susannah makes the very concept of personality into a matter of body chemistry. This approach makes Susannah's aggression in particular easier for her family to tolerate, as it shows them that she's not actually trying to be difficult or mean—she's simply at the mercy of her medical condition and her malfunctioning brain.

Susannah describes how her family, friends, and doctors came to think of her personality as being split into distinct identities: one before she became ill and one during her illness. This split is further complicated as she recovers, as doctors ask her at every appointment to rate how much she feels like her “old self” on a scale of 1-100. In the throes of her illness, her family talks often about “getting her back,” implying that while she's ill, Susannah herself is gone. Susannah echoes this sentiment when she describes watching the **EEG monitoring videos** for the first time—she says that she doesn't recognize the crazed, fearful, and skinny girl who spoke into the TV remote and insisted that her coworkers were talking about her on the news. Because Susannah knows that that girl is definitely her but doesn't remember *being* her, this suggests that one's public or social identity—who others see a person as—isn't even always known to the person themselves. It's something that exists whether a person is aware of it or not, and it doesn't always necessarily match a person's intimate, personal identity that exists within their own mind. This becomes particularly apparent when Susannah begins to recover and notes that other people speak to her in slow, measured tones. They have no way of knowing that Susannah's mind is fully functional, unlike her body—and it's her poorly functioning body that keeps her from being able to properly perform for others her identity that exists in her recovering mind.

In the end, Susannah makes a full recovery and returns to a version that closely resembles her former driven self—though with some notable changes. She doesn't regain the full independence she enjoyed before her illness, and moves in with Stephen earlier than they'd planned due to her need for monitoring (though she shares that she did eventually regain full independence). Most distressing for Susannah, because she didn't have a teratoma (a type of tumor that's often responsible for instigating the onset of the disease), she's also at an increased risk for becoming ill again without warning. This leaves her with an underlying feeling of paranoia and heightened awareness about the tenuousness of her recovered identity, since she could easily return to being that girl from the EEG footage at any point.

Ultimately, the book suggests that identity as a whole isn't something fixed or static, or something separate from a person's body. There is the social aspect of identity—who

others see as Susannah, based on their memories and judgments of her “self”—and then there is the personal aspect, which is most intimately explored over the course of Susannah's disease. She doesn't address questions of the soul or spirit apart from the body, perhaps because it is abundantly clear to her that one's “self” is a very *physical* thing, which can be fundamentally changed by physical changes to the brain. Instead of holding up a “self” apart from the body, Susannah suggests that identity is formed chemically in the brain, and the brain can be a dangerously unreliable host.



## STORYTELLING, MEMORY, AND EMOTION

As a journalist, Susannah possesses a natural talent for storytelling and crafting compelling narratives from truthful events. She prefaces her memoir by making it exceptionally clear that *Brain on Fire* is as much a memoir as it is a piece of reportage, given that she doesn't remember her month in the hospital and had to piece together what happened as though she were investigating someone else's story. In this way, the memoir explores how personal storytelling works when the narrator doesn't remember their own story, as well as how when memories themselves are compromised, either by emotion or by other means, they stand to compromise the very truth and reliability of a narrative.

Though the first and third parts of the memoir are written mostly from Susannah's memory, the second part is constructed entirely from interviews with family members, doctors, and Stephen, as well as her medical records and videos from the **EEG monitoring system**. In drawing from these different sources, Susannah's memoir becomes both an attempt to tell her story for a reader and an attempt to recreate a memory of sorts of what happened during her “month of madness.” By drawing from objective sources, such as the EEG videos, as well as the more emotional accounts from her family, including her dad's personal journal, Susannah begins to piece together both the emotional and factual landscape of what happened to her. In drawing from personal narratives in particular, however, Susannah admits that the intense emotional roller coaster that most of her friends and family experienced greatly colors their accounts, and sometimes make them unwilling to share information. This makes it abundantly clear that at least in the case of those intimate, first-person sources, the fact that they are emotional means that it might not be possible to take those accounts at face value, given the intensity of the feelings that are embedded in those accounts. Even in the case of the comparatively impartial EEG videos or notes from Susannah's doctors, Susannah begins to understand that it's impossible to separate these encapsulated stories and memories from emotions. When she writes her article for the New York Post about her experience and watches her EEG videos for the first

time, Susannah is struck both by the raw emotion she sees in herself in the video, as well as her lived and actually remembered visceral reaction to seeing herself in that state. In this way, she begins to understand that memory itself isn't something static or unchanging. Emotion intrinsically affects how people form memories to begin with and how they experience them later, or even if they experience them later at all.

This idea that emotion is tied to memory carries through when Susannah describes her hallucinations. She vividly remembers her hallucinations, both before and during her hospital stay, even though she doesn't remember much or even anything of what actually happened. She explains that though doctors aren't sure how exactly the brain creates hallucinations, they do know that hallucinations tend to be so vivid and memorable because they're something the brain actively created, rather than a memory formed by the brain taking in information and then flagging it as important. Hallucinations are also often emotional, making them even more memorable. Thus, though Susannah vividly remembers wearing an orange "FLIGHT RISK" wristband and being restrained by the purple lady, the event never happened; it was created entirely in Susannah's brain. Similarly, her coworkers never wrote about her or talked about her on the news, fears that occupied much of her time while she was in the hospital.

These false memories introduce elements into Susannah's story that she herself verifies are untrue, leading readers to doubt her reliability as a narrator. Although she makes a point of distinguishing between events that she knows were hallucinations and the rest of the narrative, she also admits that there are surely moments she will never be able to fully verify. As hard as she tried to tell the truth to the best of her ability, Susannah's account represents only one possible version of events, and one that will continue to change in her mind long after the memoir was published; she mentions that she'll continue to regain memories as she experiences sounds, smells, and sights that trigger memories her brain made, but didn't flag as important. In this way, Susannah offers a positive takeaway that the act of storytelling, whether or not the story itself is wholly factual, is a powerful way to reclaim one's memory and to find meaning in the shifting emotions and experiences of life.



## LOVE AND FAMILY

Because Susannah doesn't remember her time in the hospital and therefore relies heavily on interviews with her friends and family to write her memoir, the book naturally focuses intensely on the roles Susannah's parents, friends, and extended family members played in her diagnosis and recovery. She positions the love and care her parents showed her as being the sole reason she even survived her illness. Though Stephen and Susannah's parents support her because they absolutely and unconditionally love

her, her psychotic symptoms don't always make loving her easy—and in the case of her dad, during her illness Susannah firmly expresses a desire to not see him at all or receive any kind of support from him. With this, *Brain on Fire* explores how love functions in families during terrifying circumstances, especially when showing love to someone else means going against their wishes or doing things for their own good.

When Susannah introduces her parents, it's evident that her relationships with both her mom and dad are strong and caring, though she admits that before she became ill she was much closer to her mom than her dad. Her romantic relationship with Stephen, though only months old, is described as similarly loving and positive. However, all three relationships are tested when Susannah begins experiencing psychotic symptoms that make her cruel and paranoid. She accuses her mom of hiring paid actors to humiliate her and "teach her a lesson," decides she needs to break up with Stephen, and hallucinates that Dad murdered his wife, Giselle. The night of that hallucination Susannah also admits that she said terrible things to her father that made him cry, though she doesn't remember doing so and he refuses to share what she said. All of Susannah's delusions, hallucinations, and paranoia about her family make her exceptionally difficult to be around and care for, even though care is exactly what she needs. Fortunately for Susannah, her family's love for her and their tenacity in pursuing care despite her insistence on returning alone to her **apartment** is what saves her from life in a mental institution or an early death, consequences she may have suffered had her family taken her at her word.

Despite the fact that Susannah believes her dad to be a violent murderer, he persists in caring for Susannah in a way that doesn't trigger outbursts but still helps her. When the nursing staff implies that Susannah's escape attempts will force them to move her to a psychiatric ward, he decides to spend his days waiting outside her room at the hospital. He notices that when someone is there, even if Susannah doesn't want him there, the nurses take better care of her. Similarly, during her recovery, Susannah also describes how she resented the fact that her mom had to dole out Susannah's complicated medications six times per day. Though this is a job that her mother takes on out of love for her daughter as much as out of necessity, Susannah resents the fact that her mom must treat her like a child and hound her to take her very necessary medications. Susannah also admits that she (wrongfully) resented her mother for not spending more time with her in the hospital, and this resentment coupled with her frustration at being treated like a child causes Susannah to be purposefully cruel and distant to her mother. Though Susannah understands that she needs her mom's love and help to live (and in her narration recognizes that her dad's vigil outside her hospital room saved her from a psychiatric ward), she desperately longs to be independent and actively resists her mom's love and care in retaliation.



When Mom and Dad persist in caring for Susannah in spite of her rejection and cruelty, the very existence of the memoir itself stands as an example of the positive outcomes that can arise out of this kind of enduring care. Though Susannah takes great pains to credit the skilled doctors at NYU, she reminds the reader again and again that she never would've gotten there without her parents to advocate for her when she couldn't. In this way, the book insists that showing love to others in the form of advocating for their health and care is one of the most important things a person can do, and can absolutely save lives.



## RESPONSIBILITY AND THE MEDICAL SYSTEM

Susannah takes great care to situate her battle with her disease (anti-NMDA receptor autoimmune encephalitis) in a historical context, in part because the history of the disease is so recent. Until 2007, her condition hadn't been identified and was often either diagnosed as unspecified psychosis or unspecified encephalitis (inflammation of the brain), depending on where a patient first sought help. As she recovers and learns more about her disease, Susannah feels a responsibility to share her story so that other people suffering from the same disease can get the diagnosis and the care they need to recover. By situating her personal experience within the larger framework of the US medical system, Susannah seeks to explore how her story might be able to help others and effect positive change in the medical world.

For the first half of the memoir, Susannah explores how the medical system failed her. When her gynecologist fears that her symptoms are neurological in nature, he refers her to Dr. Bailey, a well-known neurologist in New York. However, despite Dr. Bailey's acclaim, he's utterly ineffective at either diagnosing Susannah himself or referring her to someone who can. First, he tells Susannah that she's overtired and partying too hard, which makes Susannah question whether there's anything wrong with her. This further delays her diagnosis and makes Susannah second-guess her own intuition and self-knowledge. Even worse, Dr. Bailey's notes actually make it harder for other medical professionals to take her symptoms seriously because he overemphasizes her drinking habits. Susannah later learns that while it's common for doctors to double a patient's reported alcohol consumption because patients usually under-report their consumption, Dr. Bailey turns Susannah's reported two glasses of wine per night into two *bottles* per night by the time Susannah ends up in the hospital at NYU. Susannah's experience with a psychiatrist is similarly unhelpful. Her psychiatrist believes that she's experiencing a "mixed episode," or both manic and depressive symptoms. Though Susannah is certainly experiencing psychotic symptoms, her problems aren't simply mental health issues, and in retrospect, it's a good thing when she begins having seizures. Though they aren't

taken seriously by the ER staff, the presence of seizures makes it abundantly clear to Susannah's parents and to Stephen that there's something more wrong with her than too much partying or a mental health crisis. However, the medical world's unwillingness to take Susannah's concerns seriously, coupled with a tragic lack of information about her disease, makes it so that she's dangerously close to death—or serious permanent damage—before anyone is able to make a diagnosis.

When Susannah becomes well enough to begin researching for her *New York Post* article about her experience, she's struck by the fact that she was only the 217th person in the world to be officially diagnosed with the disease, even though doctors believe that the disease has been around as long as humanity has. This makes Susannah afraid that many other people suffer from the same misdiagnoses due to a lack of information and a lack of communication between mental health and physical health professionals. Susannah felt compelled to share her story with the hope of helping patients advocate for themselves and to raise awareness of the disease in the medical community, so that others might not suffer and die from an often-treatable illness. She describes several instances in the memoir that suggest she was successful in this endeavor. A college student named Emily spent months slowly becoming sicker and sicker until her parents gave one of Emily's doctors a copy of Susannah's *New York Post* article. Susannah also mentions several Facebook groups that people started to continue her project of raising awareness, and she says that her disease is now included in initial autoimmune testing panels (whereas it wasn't included in the initial tests performed on Susannah). Susannah also describes some of Dr. Najjar's research that seeks to bridge the gap between neurology and psychiatry, and to look at what are considered "mental health issues" as holistic issues that affect the entire body, not just the mind.

Despite these successes, Susannah also mentions that when she contacted Dr. Bailey to ask him about anti-NMDA receptor autoimmune encephalitis, he hadn't even heard of it. Dr. Bailey's stellar reputation makes this hard to believe, though Susannah sees it as being indicative of a medical system that's not designed to facilitate true caring and curiosity on the part of medical practitioners—when doctors only have a few minutes to spend with each patient and must see several dozen per day, it's easier to understand why Dr. Bailey looked at Susannah's clean lab results and insisted that nothing was wrong. In this way, the memoir stands as a testament to the need for some patients to circumvent the medical system and demand better care, and for the medical system itself to improve and change. However, Susannah also offers evidence that her memoir and article did effect some change in the medical community: two years after Dr. Bailey misdiagnosed Susannah, she meets with an anti-NMDA receptor autoimmune encephalitis patient at NYU who was referred

there by Dr. Bailey. By sharing this, Susannah suggests that the medical community is capable of changing to better serve patients, as it did in some small way because she and her family spoke up and continue to speak up about the disease she suffered.



## SYMBOLS

Symbols appear in **teal text** throughout the Summary and Analysis sections of this LitChart.



### EEG VIDEO MONITORING

One of Susannah's major concerns is the fact that she doesn't remember anything but hallucinations from her month in the hospital. To remedy this and to help her piece together what happened, she describes several scenes from hospital monitoring footage. These videos are the only unbiased evidence Susannah has of her time in the hospital (compared to the personal narratives of her friends and family, or doctors' interpretations as expressed in their notes on Susannah's charts). In this way, the videos come to symbolize the only real "truth" and unbiased record of what happened in the hospital. Similarly, the videos allow Susannah a window into the mind of the person she sees in the videos, a person she barely recognizes as herself. To this end, the videos are also physical representations of Susannah's split identity.



### APARTMENTS

Throughout her memoir, Susannah very explicitly ties her apartment in Manhattan to her sense of adulthood and independence. She treats it as very literally a symbol of her independence and is distraught when her parents refuse to allow her to return to it when she begins suffering seizures and needs constant supervision. She's similarly upset, even if she struggles to admit it, when she's forced to move out of her apartment for good following her release from the hospital. This is a heavy blow, as it drives home the fact that Susannah is wholly incapable of living alone. Though she struggles with the transition, Susannah finds her independence again when she moves in with Stephen. This move also reinforces the fact that Susannah has truly reentered adulthood and taken the very mature step of living with a romantic partner.




## QUOTES

Note: all page numbers for the quotes below refer to the Simon and Schuster edition of *Brain on Fire: My Month of Madness* published in 2012.

## Chapter 5 Quotes

☞ There are times when you feel like the best in the business, and other times when you're certain that you're a complete and total hack and should start looking for an office job. But in the end, the ups and downs even out. So why was everything in such upheaval for me? It had been weeks since I felt comfortable in my own journalist skin, and that frightened me.

**Related Characters:** Susannah (speaker)

**Related Themes:**  

**Page Number:** 24

### Explanation and Analysis

After several weeks of receiving poor feedback on her performance at work, Susannah begins to question her job and if she's truly capable of doing it. What she doesn't realize, of course, is that she's at the very beginning of a devastating illness, and her poor performance and forgetfulness are early symptoms of that. However, this rumination does show how even in the early stages, Susannah's illness brings up major questions of identity. For now, when she doesn't have all the information, it appears as though she's changing suddenly for the worse, and an identity that she's happily inhabited for years—that of a *Post* writer—no longer fits. Even though this change is happening because of the illness, the fact that it raises these questions makes it clear that Susannah will have to go on to navigate her identity, both now when she's trying to do so in relation to her job, and later when she must do so in relation to her disease.

## Chapter 9 Quotes

☞ "You don't have to do that," I insisted, my voice mellowing as I returned, almost instantly, to my old self. Manic episodes can fade away as quickly as they arise. "I don't want her to worry."

**Related Characters:** Susannah (speaker), Mom, Stephen

**Related Themes:**  

**Page Number:** 44

### Explanation and Analysis

After the ER doctor insists that Susannah needs to be released, Stephen decides he needs to call Susannah's mom and tell her that Susannah had a seizure. Here Susannah describes her manic episode fading. At this point it's



becoming clear that there's a major battle going on in her mind right now between the illness and the "real" Susannah that the illness is threatening to take over. She's in a constant state of flux, which in turn makes her more difficult to deal with. Her unpredictability means that Stephen cannot know whether Susannah will react with caring and concern, as she does here, or with the anger she exhibited at the height of this manic episode.

Susannah's concern here also begins to flesh out her relationship with her mom. She tells the reader that she and Mom are very close at the beginning of the memoir, and Susannah wants to protect Mom from worry and upset. This is one way that Susannah attempts to care for those around her, even if doing so would be wholly unhelpful for her (not cluing in her family about what's happening would mean that Susannah never got the help she needed). This makes it clear that caring for others isn't always simple and easy. Though telling Mom absolutely makes Mom worry, it in turn allows Mom to care for Susannah.

## Chapter 11 Quotes

☞ Even during this time when I hardly recognize myself, there are still shadows of the real Susannah, a person who cares what her family and friends think, who doesn't want to cause them pain.

**Related Characters:** Susannah (speaker), Allen, Stephen, Mom

**Related Themes:**  

**Page Number:** 54

### Explanation and Analysis



When Susannah decides that her anti-seizure medications are to blame for her problems, she initially refuses to take them, but Mom insists and Susannah finally gives in. She makes the observation in this quote about the fact that she did indeed do what Mom asked. Even at the height of her illness, when Susannah is not a nice person to her family members, there are still parts of her that truly care about these people—but those parts are obscured by the illness and can only emerge periodically. The way that she describes this phenomenon also gets at the idea that Susannah's identity is very much bound up in the way her friends and family see her. Part of identity is a performance, and there's a difference between one's public, performed identity and one's internal, private identity. Susannah is barely able to perform her public identity at this point in the memoir, and the identity she is currently performing is not


what her friends and family know as "her."

## Chapter 13 Quotes

☞ Though my behavior was worsening day by day, it was still difficult for her to reconcile the old image that she had of her daughter as trustworthy, hard working, and independent with the new, unpredictable, and dangerous one.

**Related Characters:** Susannah (speaker), Mom, Dad

**Related Themes:**  

**Related Symbols:** 

**Page Number:** 65

### Explanation and Analysis

Mom agrees to allow Susannah to revisit her apartment on the condition that she spend the night with Dad in Brooklyn, which Susannah attributes to Mom's difficulty accepting that Susannah is not the person she once was. This continues to develop the idea that a person's identity is something that is largely public and exists in the minds and eyes of others. Further, it shows that a person's public identity is difficult to change—that's the very reason that Mom is allowing Susannah to visit her apartment in the first place, because she assumes the present Susannah is the same as the daughter she's always known. In this way, Susannah shows how the struggle to understand her new identity in many ways kept her from receiving treatment sooner, as Mom understandably wants to believe that Susannah will simply become well again.

## Chapter 14 Quotes

☞ "Her EEG was completely normal," Bailey protested, looking through my file. "MRI normal, exam normal, blood work normal. It's all normal."

"Well, she's not normal," my mom snapped as I sat there, quiet and polite with my hands folded in my lap. She and Allen had made a pact that they would not leave Dr. Bailey's office without getting me admitted to a hospital.

**Related Characters:** Mom, Dr. Bailey (speaker), Allen, Susannah

**Related Themes:**    



**Page Number:** 70

### Explanation and Analysis

After Susannah's horrible and terrifying night at her dad's house, Mom and Allen take Susannah back to Dr. Bailey and insist that he get her admitted to a hospital. Dr. Bailey is unwilling to make this happen, and seems sure of his own (mis)diagnosis, which Susannah later links to a broken medical system. Susannah's normal test results make Dr. Bailey unwilling to spend more time with Susannah to figure out what exactly is going on. In turn, Mom and Allen's pact shows that patients and their families can sometimes circumvent the medical system and push for the kind of care they want and know their ill family members need. Taken together, this makes it clear that the medical system does need to change to better accommodate patients and to foster a sense of curiosity and empathy in doctors, rather than making their work about numbers and efficiency.

“Unlike before, there are now no glimmers of the reliable 'I,' the Susannah I had been for the previous twenty-four years. Though I had been gradually losing more and more of myself over the past few weeks, the break between my consciousness and my physical body was now finally fully complete. In essence, I was gone.”

**Related Characters:** Susannah (speaker)

**Related Themes:**  

**Page Number:** 72

### Explanation and Analysis

After Susannah's final seizure in the lobby of the NYU hospital, she remembers nothing that came afterwards until her recovery a month later. For this period of time, Susannah insists that she wasn't actually there. The way that Susannah conceptualizes identity in this way again shows that there's a difference between her public, performed identity and her inner identity. But in the case of this "month of madness," both are compromised—her performed identity is either paranoid and reactionary or horrifyingly catatonic, while her inner identity, which is based on a relative consistency of memories, personality, and experience, is totally disrupted.

## Chapter 19 Quotes

“Though it had been eight years since their divorce, it was still hard for them to be in the same room with each other, and this shared journal allowed them to maintain common ground in the shared fight for my life.”

**Related Characters:** Susannah (speaker), Dad, Mom

**Related Themes:**  

**Page Number:** 92

### Explanation and Analysis

Susannah describes a shared journal that her divorced parents began writing in. It allowed them to communicate about Susannah's progress and her constantly changing diagnoses without actually having to talk to each other. This illustrates the lengths that Susannah's family went in order to support her through her illness. She mentions many times throughout the memoir how fraught her parents' relationship is, and putting that aside to care for Susannah is indicative of how much they care for their daughter. In turn, this shared journal later becomes a way for Susannah to map their relationship and learn about what happened in the hospital. It is, however, an inherently emotional source, given that Susannah's hospitalization was an extremely trying time, and Mom and Dad were surely censoring themselves or writing carefully in some way, given their relationship. Though the journal was a valuable asset as Susannah then wrote the memoir, it's suggested that not all sources are necessarily going to be equally factual, just because they're primary sources. Mom and Dad's emotions colored what they wrote, as well as their understanding of what the doctors were explaining to them.

## Chapter 30 Quotes

“Morrison wrote down 'tenacious in her attempts.' I seemed to realize I wasn't getting it right, which frustrated me deeply. It was clear that, for all my other impairments, I knew that I was not functioning at the level I was used to.”

**Related Characters:** Susannah (speaker), Dr. Chris Morrison

**Related Themes:**  

**Page Number:** 155

### Explanation and Analysis

After Susannah's brain biopsy, the hospital sends Dr.

Morrison, a neuropsychologist, to evaluate Susannah's cognitive function. When Susannah appears to be aware that she's not performing well, it suggests that Susannah's former identity is still buried somewhere inside—and is aware that it cannot get out. This further complicates the idea of public versus private identity, as Susannah's many identities absolutely do not match at this point in the memoir.


When taken in a wider view, this passage will also suggest to those who are reading the memoir because of their personal experience with the disease that their friends or loved ones are still absolutely present and can eventually return, even if it seems unlikely. It offers a hopeful tone to a heartbreaking situation, as it shows that Susannah was still there, trying to get out.

## Chapter 35 Quotes

☝☝ The raw panic makes me uncomfortable, but the thing that truly unsettles me is the realization that emotions I once felt so profoundly, so viscerally, have now completely vanished. This petrified person is as foreign to me as a stranger, and it's impossible for me to imagine what it must have been like to be her. Without this electronic evidence, I could never have imagined myself capable of such madness and misery.

**Related Characters:** Susannah (speaker)

**Related Themes:**   

**Related Symbols:** 

**Page Number:** 175

### Explanation and Analysis

Susannah describes watching the EEG videotapes of herself in the hospital as she begins Part 3, in which she details her recovery process. Susannah feels very unsettled watching these videos, offering a look into how people perceive identity. Susannah never considered that a person could have these two very different identities (let alone not remember one of them), as people tend to think of identities as being relatively static. It's incomprehensible to think that a person could be one person on one day, and be an entirely different person the next. This is, of course, made possible through brain chemistry and a consistency of memories, and makes it exceptionally clear that identity is something that's formed in the brain. When a person's brain undergoes the kind of trauma that Susannah's did, it then has a profound impact on identity—both in terms of what a

person can remember of that change, as well as in terms of basic personality traits and how a person presents themselves to others.

## Chapter 38 Quotes

☝☝ I had asked him many times why he stayed, and he always said the same thing: "Because I love you, and I wanted to, and I knew you were in there." No matter how damaged I had been, he had loved me enough to still see me somewhere inside.

**Related Characters:** Susannah, Stephen (speaker)

**Related Themes:**  

**Page Number:** 184

### Explanation and Analysis


Susannah describes how during the early weeks of her recovery, she spent much of her time anticipating Stephen's visits and felt moments of deep love for him. With this, Susannah offers a concrete example of how most of her relationships with her friends and family changed and evolved for the better as a result of her illness. Though it was certainly not an easy time, going through this experience together strengthened Stephen's love for and commitment to Susannah.


Further, Stephen's reasoning for why he stayed with Susannah, particularly his assertion that he knew Susannah was still "in there," shows how other people interact with a person's performed identity. Because Stephen knew Susannah so well before she became ill, he was able to identify points at which the Susannah he knew shone through the illness and her new personality. Cahalan suggests that love allows a person the tools necessary to get through a trying experience like Susannah's illness.

## Chapter 39 Quotes

☝☝ In many ways, during that recovery period at my mother's home, I associated the pills—and the fights they engendered—with her. In a practical sense, I needed her to portion out the pills because it was far too complicated a task for me at the time. In a more emotional sense, though, I began to feel that she, like the pills, embodied my contemptible dependence.

**Related Characters:** Mom, Susannah (speaker)

**Related Themes:**  

**Related Symbols:** 

**Page Number:** 189


### Explanation and Analysis

Susannah explains how her relationship with Mom suffered over the course of her recovery, primarily because Mom was forced to parent Susannah like a much younger child. Because at this point Susannah is able to be relatively independent (she can walk alone to Starbucks and her brain is functional, but she cannot live alone), these indicators that she's truly *not* independent are particularly hard to swallow. This is particularly because Susannah doesn't want to accept the fact that she's very much dependent on Mom's love and care to survive—she mentions that not taking her pills would be exceptionally dangerous—but must accept this care or suffer the consequences. As a result, she often makes herself difficult to care for on purpose and makes Mom's life miserable. Her selfish, difficult nature continues long after her stay in the hospital ends, but the fact that she and Mom do eventually make up and get past this difficult point points to the power of love, even when it's not necessarily wanted.

## Chapter 41 Quotes

☝☝ Perhaps because the diary provides physical evidence of my budding self...I can in essence begin to remember what it was like to be her, unlike the earlier Susannah from those paranoid diary entries before the hospital, who was more like a figment of a shadowy memory, so distant that she might have been a character in a horror movie.

**Related Characters:** Susannah (speaker)

**Related Themes:**  

**Page Number:** 197


### Explanation and Analysis

Once Susannah regains her ability to read and write, she starts keeping a diary to record her recovery. Her writing style, however, closely resembles that of her teenage self, which allows Cahalan to find many similarities between that adolescent budding self and this current budding self after illness. This begins to situate Susannah's recovery as its own sort of coming-of-age, as she once again must negotiate who she's going to be as a person in the world as skills, thoughts, and other adult qualities return to her. By comparing these entries to those she wrote before the

hospital, she also can begin to construct memories of actually inhabiting these different identities and can therefore create a better account of these different selves as she writes her memoir.

☝☝ We didn't mean to exclude others. My dad and I had gone off to war, fought in the trenches, and against all odds had come out of it alive and intact. There are few other experiences that can bring two people closer together than staring death in the face.

**Related Characters:** Sybil (speaker), Giselle, Dad

**Related Themes:**  

**Page Number:** 199



### Explanation and Analysis


As she recovers, Dad and Susannah become very close and often speak in what seems like code. Cahalan attributes this to the trials and tribulations that she and Dad went through together in the hospital, which shows again how these difficult experiences can sometimes bring once distant family members together. Because Dad dedicated his life for a month to taking care of Susannah in the hospital, he was the one who experienced most of her ups and downs—and he's the one who bore the brunt of her anger and paranoia as well (remember that Susannah believed that Dad murdered Giselle). This shows that this kind of dedication has the power to fundamentally change relationships. Further, this positive change also serves as evidence that parts of Susannah's identity from the hospital do carry over into the person she is during recovery. Had this not been the case, Susannah and Dad's relationship would've remained much the same as it was before she became ill. Instead, the experience is an ultimately positive one, even if she doesn't remember Dad's presence, and it shows that there are and were common threads of Susannah's identity running through her entire life.

## Chapter 42 Quotes

☝☝ It was one thing to live at my parents' house for a few months, knowing that I had my own place just a train ride away. Now my only home was with my mom; it was like a complete return to childhood.

**Related Characters:** Susannah (speaker), Allen, Mom

**Related Themes:**  

**Related Symbols:** 



**Page Number:** 203

### Explanation and Analysis

Susannah describes her process of mourning having to give up her apartment in Manhattan, which was her first adult apartment. This sense of loss makes it abundantly clear how much she conflated her apartment with her sense of independence and adulthood, even if she wasn't always particularly "adult" while she lived there—she mentions particularly that she was a very messy person, and Dad commented on this on several occasions when he visited her before she became ill. Mom's house in Summit, on the other hand, represents Susannah's childhood and the need to be parented and babied like a much younger child, despite the fact that she's in her mid-twenties. It exacerbates her arguments with her mom and shows once again that even if Susannah desperately needs the care that her mom provides, it's not always easy to accept it—especially when accepting it means giving up her sense of adulthood in a very tangible way.

☞ When I worried about being fat forever...I was actually worried about who I was going to be: Will I be as slow, dour, unfunny, and stupid as I now felt for the rest of my life? Will I ever again regain that spark that defines who I am?

**Related Characters:** Susannah (speaker)

**Related Themes:**  

**Page Number:** 204

### Explanation and Analysis

Susannah describes some of her diary entries in which she fixates on the weight she gained as a result of the prednisone and other steroids, which caused her to gain about 30 pounds. She asserts that this worry is one that she focused on to avoid the more uncomfortable worries she had about the kind of person she was going to be post-hospital. This shows again that Susannah's recovery process was one in which she came of age again and spent much of her time considering her identity, and what it truly means to be "her." It also reinforces the idea that people in general rely heavily on how others perceive them, given that many people have by this point commented that her "spark" is no

longer there, and it's a valid medical question whether or not it will return.

Susannah is just as worried about how she perceives herself as how other people perceive her. This is, of course, tied to memory—at this point, both Susannah and others remember how Susannah was before she became ill, and they're comparing this memory of the old Susannah to the Susannah that's currently in front of them.

## Chapter 43 Quotes

☞ Buoyed by this new ability to explain, I began to research the disease in earnest and became obsessed with understanding how our bodies are capable of such underhanded betrayal. I found, to my frustration, that there's more we don't know about the disease than we do know.

**Related Characters:** Susannah (speaker), Paul

**Related Themes:**   

**Page Number:** 208

### Explanation and Analysis

After Susannah is able to provide Paul with a basic summary of her disease and what happened to her, she becomes extremely interested in understanding it. Here Cahalan describes how much is still unknown about anti-NMDA receptor encephalitis. Especially when it comes to "new" diseases like this, the medical community is always changing, researching, and learning new things—and the brain in particular is still very much an unknown.

It's important to keep in mind that the book is very much a product of the time it was written: medical knowledge has advanced a great deal since 2012, and will continue to advance in the future. Because of this, it's important to consider the memoir in the context of when Susannah became ill in 2009, and what scientists and researchers learned even in the three years between then and publication. In this way, the book itself stands as a snapshot of medical knowledge at this point in time and describes a very particular situation, one that hopefully will not happen again as research continues to advance.

## Chapter 46 Quotes

☞ "He's talking about my brain," I whispered, although I didn't understand then what these slides portrayed. All I knew was that a very intimate part of myself was on display in front of a hundred strangers. How many people can say that they've allowed others to literally see inside their heads?

**Related Characters:** Susannah (speaker), Dr. Najjar

**Related Themes:**   

**Page Number:** 219


### Explanation and Analysis

Not long after Susannah returns to work, she attends a lecture by Dr. Najjar on anti-NMDA receptor autoimmune encephalitis, in which he shows slides from Susannah's brain biopsy. Susannah's interest in the imaging of her brain is a very physical representation of people's interests in their own identity. Given that Cahalan overwhelmingly asserts that a person's personality and identity is very much formed in the brain by chemistry—and thus can be affected by inflammation and illness—here she is very literally looking at a portion of her identity, on display for these medical students to see. This is also the point at which Susannah's identity is beginning to truly blossom and heal, and the biopsy slides serve as a reminder of how far she's come. Though she doesn't have the physical evidence of what her brain looks like as she watches the lecture, she is very much aware that her brain no longer looks like it does in the slides, when her body was actively attacking it.

## Chapter 47 Quotes

☞ What I was almost immediately drawn to is perhaps the biggest mystery: How many people throughout history suffered from my disease and others like it but went untreated?

**Related Characters:** Susannah (speaker), Dr. Josep Dalmau, Dr. Najjar

**Related Themes:** 

**Page Number:** 221

### Explanation and Analysis

As Cahalan contacts doctors and researchers to gather information for her *New York Post* article about her experience with anti-NMDA receptor encephalitis, she's struck by the knowledge that it's likely that many people throughout history have experienced this disease, but haven't received treatment. As she discovers this, Cahalan begins to feel a sense of responsibility to spread awareness about the disease, so that others might not experience the same degree of suffering that she did—even though she was fortunate enough to fall ill after the disease had been officially discovered and included in medical literature, and

she had access to health insurance and top-notch doctors. This realization also begins to pick apart the idea that the 21st century is a time in which medicine is extremely advanced, and serious diseases like this are easily caught and treated. After reading Cahalan's memoir, it becomes clear that this absolutely isn't the case, and the medical world has a long way to go towards actually solving all these mysteries that still plague humanity.

☞ Evil. To the untrained eye, anti-NMDA-receptor autoimmune encephalitis can certainly appear malevolent. Afflicted sons and daughters suddenly become possessed, demonic, like creatures out of our most appalling nightmares.

**Related Characters:** Susannah (speaker)

**Related Themes:**   


**Page Number:** 222

### Explanation and Analysis

Cahalan explains that many doctors now believe that anti-NMDA receptor autoimmune encephalitis is the reason many children were "exorcised," as the symptoms match perfectly with accounts of demonic possession. This chilling fact is a reminder that a lack of education and information can lead to appalling results, given that death is a very real outcome of the disease if left untreated. Similarly, the relationship to exorcisms shows that it's extremely important to look at behavior changes like this as medical emergencies and issues, not as a personal choice or as demonic possession. By extension, if doctors consider other behavioral changes or mental health issues as physiological issues, it's possible that more of them could be resolved by fixing whatever's wrong in the body itself.

☞ But this is all the more reason that psychiatrists and neurologists are finding ways to break down the barriers set in place between psychology and neurology, urging for one uniform look at mental illness as the neurochemical diseases that they are...

**Related Characters:** Susannah (speaker)

**Related Themes:** 

**Page Number:** 225




**Explanation and Analysis**

Susannah explains that doctors and researchers like Dr. Najjar are promoting research that seeks to discover the underlying physical issues that cause many psychological problems. This is especially important given that the presenting symptoms of Susannah's disease are psychiatric in nature, though it also has implications for other diseases like schizophrenia and lupus. When she mentions the "barriers" between psychology and neurology, Susannah continues to demonstrate how the medical community is very fractured along specialty lines. Psychologists generally stick to the mind, while neurologists look primarily at the underlying issues and causes with the chemistry of the brain itself. By combining the two in the future, it will be easier to diagnose diseases like Susannah's and others, as well as make them easier to treat.

☝ While he may be an excellent doctor in many respects, Dr. Bailey is also, in some ways, a perfect example of what is wrong with medicine. I was just a number to him... He is a by-product of a defective system that forces neurologists to spend five minutes with X number of patients a day to maintain their bottom line. It's a bad system.

**Related Characters:** Susannah (speaker), Dr. Bailey

**Related Themes:** 

**Page Number:** 226


**Explanation and Analysis**

Susannah mentions to the reader that when she spoke to Dr. Bailey, he'd never heard of her disease. Here, she takes this a step further, saying that he represents the way the US medical system doesn't allow doctors the time to appropriately address their patients' concerns, or foster an environment that encourages doctors to be more curious about what's going on with their patients. By condensing office visits down to five or ten minutes, it's impossible for a doctor, even one as experienced as Dr. Bailey, to truly get a good sense of what might be ailing a patient, especially if the problem is something not immediately apparent or obvious. This then suggests that patients sometimes must advocate for themselves and insist on receiving the care they need when they encounter doctors like this. Susannah herself may have died had her parents not fought Dr. Bailey to get her admitted to the hospital.

☝ The girl in the video is a reminder about how fragile our hold on sanity and health is and how much we are at the utter whim of our Brutus bodies, which will inevitably, one day, turn on us for good. I am a prisoner, as we all are. And with that realization comes an aching sense of vulnerability.

**Related Characters:** Susannah (speaker)

**Related Themes:**   

**Related Symbols:** 

**Page Number:** 227

**Explanation and Analysis**



Susannah describes how difficult it was to see the EEG video footage of herself for the first time. Seeing this crazy version of herself makes it abundantly clear to her that even if she doesn't remember being this other person, she was indeed acting this way—the video evidence proves this. The video footage thus itself functions as a memory here, and in turn helps Susannah create her own story about what happened.

However, seeing herself in this light also makes it clear that the line between health and sickness is very thin and easily obliterated. Susannah's illness came on suddenly and devastated her life, body, and mind for the better part of a year, and the effects continue to haunt her years later. In turn, this makes Susannah face her own mortality and the mortality of humanity in general—all of us, she says, will eventually be betrayed by our "Brutus bodies" (Brutus was famous for betraying Julius Caesar). By accepting this fear that she could be killed or permanently changed by illness, Susannah then learns to appreciate the person she is and the life she has.

**Chapter 50 Quotes**

☝ The friends and relatives I interviewed would never have used the term skittish to describe me, but every now and then, when I'm on the subway and the colors seem brighter than normal, I think, Is it the lighting, or am I going crazy again?

**Related Characters:** Susannah (speaker), Stephen

**Related Themes:**  

**Page Number:** 240

**Explanation and Analysis**

Susannah lists some of the subtler changes she's

experienced as a result of her illness, this skittishness being one of them. It's suggested that Susannah will be constantly interrogating her relationship to her disease and her relationship with herself for the rest of her life, as she could relapse at any time without warning. In this way, even though Susannah is, for all intents and purposes, herself again, the illness itself will remain with her forever.

This also makes it clear that in regard to her other discussions about the disease, the developments in diagnosis and quick treatment are extremely important—as is the information she now has about it. Even though living with this skittishness is undoubtedly uncomfortable—particularly because it is at odds with her former identity, as she says here—her heightened awareness means that if she does relapse, it's more likely that she'll catch it long before anyone did the first time.

## Chapter 51 Quotes

👤 Psychology professor Dr. Henry Roedigger calls what happened with the FLIGHT RISK band a form of social contagion: if one person remembers incorrectly and shares this with others, it can spread...

Did I harbor this false memory? Was I the one who spread it? I am sure I remember vividly seeing the words FLIGHT RISK on my arm. Or am I?

**Related Characters:** Susannah (speaker), The purple lady

**Related Themes:**   

**Page Number:** 245

### Explanation and Analysis

As Cahalan puzzles through the strangeness of hallucinations, memory, and communal memory, she continues to question her own reliability as a narrator. It's worth considering that by including these memories and/or hallucinations in her book, she actually promotes this kind of "social contagion," as now that it's published, the book itself takes on its own kind of truth. Though anything in the book can certainly be contested, it's much harder now that the book is in circulation, and readers themselves continue to form their own memories about the book and the information contained within it.

Further, by including this sense of doubt at the end of the memoir, Cahalan makes it clear that there are absolutely parts of her story that, for one reason or another, might not actually be true. By admitting this and making this possibility a constant thread through the memoir, Cahalan accepts that she will certainly continue learning more about what happened and piecing together events and memories for years to come.



## SUMMARY AND ANALYSIS

The color-coded icons under each analysis entry make it easy to track where the themes occur most prominently throughout the work. Each icon corresponds to one of the themes explained in the Themes section of this LitChart.

## PREFACE

Slowly, Susannah opens her eyes to darkness and silence. She wonders where she is and thinks her scalp itches. Immediately, she understands that she needs to leave this place. As she tries to move off of the bed, she realizes there's something restraining her. Susannah looks out the window and feels relief to see that there are taxis outside—she's in New York City. This relief is short-lived, however, when she sees the “purple lady” staring at her.

Susannah yells at the purple lady for help, and the lady tries to soothe Susannah. She has a Jamaican accent, and Susannah wonders if this is Sybil, her childhood babysitter, back to care for her. The purple lady explains that Susannah is in the hospital, and slowly begins to undo the restraint. Susannah lifts a hand to itch her scalp and discovers she's wearing a cotton hat. Incensed, Susannah rips off the hat and finds that there's a web of wires under the hat. She begins to pull off the wires and notices an orange band on her wrist that says, "FLIGHT RISK."

*This passage is typed in italics. Cahalan will later make it clear that this signifies that this is a hallucination, or something that didn't actually happen. This introduces the idea that Susannah is an unreliable narrator, and one who's driven very much by quickly roiling emotions.*



*Connecting the purple lady to Sybil shows Susannah using memory to momentarily find comfort in a scary and confusing situation. The fact that Susannah cannot soothe herself and calm down is indicative of how ill she is, and of how not “herself” she is at this point. This all sets the stage to help the reader understand where exactly Susannah is headed in the lead-up to her hospitalization.*



## CHAPTER 1

Susannah explains that it possibly all began with bedbug bites—though the bedbugs never existed. She wakes one morning to find bites on her left arm, and is concerned that her **apartment** is infested with bedbugs. Susannah calls an exterminator to check her apartment, and he deems it free of bugs. Regardless, Susannah insists he come back to spray. She feels as though her body is overrun by bugs.

Susannah does her best to keep her concerns from her coworkers, so she conceals her bites the next day when she walks to her cubicle at the *New York Post*. She describes the newsroom as eccentric, like a bar without alcohol. Today, however, the room is subdued and silent. Susannah slides into her seat beside Angela, one of her best friends, and quietly asks if she knows anything about bedbug bites.

*By stating right off the bat that the bedbugs never existed, Susannah allows the reader a detached, all-knowing look into how she changes over the course of her memoir. Her fear and paranoia are symptoms of her illness, and by bringing these emotions front and center, she shows how they came to singlehandedly guide her actions.*



*It's important to note that Susannah begins asking for help and affirmation right away. This begins to build up the idea that she has strong, trusting relationships with friends and family before all the action takes place.*



Angela scoots away from Susannah with a smile. As Susannah tries to show Angela her arm, her phone rings. It's Steve, the Sunday editor. All reporters have pitch meetings with Steve on Tuesday. Susannah realizes with horror that she has nothing to pitch to Steve; she totally forgot about the meeting. This is entirely out of character for her, but she nervously walks to Steve's office anyway and sits down next to Paul, another editor and her mentor.

*Because Susannah never has the opportunity to show anyone her bug bites, it becomes one of the great mysteries of the text. Later, she questions if they were even ever there. This is an example of Susannah offering evidence that she's an unreliable narrator, and that there are parts of her story that are impossible to corroborate.*



Susannah, Paul, and Steve sit in silence for a few minutes. Desperately, Susannah says she saw something on a blog. Steve cuts her off and tells her to not come into his office again with nothing prepared. Susannah feels like she's not worthy of Paul's faith and respect, and feels angry at herself for forgetting the meeting.

*The fact that the outcome of this meeting is out of character for Susannah shows that prior to her illness, she was generally responsible and on top of things. When she questions this strange turn of identity, it shows that she's trying desperately to figure out how this actually fits in with what she knows of herself.*



As Susannah walks home to her **apartment** in Hell's Kitchen later that evening, she ruminates on the day's disasters. She describes her apartment as a complete cliché of a New York writer: it's a tiny studio, and she sleeps on a pullout sofa. Despite the exterminator's insistence that the apartment doesn't have bedbugs, Susannah prepares for her extermination appointment by throwing away everything that could harbor bugs. She throws out hundreds of articles she wrote for the *Post*. She wonders how she's suddenly so bad at a job she loves so much.

*When Susannah does things early on like wonder why she's suddenly so bad at her job, or forgets things, it begins to erode her trust in herself and in her judgment—something that will prove catastrophic as the disease progresses. This suggests that physical illness (especially involving the brain, and when it's not diagnosed or obvious) has the power to both change a person's identity and that person's trust in their identity.*



Susannah pauses when she comes across the biggest story of her career: an interview with the child kidnapper Michael Devlin. She explains that she loved journalism because it gave her a life that was crazier than fiction, but she didn't know then that her life was about to become just as bizarre as some of her headlines. Throwing beloved mementos away like this was totally out of character for her, she says, and a bug obsession can be a sign of psychosis.

*Throwing these mementos away is also symbolic of the fact that Susannah's illness will change her, fundamentally and forever. She'll never be the same person as the person who wrote and collected these articles, and their imminent departure alludes to Susannah's own coming departure from the person she was.*



When Susannah finishes clearing out her **apartment**, she suddenly feels a pit in her stomach. As she stands, intense pain flashes through her head. She stumbles to the bathroom, feeling as though her body is slow to react, and wonders if she's getting the flu. She tells the reader that her illness began mysteriously, and she almost ended up in an asylum for life.

*By making it very clear that this illness could have had catastrophic consequences for her, Susannah creates tension and suspense in the narrative. Describing her symptoms in such detail also works in her overall project of spreading awareness about this disease.*



## CHAPTER 2

Several days later, Susannah wakes up in her boyfriend Stephen's bed, feeling as though the bedbug scare and her pitch meeting are a distant memory. The night before, Susannah had taken Stephen to meet her father and stepmother, Giselle, for the first time. Susannah explains that though she and Stephen have only been dating for four months, they've known each other for six years.

Susannah has Stephen's apartment to herself, as Stephen has already left for band practice. As she lies in bed, she suddenly feels an overwhelming urge to read Stephen's emails. This jealousy is entirely unlike her, but she opens up Stephen's laptop and scrolls through his inbox. When Susannah finds an email from Stephen's ex-girlfriend, she opens it to find a seductive selfie. Stephen never replied, but Susannah keeps going through his emails until she finds all the emails from their yearlong relationship. Susannah is extremely angry, though she's not sure why, since she knows that Stephen hasn't spoken to this girl since they started dating.

The urge to continue digging for more incriminating evidence against Stephen persists, and Susannah tiptoes to his dresser. She wonders if he might have cameras going and if this is somehow a test, but she goes through his drawers anyway. She finds a box full of letters and photos from Stephen's exes. As Susannah goes through the letters, she catches a glimpse of herself in the mirror and doesn't recognize herself. She thinks that she never acts like this, and that something is wrong with her.

Susannah checks her phone and finds that she's been going through Stephen's things for two hours, even though it only felt like a few minutes. Then her head pain returns with nausea, and Susannah feels as though her left hand is tingling with pins and needles. She replaces Stephen's belongings in his dresser, and by the time she's done, her left hand is entirely numb.

## CHAPTER 3

Over the next few days, Susannah feels wracked with guilt over going through Stephen's things. At work one day, she asks Mackenzie, the editor for the features page, for help. When Susannah shares what she did, Mackenzie insists it's not so bad and says to just try to not do it again. Susannah wonders if her new birth control, the patch, is maybe causing hormonal changes. Susannah tells the reader that later, Mackenzie would share that she was more worried by Susannah's guilty overreaction than the snooping itself.

*Susannah describes this perfectly normal life event, but also makes it clear that her illness is swiftly descending upon normality and will interrupt her life. This suggests that Susannah isn't "special" for contracting this disease; it can hit anyone at any time.*



*It's important to note here that Susannah is fully aware of the fact that this rage and jealousy is out of character for her. This creates the sense that Susannah is waging an internal battle between the person she knows she is and the person the disease is turning her into. This act in particular also shows Susannah turning against a person she's very close to, which illustrates how her illness has the potential power to damage her close relationships.*



*The possibility that Stephen is testing Susannah is, of course, ridiculous—but her fear of it makes it abundantly clear that Susannah is being paranoid and thus somehow unwell. Not recognizing herself and understanding that something is wrong shows that she's aware that she's fighting against something, but she feels also powerless in her ignorance of what it actually is.*



*The presence of some physical symptoms suggests that what Susannah's fighting isn't just mental illness; it's also something physiological. This will be important as Susannah later delves into the lack of communication between psychiatrists and neurologists.*



*Mackenzie's later admission shows that Susannah's emotions are different than usual and exaggerated, and they seem off to those around her. Mackenzie's concern also makes it clear that Susannah has a web of people who are looking out for her and will be there to support her in times of need.*



Susannah asks Paul the same question, and he tells her the same thing. He insists she's not crazy and says that men commonly keep "spoils of war" like photos and letters from their exes. When Susannah returns to her desk, she realizes that the numbness in her left hand has now moved down the left side of her body and into her toes. She calls Stephen, who suggests she see a doctor. Susannah laughs this off and asks Angela for a second opinion. Another nearby reporter suggests that Susannah see a doctor.

Susannah laughs, but she's worried by the worry she sees in her colleagues. She calls her gynecologist, Dr. Eli Rothstein, later that day. Though he's usually a laid-back practitioner, he sounds worried by Susannah's symptoms and arranges for her to visit a neurologist that afternoon. Dr. Bailey's office is very drab in comparison to the marble lobby of his building, and she finds the paintings in the waiting room unsettling. The receptionist hands Susannah an intake form, and Susannah tells the reader that a health history form would never again be so simple as it was that day. The only previous illness she'd had was melanoma on her lower back, which had been removed with minor surgery several years ago.

Susannah says that she's the exact opposite of a hypochondriac, and usually needs prodding from her mom to attend her regular doctor's appointments. She's worried by Dr. Rothstein's worry, and feels as though she needs answers. To keep calm, Susannah focuses on one of the bright, abstract paintings of a human face in the waiting room.

When Dr. Bailey sees Susannah, she hastily describes her symptoms and thinks that she wants to reassure him that nothing is wrong. He conducts his neurological exam, which yields normal results, but asks Susannah to go to the lab for blood work and an MRI. At the lab, the young male technician leads Susannah to a changing area. She folds her clothes and takes off all her jewelry, including her lucky gold ring. The tech guides Susannah to the MRI room and oversees the procedure, and then engages her in conversation as he leads her back to the changing room. Susannah feels exposed, uncomfortable, and as though the tech is being too flirtatious.

Susannah changes as quickly as possible and leaves. Though the MRI is normal, she tells the reader that she'll go on to fixate on the tech's flirtations, which soon start to look malevolent. She realizes hours later that she forgot her lucky ring.

*The growing numbness is a continual reminder that this isn't just all in Susannah's head. Notably, it's also the numbness that garners the attention of Stephen and her coworkers, and the numbness is what makes them suggest she sees a doctor. This suggests that Susannah's community (like society at large) takes physical symptoms more seriously than mental ones.*



*At this point, Susannah's medical team appears to be fully on her side and taking her seriously. Though this will break down later, Dr. Rothstein in particular is proof that there are doctors who do indeed believe their patients when they say something is wrong, and do what they can to fix it. The unsettling nature of Dr. Bailey's waiting room foreshadows the confusing and often negative experience Susannah will have with him over the course of her illness.*



*Again, Susannah suggests that this is all very out of character for her, which shows how this illness in particular can fundamentally change who she is. When she feeds off of Dr. Rothstein's worry, it also shows that she is easily influenced by people she trusts.*



*As Susannah begins seeing more doctors, their notes, exams, and test results start to tell a very specific story about Susannah's illness—namely, that it doesn't technically exist. This story then has to compete with Susannah's insistence that something is absolutely not right with her. The status of doctors and what they say gives their diagnoses and beliefs more power to dictate what happens to a patient, even if those diagnoses are flat-out wrong.*



*What Susannah describes of the MRI tech doesn't actually show that he did or said anything inappropriate. This all goes to suggest that Susannah's paranoia is taking over, and the reader cannot take her assessments of threats seriously.*



The next day, Susannah tells Angela that her hand is still numb and tingly, and she doesn't feel like herself. Susannah fixates on her lost ring, but irrationally cannot work up the nerve to call the office to get it back. Susannah accepts Angela's offer to walk her home, even though it's a deadline day. At Susannah's apartment, Angela talks Susannah into calling her doctor. Dr. Rothstein tells Susannah that the MRI came back normal. However, a few lymph nodes in Susannah's back are enlarged, and Dr. Rothstein says he suspects Susannah has mono. Angela and Susannah laugh after Susannah hangs up.

*It's worth noting that though Susannah is experiencing some of the symptoms of mononucleosis (malaise, body aches, exhaustion), mono doesn't cause paranoia or other psychotic symptoms. This shows that even the generally trustworthy Dr. Rothstein isn't taking all of Susannah's reported symptoms seriously, as a diagnosis of mono ignores these other symptoms.*



## CHAPTER 4

Susannah is relieved to have a diagnosis of mono. She spends Saturday in bed and then decides she's well enough to join Stephen, his sister, and her husband at a Ryan Adams show. They meet at an Irish pub beforehand, and Susannah can barely stomach the sight of her fish and chips. She can hardly make conversation and doesn't eat any of her food. When they arrive at the show venue, Susannah tries to follow Stephen to the front but is suddenly nauseous and dizzy. She and Stephen stand next to a pillar in the back of the room, and Susannah leans on it. She can't focus on the music at all. Afterwards, when Stephen asks Susannah how she liked the show, she admits she can't remember it.

*Susannah's relief makes it clear early on that there's a great deal of comfort that comes from being able to name and understand one's illness, despite the fact that this particular diagnosis isn't correct. Her inability to remember the concert shows too that her memory is already in the process of being compromised by her illness, which suggests that there are other events from this time period that she's then left out of her narrative (and also highlights the inaccuracy of the mono diagnosis).*



Susannah takes three days off of work. Finally, she calls Mom. Mom is worried about the numbness especially, but Susannah assures her she's fine. On her third day off of work, Dad insists on coming to see Susannah. He takes her out to a matinee of the movie *The Wrestler*. As Susannah watches a touching father-daughter scene in the movie, she starts crying. Embarrassed, she gets up, runs to the bathroom, and weeps. She wonders why she's experiencing this kind of emotion, especially since Dad isn't very affectionate.

*Mom and Dad's concern is one way that they show their love for Susannah. However, Susannah's insistence that she's fine begins to show that she's unwilling to fully accept this intensity of love and care—though she does so because she in turn cares about Mom and Dad. Systems of familial love are complicated, and accepting and giving love isn't always easy or straightforward.*



After the movie, Dad walks Susannah back to her **apartment** to check it for bedbugs. When they get close to her apartment, however, Susannah's stomach fills with dread and she realizes she doesn't want him to come in. She feels ashamed of her messy room. When she opens the door, Dad comments on the smell. Susannah grabs a bag of litter box waste from her cat and throws it away. Dad chastises her for her messy apartment. Susannah surveys the room, which is covered in dirty clothes and the garbage bags she'd never taken out a week ago. Susannah's bites are gone, and she wonders if they were ever there.

*Because Susannah's apartment is a symbol of her independence and adulthood, its messiness and smell suggests that these things are tenuous—even if Susannah is technically an adult, she's still struggling to embody the full meaning of that persona. Her desire to not have Dad see this shows that she also wants to perform adulthood for him so that he treats her like a peer, not like a child.*



## CHAPTER 5

Susannah returns to work on Thursday. She finishes one story and pitches two more, neither of which are received well. She tells herself that insecurity is part of her job, but she worries that it's been weeks since she felt good about her job performance. After another two days off of work, she wakes late in the morning feeling refreshed and calls Stephen. She insists they go to Vermont, which they'd been planning to do but postponed when she got sick.

Stephen tries to convince Susannah to stay home, but then Dr. Rothstein calls Susannah. She answers his call, and he says that her tests came back negative for mono—her illness was likely some sort of virus. When Susannah calls Stephen back, he caves and they head to Vermont later that day. They shop, Stephen skis, and Susannah reads in the lodge. After a snowstorm hits on Sunday, they're forced to stay another day and Stephen finally convinces Susannah to try skiing.

Susannah had skied before without issue, but standing on the top of the mountain, she suffers a panic attack at the thought of having to ski. Stephen convinces her to try and follows her down. By the time she's halfway down, the panic is gone. Susannah says nothing to Stephen, though she realizes the panic was about more than a fear of heights. On Monday night, back at Mom's house, Susannah has trouble sleeping. She goes through old clothes and finds that she finally fits into pants she hasn't been able to wear since she was a teenager. She tells the reader that she'd learn later that this kind of illness ebbs and flows: just when things seem fine, it will return with a vengeance.

## CHAPTER 6

At work the following Tuesday, Steve calls Susannah and says that he wants her to interview John Walsh, the host of the show *America's Most Wanted*. Susannah agrees, but doesn't feel as enthusiastic as normal. She then calls the *Post's* librarian, Liz, to help her with initial research. Instead of asking for research, however, she asks Liz for a tarot reading. Susannah explains that Liz is a Wiccan priestess when she's not a librarian. Susannah desperately wants to believe in something with all the strange things happening.

*Again, Susannah's identity is in flux as she realizes that she's struggling to embody the role of a successful reporter, an identity that she's successfully inhabited for years. Though she admits that the Vermont trip was planned already, deciding to take more time off of work to spontaneously go suggests that this trip is also part of her illness, or her reaction against it.*



*Receiving a diagnosis (even if it's untrue) is once more portrayed as being liberating to a degree. Here, this diagnosis allows Susannah to tell herself that she's all better, which the reader knows isn't true. Again, the fact that this diagnosis comes from Dr. Rothstein shows that even the "good" doctors are flawed.*



*It's not clear if Susannah's ability to fit into old pants is due to her illness, age, or lifestyle, but it's nonetheless evidence that her body is absolutely changing. Further, if it is illness, this "good" thing shows how some symptoms of illness don't even read as negative things that people would consider a problem. All of this works together to suggest that Susannah's illness is more complicated than what she and her doctors believe at this point.*



*Susannah implies that she doesn't necessarily believe in witchcraft; she just wants to. This reinforces the notion that her mysterious illness is very unsettling, and is fundamentally changing who she is and what she's willing to believe in. Neglecting her usual job tasks in favor of a tarot reading is also symptomatic of her changing identity, given that she explains that this entire thing isn't normal.*





Liz's tarot reading yields good omens. She reads that Susannah will have a job change and financial success. When Susannah returns to her desk, she finds Angela looking depressed and discovers that a fellow reporter had just died from melanoma. The funeral is scheduled for Friday. Though Susannah knows she needs to prepare for her interview with John Walsh, she can't stop fixating on the reporter's death.

The next morning, Susannah returns to work after not sleeping all night. Instead of preparing for her interview, she searches melanoma relapse rates. When she walks down the hallway to meet Walsh in an empty office, Susannah is shocked to discover that the framed front pages from the *Post* that line the walls seem to be closing in on her and breathing. Susannah feels as though the walls are caving in, while the ceiling appears to expand to the height of a cathedral. She isn't afraid, but her heart is racing.

In the office, Susannah introduces herself to Walsh and his publicist. Susannah is unable to maintain a train of thought and can barely follow Walsh as he talks about drug smuggling. She laughs uproariously at one comment that isn't actually funny, and the publicist insists that Walsh needs to go. Susannah offers to walk them out, but her balance is off and she bumps into the walls of the hallway. When she tries to open a door, she misses the handle by a foot. Susannah tells the reader that this story would never run, and this would be her last interview for seven months.

## CHAPTER 7

Susannah doesn't remember walking home after her interview. She doesn't sleep again that night, which marks a week since she truly slept. Regardless, she heads to work the next day, which is a crisp and cold March day. When Susannah reaches Times Square, the billboards are suddenly too much: the colors vibrate. Initially it's thrilling, but Susannah soon wants to vomit on the street. When she stumbles into the newsroom she finds that the lights still feel too bright, but don't seem as aggressive.

Conspiratorially, Susannah whispers to Angela that she's seeing bright colors that hurt her eyes. Angela looks worried as Susannah elaborates on what she saw on her walk through Times Square. When Angela suggests that Susannah is just hung over, Susannah insists that she didn't drink, and says she fears she's losing her mind. Angela suggests that Susannah go back to the doctor. Susannah is frustrated that she's acting like a crazy person and slams her hands down on her keyboard. She shouts that she can't do this, which attracts Angela's attention again. Susannah begins crying, feeling humiliated.

*Though Liz isn't wrong in the long run (Cahalan does eventually write this memoir, which was wildly successful), her predictions mirror the diagnoses from Drs. Rothstein and Bailey: they're all silly, given how out-of-sorts Susannah is. Something is wrong, and their diagnoses are just as unhelpful as the tarot reading.*



*Even if Susannah doesn't recognize it as such, she's experiencing a visual hallucination. The text style (not italicized) in the book is what clues the reader in on the fact that she doesn't recognize this for what it is; it's just an occurrence that feels like it must be real in her deteriorating mind. Her lack of fear also shows that at this point she still trusts her perceptions, and isn't able to accept that what she's seeing might not be really there.*



*Here, even a complete stranger can see that there's something very wrong with Susannah, even if she herself is not exactly aware of it. This begins to shift away from Susannah believing that things are wrong to others believing that there's something wrong with her, which in turn sets her up to fight her family and friends when they try to care for her.*



*Even if Susannah is clearly unwell, there are still parts of her that seem very much like the person she initially described: she's still intent on going to work, even if getting there is a terrifying task. This shows the illness battling with Susannah's "true" self, and that this previous self is still very much present in her consciousness.*



*Note that Susannah is scared of what she's seeing now—her fear indicates that she recognizes that this is undesirable, wrong, and not normal (all assessments that she won't be able to make for much longer). Similarly, her insistence that she's not drinking or not drinking too much is something the reader is meant to take as fact, as her alcohol intake will soon become a point of contention.*



Angela asks Susannah if she wants to go for a walk, but Susannah just continues crying. She sobs that she doesn't know what's wrong with her, and tries to fixate on anything that might be the cause of this strange outburst. She thinks that she's bad at her job, Stephen doesn't love her, she's crazy and stupid. Her colleagues begin filing in after the funeral and look at her curiously. When another reporter asks Susannah if she's okay, Susannah shouts at her to stop.

Suddenly, Susannah's misery turns into intense happiness. She begins laughing through her tears and runs to the bathroom to splash water on her face. As she looks around, she realizes that the bathroom looks strange and unnatural. Susannah calls Mackenzie and asks her to meet outside to discuss what just happened. Mackenzie suggests that Susannah write down all her symptoms and then see a doctor. Susannah thinks this idea is genius and runs back to her desk. However, rather than write down her symptoms, she writes a few random words, doodles, and writes, "people are desperate, they'll do anything."

Very suddenly again, Susannah begins to clear everything off her desk. She feels happy and in control of her life, though she realizes her happiness is tenuous and won't last. Susannah announces to Angela that everything will be great, and she asks Paul to go smoke with her outside. In the elevator, Susannah tells Paul that she feels like herself again, and she wants to start working on more hard-hitting investigations. Paul asks Susannah if she's okay, since she's talking so fast, and he asks if she's called Mom recently. Susannah explains to the reader that Paul said later that he thought Susannah was on the edge of a mental breakdown, as he'd seen a similar thing happen with another young reporter.

After ten minutes, Paul heads inside and calls Angela. He insists they need to call Susannah's mom because something is very wrong. Susannah stays outside and feels the same kind of feeling she felt at the top of the mountain in Vermont. She feels as though she's floating high above the crowd and sees Liz come out of the building. Susannah then "reenters" her body and calls Liz over. She asks Liz if out-of-body experiences are normal, and Liz apologizes for taking Susannah to another realm during the tarot reading.

*None of what Susannah thinks is true, given what she's already said about herself and her relationships with Stephen and with work. Instead, these uncharacteristic thoughts show how her illness is driving a wedge between her usual self and this new, paranoid Susannah.*



*The chilling phrase that Susannah writes shows that her paranoia is growing; she's no longer just paranoid about Stephen's ex-girlfriend. As Susannah loses her ability to articulate her own symptoms, she also loses her agency and control over her own story. Instead, her paranoia and the nonsensical words she writes are reflections of the turmoil currently happening in her brain.*



*When Paul questions Susannah about speaking to her mom, it reinforces even more that Susannah's support system is well-connected and interested in making sure that she's okay. Further, even if Dr. Bailey's tests came back normal, these mood swings are more evidence that something is very wrong with Susannah. In this way, Cahalan brings the reader fully onto her side and within the world of her memoir, discrediting Dr. Bailey and his diagnoses.*



*This out-of-body experience is another type of hallucination, though again Susannah doesn't recognize it as such at the time. This continues to show that the line between fiction and reality has become muddled in Susannah's brain, as she's unable to recognize that the things she's seeing aren't actually real.*



Angela gets permission from Paul to take Susannah for a drink, with the hope of piecing together why Susannah is acting so out-of-character. When they enter the hotel lobby, Susannah feels claustrophobic and like she can't breathe. She begs to take the escalator, but the escalators only make the sensation worse. Susannah starts sobbing and has to get off the elevator three times before she finally makes it to the bar on the eighth floor. The rugs in the bar swirl and move, and Susannah tries to ignore them. Angela orders Susannah some wine, since Susannah is still too distraught to order for herself, and asks her what's going on. Susannah mentions that she's bad at her job and Stephen doesn't love her, but admits that there's more wrong—though she doesn't know what it is.

When Susannah gets home that night, later than usual, Stephen is already there cooking dinner. Rather than take Angela's advice and tell Stephen the truth, Susannah lies about where she's been. When she tells Stephen that she hasn't been sleeping, he opens a bottle of wine. As Stephen cooks, Susannah paces. She announces that her insomnia might make it difficult for Stephen to sleep, but he insists that she'll sleep better with him there.

Stephen hands Susannah a plate of pasta, but she can barely look at it without gagging. Stephen is hurt that Susannah doesn't like it, but she insists she's just not hungry. Susannah finally lies down with Stephen. She leaves her untouched glass of wine on the windowsill, but chain-smokes. When Stephen comments on her smoking, Susannah agrees that she should stop. Stephen turns on PBS and falls asleep, and Susannah watches a reality show that follows Gwyneth Paltrow, a chef, and a food critic through Spain. Susannah's stomach turns watching them eat. She laughs and then everything goes hazy and dark.

## CHAPTER 8

Susannah tells the reader that she woke Stephen up that night with low moans, squeaks, and then grunts. He thought that Susannah was just grinding her teeth, but rolled over to see her sitting with wide, unseeing eyes. Susannah didn't answer any of his questions and turned to face him, looking possessed. Her arms whipped out in front of her, her body tensed, and blood and foam spurted out of her mouth. Horrified, Stephen stared for a moment before laying Susannah down on her side and calling 911.

*The fact that Susannah has gotten measurably worse over the last two or three days suggests that there's definitely a time element at play with this disease—without intervention, she'll keep going downhill quickly and will eventually hit the bottom. When Susannah can admit that there's more wrong with her than she can truly explain, it again shows that she's battling her disease and what it's doing to her identity. She knows that what's going on isn't right, but not being able to fully explain it is also a side effect of the disease.*



*Susannah begins to push Stephen away (by lying and implying she doesn't need him to stay the night), which shows her actively separating herself from him and trying to escape his care. In doing so, she makes it more emotionally fraught for Stephen to stay, given that she "doesn't want" him there.*



*Stephen's attempts to care for Susannah make it clear that despite the fact that their relationship is new, Stephen cares deeply for her. The book's focus on food suggests that before now, it was definitely something that Susannah liked and had strong feelings about. This in turn makes her inability to eat anything at all especially concerning.*



*Note that Stephen's first thought is that something relatively normal is happening—Susannah grinding her teeth. This reinforces the idea that even if Susannah's family and friends knew that something was wrong prior to this seizure, they didn't consider that things were this wrong—this illness is a surprise for everyone.*



Susannah explains that she never regained memories of this seizure, or the others to come. This seizure marks her line between sanity and insanity. Much of what follows is pieced together from outside sources, as she remembers little but hallucinations and paranoia.

Susannah says that this seizure was just the most dramatic of a number of seizures she'd been experiencing for days. She explains that when neurons misfire or fire all at once, seizures can result. She experienced a "tonic-clonic" seizure, which is characterized by a loss of consciousness, rigid muscles, and strange movements. Other people experience more subtle seizures that look like staring episodes or repetitive mouth or body movements. A seizure's type and severity depends on where in the brain the neurons are malfunctioning; i.e. if the visual cortex is to blame, the person experiences visual hallucinations.

Susannah explains that she'd also been experiencing partial seizures from overstimulation in her temporal lobe, which explains her euphoria, mood swings, her sense of alienation in the bathroom at work, the expanding hallway, and her light sensitivity in Times Square. She says that some people who experience temporal lobe seizures also have out-of-body experiences.

## CHAPTER 9

When Susannah regains consciousness, she sees a homeless man vomiting and another bloody, beaten man handcuffed to a bed. She wonders if she's dead and feels furious. Susannah tells the reader that she knows now that at this point in the hospital, her body and personality had already surrendered to the disease and her malfunctioning brain.

Susannah thinks that she's dying because of the MRI lab technician who flirted with her, and she commands Stephen to get her out of the room immediately. Stephen looks frightened. When a doctor assures Susannah that they'll move her, Susannah is thrilled to discover she has power. She holds Stephen's hand tightly as a nurse wheels her bed away, feeling sorry for him because he doesn't know she's dying.

*Now Susannah's illness is directly inhibiting her ability to control her story. The fact that she relies on other sources to fill in the gaps shows that her relationships with these others remained strong.*



*When Cahalan offers these medical descriptions of what's actually going on inside her body or her brain, she's working towards her goal of spreading awareness about her disease, its symptoms, and the brain in general. This in turn can help patients advocate for themselves and use her memoir as a starting point for their own research. In terms of her personal narrative, this research also allows Cahalan the opportunity to piece together the story of her body on a chemical and functional level.*



*For the reader, Susannah's strange behavior now makes more sense—but the next step is to see if her doctors take all it seriously, since the Susannah who's currently having a seizure cannot articulate any of this for her medical team.*



*Susannah insists that her behavior up until much later isn't "her"—her identity and personality here is something entirely separate from the person her friends and family knew her to be. She implies that errant brain chemistry can fundamentally change a person.*



*Though Susannah's thoughts are absolutely not normal or correct given what she's already explained about her illness, it's worth noting that she's not totally wrong that she's dying: without proper medical intervention she probably will die.*



Susannah quietly tells Stephen that she's dying of melanoma. When she sees tears in his eyes and he tells her that she doesn't know that, Susannah yells that she's going to sue the MRI guy who hit on her for not catching her melanoma. A young doctor interrupts Susannah and offers to recommend a dermatologist, but insists that they have to discharge her. Stephen is distraught, but the doctor explains that seizures are common and often are one-off events. He suggests that Susannah see a neurologist.

Stephen insists he has to call Susannah's mom, but Susannah, suddenly back to her normal self, doesn't want Mom to worry. Stephen steps into the hallway and calls Mom's house. Her husband, Allen, picks up, and Stephen explains what happened. Allen tells Stephen to go home, and promises that they'll come in the morning. Mom begins to cry.

The next morning, Mom bombards Stephen with anxious questions. Stephen, Mom, and Allen try to convince Susannah to move back home to Summit, New Jersey, but Susannah refuses. She feels that staying in her own **apartment** is exceptionally important, but finally, they convince her to go.

Rather than relax in her childhood home, Susannah becomes obsessive about clinging to her Manhattan life. On Sunday afternoon, she tries to write a simple article about a dance troupe, but she can't make it past the first line. She begins to pace and wanders into the family room, where Mom and Allen are watching the medical drama *House*. The green couch suddenly looks garish and the room begins to pulsate. Susannah wakes up on the couch with Mom rubbing her feet, which are stiff and painful. Mom schedules an emergency appointment with Dr. Bailey for Monday.

Over the weekend, Susannah ignores calls from concerned friends and coworkers because she's embarrassed by her behavior. Susannah picks up the phone once for a friend, Julie, and tells her everything that's been going on. Julie suggests that Susannah might have bipolar disorder and is possibly having a manic episode. Susannah is relieved to have an answer and thrilled to discover that she's in a league with a number of famous creative people who are believed to have bipolar disorder, including Jim Carrey, Mark Twain, and Beethoven.

*When the ER doctor insists he needs to discharge Susannah, it's another example of the medical system failing to recognize that something is truly wrong. In an emergency room setting, doctors aren't prepared to spend too much time with any one patient, as crisis management is the focus. This makes it clear that Susannah will need to appear extremely ill physically before she'll get thorough help.*



*Susannah sometimes returns to her "normal" self, suggesting that the illness isn't compromising her personality all the time—which makes it all the more confusing. However, this also makes it clear that Susannah desperately wants to care for her mom and her emotions.*



*Susannah's desperate desire to be alone is an example of her actively refusing care and love from her family, as it's evident to everyone else that she's incapable of living alone. Her illness makes her paranoid, and so she pulls away from people she loves.*



*Cahalan's occasional mentions of House reinforce the idea that her illness is a medical mystery or anomaly (House follows a doctor who deals almost exclusively with unique cases). In turn, it also foreshadows Susannah's own treatment trajectory, as a majority of Dr. House's patients are shockingly close to death before he miraculously diagnoses and treats them.*



*A diagnosis of bipolar disorder allows Susannah to take on the identity of a somewhat tortured, eccentric creative—an identity that, incidentally, plays directly into her desire to move back into her apartment alone and be independent. Again, even though this diagnosis isn't correct, it does provide comfort for Susannah as it at least gives her the language to describe what's going on.*



Regardless, Allen and Mom drive Susannah to Dr. Bailey's on Monday. The painting in the waiting room seems to match Susannah's mood. Dr. Bailey doesn't seem nearly as jolly this time, and the exam yields normal results yet again. However, Susannah mentions to the reader that Dr. Bailey was missing important details—he noted on his chart that Susannah was on a plane when she had her first seizure.

*Dr. Bailey continues to miss things and seems far too sure that he's correct, ignoring Susannah's sense of her own health. This is probably a byproduct of not being able to spend much time actually getting to know his patients. Even though he's wrong, his status as a renowned neurologist means that his notes take on their own kind of truth, simply because he believes they're true and his opinion is respected by other doctors.*



Dr. Bailey asks Susannah about her alcohol consumption. She thinks she hasn't had any in the last week, but admits that she usually has two glasses of wine every night. She tells the reader she didn't know then that doctors often double or triple what patients report. Susannah tells Dr. Bailey that she thinks she has bipolar disorder, and he writes her a prescription for an anti-seizure medication and refers her to a psychiatrist. He pulls Mom aside afterwards and tells her that he believes Susannah is partying too hard, working too hard, and not sleeping. Mom is relieved.

*Here, Mom gets the relief that comes from a diagnosis, which gives her the words to make sense of what's going on. When Susannah mentions that Dr. Bailey is multiplying her alcohol consumption, it's worth noting that a bottle of red wine contains four glasses, and three drinks in one night is sometimes considered an episode of binge drinking for women. Thus, Dr. Bailey is "discovering" that Susannah is binge drinking nightly.*



## CHAPTER 10

Allen drives Mom and Susannah to the psychiatrist, Dr. Sarah Levin. Susannah is excited to see her, both to confirm her bipolar self-diagnosis and because she finds psychiatric visits entertaining after watching the HBO show *In Treatment*. When Dr. Levin invites Susannah into her office, she takes a Polaroid photo of Susannah. Sarah asks Susannah why she's come, and Susannah explains that she's bipolar. When asked to explain why she thinks that, Susannah makes her case through logic that's hard to follow. Dr. Levin finally diagnoses Susannah with a "mixed episode," meaning that she's experiencing both manic and depressive symptoms. She writes Susannah a prescription for a medication to treat mood and thought disorders.

*Bringing up her thoughts about *In Treatment* shows that Susannah doesn't exactly take psychiatry seriously yet—she finds it mostly entertaining. Susannah's jumpy and hard-to-follow logic suggests that there's something going on that's making it difficult for her to make coherent connections between ideas. It's important to keep this in mind, as Dr. Levin diagnoses Susannah with a mental health disorder and doesn't even suggest that there might be something physiological going on as well.*



While Susannah is with Dr. Levin, Mom calls Susannah's younger brother, James. She explains what's going on with Susannah and asks James his opinion on Susannah's drinking. James insists Susannah can't be an alcoholic, and he also doesn't buy the bipolar disorder diagnosis. Mom admits that she doesn't believe the diagnosis either.

*This conversation highlights the importance of thinking critically about what doctors say, and not just blindly trusting them. This critical thinking on Mom's part is what will eventually help Susannah get the medical attention she needs.*



## CHAPTER 11

The next night, Susannah has an epiphany: all her problems are being caused by the anti-seizure medication, regardless of the fact that she's only been on it for 24 hours. Susannah takes it anyway when Mom begs, but wakes at midnight with a start. She believes the medication is taking over her body and she is possessed with the desire to get it out. She goes to the bathroom and tries to make herself vomit, but can't because she hasn't eaten in days.

Susannah paces and finds herself on the third floor, where Mom and Allen sleep. She stands over Mom and strokes Mom's hair. Mom wakes up and leads Susannah back downstairs to her own room. She strokes Susannah's hair until she falls asleep, but Susannah doesn't sleep.

The next day, Susannah begins writing in a Word document that becomes a diary of sorts. She writes that she loves working, has to break up with Stephen, and that bipolar makes her who she is. Earlier that day she'd spoken to Dad about going back to school to study business, and Dad had counseled her to write out her thoughts. Susannah explains to the reader that some of what she wrote is a mess, but some is illuminating: she writes about needing structure and loving journalism.

Later that night, Susannah walks into the living room and announces that she needs to break up with Stephen. Mom and Allen nod, but Susannah then announces that she needs to quit her job at the *Post*. Susannah leaves and comes back again to announce that she can't live in New York City anymore, by which time Mom and Allen look very concerned. Susannah finally realizes what she needs to do to fix her life, but then she falls to the floor with another seizure. She bites her tongue, spewing blood everywhere, and when Allen tries to open her mouth she bites his finger and draws blood. She comes to minutes later. Mom is on the phone with Dr. Bailey, scheduling Susannah for an electroencephalogram (EEG) to test her brain's electrical activity.

On Friday, Stephen comes to visit and takes Susannah out for dinner. He takes her to an Irish pub, but it's crowded and Susannah knows that there are too many people, and that they're all talking about her. When Susannah cannot answer his questions, Stephen leads Susannah back out and takes her to another bar that's less crowded. Stephen orders for Susannah, but Susannah cannot fathom eating her chicken sandwich.

*Susannah continues to feel paranoid and apply faulty logic as her illness spirals out of control. At this point she seems to lose sense of the chronological order of events, blaming her previous issues on the seizure medication even though she's only been taking it for one day.*



*When Susannah essentially asks Mom for comfort, it shows them returning to a relationship in which Susannah isn't truly an independent adult. As much as she wanted to be in her apartment, Susannah is at this point incapable of living alone.*



*Susannah's writing shows that she's very much grappling with her identity and trying to make sense of how that identity is rapidly changing. The fact that not everything she writes is strange or incorrect shows that there's still some of the "real" Susannah that's able to get out and onto paper. She's fighting a battle in her brain.*



*Note that everything Susannah announces are things that would, in some sense, help her grow up and achieve more control over her life under normal circumstances. Right now Susannah feels very out of control of her life and her identity, and is grasping for some way to define herself or find some agency. Allen's attempt to help Susannah makes it clear that her family is willing to put themselves in harm's way to help, even though Susannah isn't an easy person to help right now and is even somewhat dangerous.*



*The people in the restaurant certainly are not actually talking about Susannah—her paranoia is growing. Notice that her paranoia is focused on what people are saying about her. Her illness is making her selfish and turning her attention inwards.*



As Susannah and Stephen walk to the car, Susannah is gripped with the urge to either break up with Stephen or tell him she loves him. She tells him she loves him, and Stephen returns the sentiment. Later, Stephen notices that Susannah is smacking her lips together and has started trailing off and staring into space for minutes at a time. She explains that these were partial seizures and unnerving for everyone. Later, Susannah writes in her computer diary about wanting to "mother" Stephen, and she notes that talking to Dad makes her feel more sane.

*When Susannah tells Stephen she loves him, it's implied that the urge to do so was brought on by her illness. However, the fact that she's not necessarily wrong (their relationship remains strong and loyal) shows that her illness, puzzlingly, offers her moments of illumination and even allows her to seem normal for moments.*



## CHAPTER 12

The day of Susannah's EEG appointment, she outright refuses to go. Stephen finally convinces her to get in the car. As she and Stephen sit in the backseat, Susannah hears Allen say that she's a slut. When Susannah angrily calls him out, Allen seems surprised. Susannah unbuckles her seatbelt and opens the door to jump out of the car, but Stephen grabs her before she can jump. Mom screams, and Stephen tells Susannah in a level voice that her behavior isn't okay. When Allen engages the child locks on the car, Susannah panics and screams for them to let her out until she becomes too exhausted to scream.

*Susannah's sudden distrust of her family members shows the potential that illness, particular mental illness, has to damage families and even tear them apart. Stephen's change in tone suggests that his relationship to Susannah will also change as he's forced to take on the role of a caregiver and protector, not an equal partner.*



When Susannah wakes, they're in Chinatown. She demands coffee and food, and Allen sharply navigates to a diner. Stephen thwarts Susannah's escape attempt, so Susannah walks into the diner, followed by Stephen. Despite the long line of people waiting, Susannah seats herself at an empty booth and shouts that she wants coffee and an egg sandwich. Stephen is mortified and asks for the order to go. The man behind the counter graciously cooks a sandwich and gives Susannah a hot cup of coffee. Susannah feels powerful as she gets back into the car and throws the sandwich onto the floor, insisting she's not hungry.

*This is a horrifying change in personality for Susannah. It's not just wholly inappropriate; it's an embarrassing offense in Stephen's eyes. Further, this new identity of hers is that of a person who believes they have a great deal of power, though this new Susannah has very little in reality. Even this new, strange identity has multiple parts to it.*



In Dr. Bailey's waiting room, Susannah has no sense of time as she waits. She feels almost drugged. Finally, a technician calls Susannah into an exam room and glues electrodes to Susannah's scalp. The technician instructs Susannah to close her eyes, and then leads her through breathing exercises and shines a pulsing light into Susannah's eyes. When the test is over, the technician removes the electrodes and informs Susannah that there's nothing wrong; it's all in her head, and she's just stressed.

*The technician's assessment is almost uncanny—as Cahalan will soon reveal, her illness is "all in her head" in a sense, but in a way that not even an EEG can monitor. This illuminates how intricate the brain is and how hard it can be to diagnose problems with it. While the tech is probably right about many patients, her lack of curiosity again prevents Susannah from getting the help she needs.*





When the technician leaves, Susannah laughs. She realizes that Mom and Allen must've hired an actress to pose as the technician to punish her for bad behavior. When Susannah returns to the waiting room, Mom is the only one still there. Susannah accuses Mom of setting her up and informs her that she's too smart to fall for tricks. Mom's mouth falls open in horror, but Susannah interprets it as mock surprise.

*Again, a hallmark of Susannah's disease is this sense of paranoia that turns her against her family members. This in turn makes it more difficult and heartbreaking for her family to care for her, if only because Susannah doesn't interpret their caring actions for what they are.*



## CHAPTER 13

The next day, Mom finally gives in to Susannah's pleading and allows her to return to her **apartment**, as long as she agrees to spend a night with Dad. Susannah agrees and happily leaps into Dad and Giselle's car. At her apartment, Dad is repulsed by the smell. Susannah hadn't cleaned the apartment since his last visit. He and Giselle clean the apartment as Susannah watches.

*The state of Susannah's apartment is clear evidence that she's unwell and unable to actually live up to the adulthood symbolized by the apartment itself. Her lack of shame or emotion about its state then reinforces this. Her illness is causing her to disregard all social customs.*



When they're finished, Giselle heads downstairs and Susannah tries to talk Dad into letting her stay in the **apartment** alone. Dad finally convinces her to come with him. They chat pleasantly as they walk through the city, but Susannah soon becomes paranoid that Dad took her keys. In the middle of a busy street, Susannah stops and begins shouting. Dad pulls her out of the way of oncoming traffic and bundles her into a cab with Giselle. Susannah attempts to tell the driver that Dad and Giselle are kidnapping her, but Dad instructs the driver to drive. When Susannah threatens to call the police, Dad snaps at her but then softly asks why she's doing this. Susannah admits to the reader that she had no idea, but knew she wasn't safe.

*Susannah's insistence on independence is one character trait that carries through both her "real" self and her ill self, which shows that though her illness is exacerbating and twisting it, the trait itself is strong enough to override the illness. Her paranoia about not having access to her apartment (and therefore, freedom and independence) reinforces how intensely important this is to her.*



When they finally arrive in Brooklyn, Susannah is exhausted. Giselle and Dad cook while Susannah lounges on a couch. When Dad and Giselle call Susannah for dinner, she can only watch them eat because the colors of the food look unnatural. Afterwards, Susannah hears Giselle say, "you're a spoiled brat." Susannah calls Giselle out, but Giselle only seems surprised.

*By making it clear that what Giselle "said" is a hallucination, Cahalan allows the reader to share Giselle's shock and alarm at Susannah's aggression. In doing so, Cahalan asks the reader to identify with these family members who are at the whim of a person they barely recognize.*



Susannah asks Dad to spend the night with her in the den. They talk for a while, and Susannah admits that she's scared. Minutes later, she yells at Dad to leave. This goes on for hours. Susannah tells the reader that neither she nor Dad remember much of that night, but she said something horrible enough to make Dad cry.

*By asserting her right to keep some things private, Cahalan insists that the particulars of what she said aren't necessarily important to understand her illness. The important part is that she said them, and they're out of character, and they deeply upset Dad.*



After banishing Dad, Susannah hears a pounding from upstairs. She ignores it, but soon hears Giselle pleading with Dad to not hurt her. Susannah realizes that Dad is beating Giselle because he's upset with her. Frantically, Susannah wonders if Dad is going to kill her next. She screams for someone to let her out and locks herself in the bathroom. Just as Susannah prepares to jump out the window, she notices a Buddha figurine and realizes that everything is going to be fine.

*Susannah's sudden shifts in mood show that the sick Susannah isn't at all logical, reasonable, or any adjective that could have described the "real" Susannah. Cahalan presents this hallucination as fact from the viewpoint of the sick Susannah to illustrate how her grip on reality is entirely gone as her brain fights her illness.*



## CHAPTER 14

Mom and Allen arrive at Dad's house the next morning. Susannah races to their car and explains that Dad kidnapped her. She tells the reader that Dad had already told Mom what happened the night before: after Susannah banished him, he'd gone upstairs to monitor her through a room with thin walls. He'd nodded off but had woken up when he heard her trying to break out, and had found Susannah barricaded in the bathroom. After taking an hour to talk her out of the bathroom, he'd sat with her until dawn. He and Mom spoke on the phone and agreed that Susannah needs to be admitted to the hospital, but that she shouldn't be placed in a psychiatric ward.

*When Cahalan offers up Dad's version of events, she reminds the reader that she's an unreliable narrator. Mom and Dad's decision to admit Susannah to a hospital shows their love for her, though Susannah's behavior suggests that loving her won't be an easy task right now, particularly since she believes Dad is a murderer. His night with her, however, shows that he desperately loves Susannah and will care for her at all costs, even when it's heartbreaking for him.*



Back in Dr. Bailey's office, Dr. Bailey insists that Susannah is suffering the classic symptoms of alcohol withdrawal: anxiety, fatigue, irritability, nightmares, seizures, and hallucinations. He insists that she just needs to stop partying and take her medications. Mom lists Susannah's symptoms (seizures, insomnia, and paranoia, all of which is getting worse), and points out that Susannah hasn't had alcohol in a week. She demands that Dr. Bailey refer Susannah to the hospital. Dr. Bailey grumpily leaves and returns with news that NYU has a bed open on a 24-hour EEG monitoring floor.

*Again, Mom and Allen's success in forcing Dr. Bailey to refer Susannah to the hospital shows that it is possible to circumvent the medical establishment, and therefore sets an example for other families in similar situations. Comparing Dr. Bailey's diagnosis with Mom's list of symptoms makes it clear too that families' testimony needs to be taken seriously. Mom has spent time dealing with this new Susannah, while Dr. Bailey hardly knows her—and doesn't seem to care to know more.*



An hour later, Mom, Allen, and Susannah enter the lobby of the NYU hospital. As they locate the admittance desk, Susannah demands coffee. Mom looks annoyed but allows Susannah to leave to get coffee. When Susannah returns, Mom asks her why she's smiling funny, and then Susannah has another seizure.

*Mom still desperately wants to believe that this version of Susannah is the Susannah she knows and loves. By offering her this moment of independence, Mom shows Susannah she cares about her.*



Susannah tells the reader that after this point, she remembers little more than hallucinations from her time in the hospital, and she believes that her "self" was truly gone. This begins her "lost month of madness."

*In setting up this split identity, Cahalan insists that the reader consider the Susannah in the next chapters to be an entirely different person. This in turn sets her up to integrate the two identities in Part 3.*



## CHAPTER 15

Susannah is admitted ten days after her first blackout seizure. She's placed in the advanced monitoring unit, which is technically for patients with severe epilepsy who need constant monitoring but sometimes takes patients when there's no room elsewhere. A nurse sits in the four-person room 24 hours per day, and two cameras hang above each bed. This provides **video** evidence of seizures for the hospital, and Susannah tells the reader that these videos were essential when she reconstructed her time in the hospital.

When Susannah is settled in the room, a nurse takes her health history. Susannah can answer most of the questions, and Mom fills in what she can't. After a few hours, an EEG technician arrives and begins to place electrodes on Susannah's head. Susannah stops cooperating and fights the technician, but finally just cries. When the technician is finished, he hands Susannah a pink backpack with the EEG box so she can remain connected but be mobile.

Susannah's difficult nature worsens. When Allen and Dad arrive, she yells at them and insists the nurses ban them from her room. She accuses Dad of being an imposter. Later that evening, a neurologist notes that Susannah is experiencing mood swings and can't stay on topic. Susannah tells the neurologist that Dad is turning into different people to trick her, and the neurologist prescribes an anti-psychotic drug. Susannah explains to the reader that her paranoid hallucinations and her belief that Dad was turning into other people is called Capgras syndrome, which doctors believe is caused by neurobiological issues such as brain lesions.

Susannah describes an **EEG video** in which she lies in bed in the fetal position looking upset, fiddles with her EEG cap, and grabs her phone. She then describes a hallucination. Susannah goes to the restroom but as she pulls her leggings down, she notices an eye watching her through a slit in the door. She yells, pulls her leggings back up, and returns to bed. Susannah calls Mom and quietly tells her what happened. Mom sounds frenzied, but Susannah hangs up when she hears a nurse approaching. The nurse asks Susannah to not use her phone with the EEG equipment, says that she saw Susannah on the news, and asks why she doesn't let Dad into the room. Susannah starts pulling the EEG electrodes off her scalp and tries to escape the hospital.

*Though Cahalan positions the video evidence as an absolutely true and factual account of her time in the hospital, it's worth keeping in mind that she had to transcribe videos from a visual form to a verbal one in writing the memoir. This shows that even these "factual" accounts are subject to human nature and interpretation, and can never fully represent reality.*



*In comparison to Susannah's apartment, the EEG backpack is a symbol of Susannah's childish state in the hospital. She carries a tiny pink backpack, is constantly monitored, and needs a great deal of help from her parents and others—a very vulnerable place to be, and one that contrasts greatly with her "before" personality.*



*The diagnosis of Capgras syndrome (and the explanation that it's a physiological issue) makes it abundantly clear to the reader that what's ailing Susannah isn't just a mental health issue. As Cahalan offers these explanations of problems that are caused by the actual landscape of the brain, it begins to create the sense that mental health and physical health are intimately linked.*



*Juxtaposing the EEG video with Susannah's hallucination highlights the limitations of relying on the video footage as the one and only truth: though Susannah certainly appears agitated in the video, it absolutely doesn't capture her panic and paranoia that describing her hallucinations does. This also makes it clear that Susannah's truth and lived experience at this point is very, very different from what others see. Her internal identity, beliefs, and worldviews are causing her external, performed identity to become very difficult and antagonistic.*



## CHAPTER 16

Dr. Russo, an attending neurologist, arrives in the morning to conduct a neurological exam. Susannah attempts to interrupt by insisting that "the people on TV" are saying bad things about her. She becomes increasingly agitated and finally leaps off the bed and tries to escape again, screaming at the other nurses in the room. Dr. Russo prescribes another antipsychotic and diagnoses Susannah with postictal psychosis, or psychotic behavior following seizures. Later in the day, Dr. Siegel arrives to examine Susannah. Susannah explains that Dr. Siegel is very charismatic and makes a particularly positive impression on Mom. He assures Mom that Susannah will be fine, and Mom nicknames him "Bugsy."

*Dr. Russo's diagnosis represents an attempt to bridge the gap between neurology (the actual physicality of the brain) and psychology, as it recognizes that these kinds of psychotic behaviors can indeed be caused by something physically wrong or damaged in the brain. Mom's affinity for Dr. Siegel shows that she and Dad are in desperate need of support themselves as they attempt to support Susannah. This isn't a battle they can fight alone.*



## CHAPTER 17

The following day, Dr. Khan, a psychiatrist, arrives to evaluate Susannah. She notes Susannah's disheveled appearance, as that can be a sign of mania or a psychotic break. Susannah informs Dr. Khan that she has dissociative identity disorder, a condition where a person has multiple distinct and separate identities. Susannah describes being diagnosed as bipolar, but refusing to take her medication. She also says that the hospital isn't safe, she needs to escape, and everyone is making fun of her. Dr. Khan diagnoses Susannah with either an unspecified mood disorder, an unspecified psychotic disorder, or bipolar disorder. She also suggests that there might be an underlying disease and recommends that Susannah be assigned a security guard to prevent further escapes.

*Again, as Susannah attempts to diagnose herself, she tries to make sense of her identity by giving herself the language to describe it in terms of illness. Though from a theoretical standpoint, dissociative disorder makes some sense (Susannah is absolutely not the person she was, and insists she has separate pre- and post- identities), from a medical standpoint it's nonsense. It's worth noting that these unspecified disorders are the kinds of diagnoses that could land Susannah in an institution. Though they're a diagnosis, they don't tell a full story of what's going on.*



Susannah describes a hallucination in which she looks at a doctor's face and the face ages before her eyes. She turns to Stephen, who also appears to age. When Susannah turns back to the doctor, the doctor suddenly grows younger until she looks like a teenager. Susannah feels as though she has a special power.

*Not all of Susannah's hallucinations are terrifying, which suggests that some of her paranoia might be receding. Metaphorically, seeing Stephen age connects to how he drastically matures and changes during this time in the hospital.*



## CHAPTER 18

Susannah's case attracts the interest of Dr. Arslan. He interviews both Mom and Dad about Susannah's symptoms, and even calls Dr. Bailey. Dr. Bailey tells Dr. Arslan that Susannah drinks two bottles of wine per night. Dr. Arslan pursues two diagnoses: postictal psychosis and schizoaffective disorder, the second of which he doesn't share with Mom and Dad. Susannah explains that that diagnosis refers to a disorder in which a person exhibits mood symptoms with psychosis.

*Notably, Cahalan doesn't suggest that Dr. Arslan took Dr. Bailey's assessment of Susannah's drinking habits seriously—if he had, he likely would've moved her to rehab. This adds nuance and depth to Cahalan's portrayal of the medical system, as it shows that not all doctors pursue such single-minded diagnoses.*



Susannah describes an **EEG video** in which she pushes her help button. She's on the phone, though it's not clear if she's actually talking to anyone. She also talks into the TV remote. A nurse arrives and gives Susannah some pills, and Susannah begins shouting about being on the news.

*Seeing Susannah's psychotic behavior from the impartial EEG video illustrates clearly how ill she truly is, and offers a glimpse into how she appears to others.*



Susannah describes a hallucination in which she watches a woman talk about her on the news. Susannah feels stupid for speaking to her coworkers and calls for a nurse. She hears one of her roommates, a South American woman, laughing. Suddenly, Susannah can understand the woman saying in Spanish that she's going to record Susannah and pass it on to the *Post*. The woman then attracts Susannah's attention and tells her that the nurses aren't trustworthy. Susannah panics, pulls out her EEG electrodes, and runs into the hallway. Two nurses catch her and wrestle her to the ground. Susannah loses consciousness.

*Though paranoia that people or organizations are conspiring against a patient is a common type of delusion, it's magnified in Susannah because of her job at the *Post*—she knows the lengths that reporters go for their stories, as she's done this herself. In this case her identity as a journalist exacerbates some of the issues she now faces in the hospital. Essentially, as good as the "real" Susannah might be, she's not a good influence here.*



## CHAPTER 19

Now that Susannah has tried to escape three times, a nurse mentions to Dad that if Susannah's behavior continues, she'll be moved to a psychiatric ward. Dad wants the nurses to understand that someone is looking out for Susannah, so he decides to spend his days outside her room reading a book, since she still believes he murdered Giselle and won't see him.

*By deciding to sit outside Susannah's room, Dad finds a way to show his love for his daughter and support her on her terms, despite the fact that his presence is a thing she absolutely doesn't want right now.*



Dr. Russo alters her diagnosis from seizures to just psychosis, as Susannah hasn't had a seizure since she was admitted to the hospital. Dr. Russo also suggests in her notes that Susannah be transferred to a psych ward, both because she's no longer experiencing seizures and because she's a difficult patient.

*Though Dr. Russo sees the absence of seizures as evidence that Susannah might not actually be physically ill, the tone of this passage suggests that the stopped seizures are a symptom of something much larger.*



Mom visits on her lunch breaks and when she gets off work. She and Dad also start a shared journal to communicate about Susannah with each other, as they still find it hard to be in the same room even after being divorced for eight years. When Stephen visits, Susannah appears to relax and become calmer. The second night he visits, however, Susannah tells him that she understands if he doesn't come back. Hearing this, Stephen vows to stay by Susannah's side.

*Mom and Dad's shared journal shows that they're willing to put aside their differences for Susannah's sake, as their love for her trumps their difficulties with each other. Stephen's decision to stick with Susannah is a similar kind of pledge to support her, even though this is certainly very difficult for him.*



On Susannah's fourth day in the hospital, several more doctors join the team, including Dr. Friedman. Dr. Friedman attends to Susannah's dangerously high blood pressure, and speaks to Dad in the hallway after his examination. Dad describes Susannah before she became ill, and Dr. Friedman assures Dad that Susannah will improve. Dr. Friedman embraces Dad, and Dad cries.

*Susannah describes her dad as a stoic, private man. Because of this, his crying episode with Dr. Friedman illustrates how terrifying this experience is for him, and how his unconditional love for Susannah isn't altered by her desire to not see him.*



## CHAPTER 20

Susannah explains to the reader that Dad begins keeping a personal journal to track Susannah's developments and help himself cope. From this journal, Susannah recounts Dad's description of taking the elevator, describing the happy or downtrodden people that got off at every other floor. Once on the epilepsy floor, he heads for Susannah's new, private room, but another patient calls him to her. The woman is obviously paranoid and speaks about being monitored. She gives Dad a phone number.

When Dad enters Susannah's room, he runs into the new security guard. Susannah greets Dad warmly and agrees to a walk around the floor. The walk is difficult, as Susannah walks as though she's learning to do so for the first time. When they return to her room, Dad suggests a motto to her. He says that the slope of a line is positive, which means progress.

By this point, Susannah's psychosis is mostly gone. The hospital schedules a spinal tap to collect cerebrospinal fluid now that she's a willing patient. Most of the time, Susannah stares off into space. When she is lucid, she asks Dad to let her leave because the hospital is killing her. Both Mom and Dad hide their desperation from their friends and coworkers.

When a young orderly arrives to collect Susannah for her spinal tap, he cheerfully tries to engage Dad in conversation in the elevator. Dad is angry when the orderly asks if Susannah has epilepsy, and then the orderly silently and awkwardly wheels Susannah into the waiting area.

## CHAPTER 21

Susannah explains that the hospital is a place without time: there are no clocks or calendars, and Stephen likens the atmosphere to an Atlantic City casino. Susannah develops an affinity for two nurses, and her family develops a routine. Dad arrives in the morning, feeds Susannah breakfast, and reads, while Mom comes on her lunch break and after work. Stephen arrives in the evening and stays until midnight. The nurses allow this because with Stephen there, Susannah doesn't try to escape.

*As Dad describes his elevator ride, he makes it clear that the hospital isn't just a place of terror and sadness. The hospital can be a place of happiness and healing, and mentioning this offers him hope that Susannah will also heal, and the hospital won't just be a dark place in his own experience.*



*Suggesting a motto like this allows Dad to feel as though he has some control over the situation, and alludes to the power that language and storytelling has. By describing progress like this, Dad hopes to manifest a "happy ending" in real life.*



*Again, while the receding psychosis might seem like progress at first glance, what replaces it is almost more terrifying. It's also worth noting that Susannah's symptoms are scary in part because they're not something that the doctors can explain.*



*Here, rejecting a diagnosis allows Dad to take some control of Susannah's identity and the words used to describe her, though doing so doesn't seem to have much of a helpful effect otherwise.*



*By saying the hospital has no marking of time, Cahalan suggests that it denies this one particular way of gaining control through description and narrative. Adding the days and weeks back into her written story then allows the reader to experience the sense of control that she and her family members never did.*



Stephen plays a Ryan Adams concert video on a continuous loop, thinking that it might help Susannah "come back," but she admits to the reader that she watched it as though it was the first time, because by this point, she has no short-term memory. She explains that her hippocampus, which is responsible for creating memories, is likely compromised. She recounts several famous medical cases in which the hippocampus in patients was damaged—one patient believed, even into old age, that he was still 20, his age when he suffered damage.

Despite her diminished brain function, Susannah looks forward to walking, eating apples, and having her clothes and body cleaned daily. The first Saturday that she's in the hospital, Susannah's parents allow her cousin, Hannah, to visit. Hannah brings gifts from Susannah's birthday, which Susannah struggles to open. Susannah is confused when Hannah hands her a book, which is by an author she loved.

Susannah describes an **EEG video** in which Mom stands by the window, dressed for work. Susannah crawls into bed and Mom tucks her in, but Susannah soon gets up and touches the EEG wires attached to her head.

## CHAPTER 22

As Susannah's second week in the hospital begins, she starts showing new and horrific symptoms. She begins slurring her words, her tongue twists, and when she's tired, she lets her tongue hang out. This terrifies Mom. When Dr. Russo tries to lead Susannah through tests, Susannah cannot repeat "ca, ca, ca," or puff out her cheeks. Later in the day, Dr. Arslan observes that Susannah is making chewing motions, grimacing, and holding her arms out stiffly. The doctors suspect that Susannah's high blood pressure may be to blame, and fear a problem with her brain stem. The brain stem controls basic functions like heart rate and breathing, but Susannah tells the reader that it's difficult to pinpoint one area when the parts of the brain are so interconnected.

In the afternoon, Dr. Siegel arrives with news: Susannah's spinal tap showed an elevated level of white blood cells, which is a sign of infection. He explains that they have a number of other tests in process to discover why the white blood cells are elevated. Mom is relieved and goes home that evening to research the frightening possibilities, which include meningitis or a stroke. Late at night, Susannah calls Mom and tells her that she peed and the nurses are yelling. Mom assures Susannah that the nurses aren't mad. Susannah tells the reader that the reason for the phone call could've been entirely made up, and Mom never heard anything more about it.

*As Cahalan adds in tidbits about these famous medical cases, she situates her battle with this disease in a much wider historical context. This serves as a reminder that the brain is unbelievably intricate and still barely understood, and shows the reader that scientists are even now working to piece together how exactly it all functions.*



*Susannah doesn't recognize or understand why she's supposed to be excited about this book, suggesting that her long-term memory might also be compromised. This is another reminder of how complex the brain is.*



*Cahalan shows that life still goes on, despite the chaos in Susannah's brain—Mom continues to work, even as she remains present to care for Susannah.*



*Again, Cahalan makes it very clear that though these are highly acclaimed doctors, the brain is still a relatively unknown entity, and little is known about how it actually works. However, these new suspicions do show that Susannah's doctors now believe that this isn't just a mental health issue, given that they suspect particular parts of her brain are malfunctioning. This shows them beginning to bridge the gap between mental health and physical health.*



*Mom's frantic internet searching illustrates why researching one's symptoms is almost never a good idea: though she does come up with some possible answers, they're terrifying (and, incidentally, wrong). Though the memoir overwhelmingly supports patients taking control of their health and advocating for care given what they know, at this point Cahalan points out that there are downsides and consequences to trying to learn too much from the uncensored mass of the internet.*



On Tuesday of the second week, Susannah's friend Katie comes to visit. Though she works with children with learning difficulties, she's shocked by Susannah's appearance and inability to hold a conversation. Katie suggests they take a walk, and Susannah agrees. They rest in a waiting area and when Katie comments on Susannah's baggy leggings, Susannah laughs. She gets up, slurs the phrase "these are my legs," and dances.

Next, Angela and Julie come to visit. Hannah is already there, and Julie hops onto the bed with Susannah. She pulls out her phone and finds a photo of the bowel movement the doctors insisted she take before she leave the hospital after delivering her son. Everyone but Susannah gasps and then starts laughing. Susannah grabs the phone and then begins laughing, which sends the others into hysterics again.

Angela begins asking Susannah questions. Susannah is very concerned about what people at work are saying about her, and mentions that the gossip blog Gawker has been saying bad things about her. Angela talks Susannah out of contacting Gawker. As Angela and Julie walk to the elevator later, they wonder whether Susannah will ever be the same. Susannah explains that it was a fair question. She says that at about this time, Dad gave her a notebook to record her difficulties and to use for writing thank you notes, though she never got to send them.

## CHAPTER 23

Susannah's test results soon come back negative for a number of infectious and autoimmune diseases. Her MRIs and CT scans are also clean, and Mom and Dad sense that the doctors are starting to worry that they won't figure out what the problem is. On the afternoon the results come back, Mom waits eagerly for Dr. Siegel. When he doesn't come, she searches him out. He brushes her off and says he's no longer on Susannah's case.

Later, when Dr. Russo comes in, she tells Mom that she and Dr. Najjar would like to do a second spinal tap. She explains that Dr. Najjar is a brilliant doctor who's now working on Susannah's case. Susannah tells the reader that he has a reputation for solving mystery cases, and Dr. Siegel had asked him for help. Dr. Najjar believes that Susannah's illness is some form of autoimmune encephalitis (brain inflammation), and he decides to start her on an experimental treatment called IVIG.

*Much of Katie's shock comes from the fact that the Susannah she sees in the hospital doesn't at all match up with the Susannah she knows. This reinforces how important one's performed identity is, and shows again that other people are very much responsible for promoting this identity.*



*Susannah's delays are certainly signs that not all is well in her brain, but this heartwarming visit shows too that Susannah is still capable of warm and friendly relationships. At this moment he can accept support from friends and family, which makes her in turn easier to support.*



*Again, when Susannah expresses fear that others are conspiring against her, it demonstrates a fear that other people are controlling her story, image, and identity. It's worth noting that at this point, all three of those things are entirely outside Susannah's control, even if she is capable of writing in the notebook from Dad.*



*Cahalan will later explain that not every autoimmune disease is included on initial testing panels like these, though her disease is eventually included on standard panels. This situates Susannah's story as very much a product of its time, one in which a very treatable condition is a perplexing medical mystery.*



*Again, the fact that Susannah's condition attracts the attention of someone like Dr. Najjar for being such a mystery situates it firmly as something that could only happen in 2009. In this way, Cahalan offers ways for a reader to track how far the medical community has come since then. For example, IVIG is now listed in the World Health Organization's list of essential medicines.*





## CHAPTER 24

A day later, the nurses begin Susannah's IVIG treatment. IVIG is an abbreviation for intravenous immunoglobulin, a substance made up of healthy antibodies. Susannah explains that normally, antibodies fight intruding pathogens and usually do so quite successfully. Occasionally, however, antibodies can transform into malicious entities and destroy healthy tissue. IVIG neutralizes these bad antibodies.

Susannah describes a hallucination. She's half asleep, listening to the Ryan Adams video, when a nurse wakes her to take vitals. Susannah feels it's this nurse's fault she's here and is suddenly filled with rage. She punches the nurse in the chest.

The following morning, Mom finally calls James and lets Susannah speak to him on the phone. Susannah says his name over and over again, and James tries not to cry as he tells Susannah that she'll get better.

When Dr. Arslan comes by later in the day, he writes that Susannah is beginning to exhibit signs of catatonia. When a person is catatonic, they can be vacant, rigid, mute, and repeat others' words. This same day, Stephen becomes angry with a nurse for asking if Susannah has always been so slow. When he and Dad talk later, they discuss that Susannah is still there, and they must fight for her. In Dad's journal, he writes that he didn't think highly of Stephen when they first met, but he now respects him very much.

## CHAPTER 25

The doctors perform the second spinal tap at the beginning of Susannah's third week in the hospital. Susannah describes an **EEG video** in which she lies in bed with Stephen, asleep. Susannah wakes and starts inhaling rapidly, but never exhales. She bends her hands to her face slowly. A nurse arrives and Stephen tries to explain what happened, and then Susannah continues to move her arms slowly, as though they're made of lead. A neurologist arrives and Susannah throws a stuffed animal and begins batting the air. She can't answer the neurologist's questions. Stephen worries that Susannah is having more seizures, but nobody is ever able to explain these attacks. They happen almost nightly.

*By describing what's going on at a cellular level in her body, Cahalan creates many different stories about what's happening to her. Further, explaining these treatments spreads awareness and brings them more into the public eye.*



*Susannah's recovery isn't going to be straightforward, implying that her psychosis is going to come back. Again, her doctors know little about her condition and cannot prepare Susannah's family for surprises like this.*



*Though Mom was trying to protect James by keeping him in the dark, allowing him to speak to Susannah lets him to truly join her support network.*



*The evolving relationship between Dad and Stephen shows that the other characters aren't just changing in relation to Susannah; in the process of caring for her, they're also renegotiating their relationships with each other.*



*By including an explanation of a medical event that is still a mystery, Cahalan reminds the reader that just because her story had a happy ending, that doesn't mean that all the mysteries were solved—the brain is far too complicated, and medicine is still advancing. Medicine doesn't always have a miraculous cure or explanation for everything.*



Susannah's family begins to worry that if no answers surface, Susannah will end up in a nursing home or a mental institution. The day after the second spinal tap, Dr. Russo arrives to tell Dad that Susannah's white blood cell count is four times what it was after the first spinal tap. This indicates that Susannah's brain is inflamed, though they still don't know why. Dad writes this down in the journal he shares with Mom, and then tries to help Susannah write the news down in her own journal so she can share it with visitors.

*As Dad writes this down for Mom and helps Susannah write it down herself, he attempts to make sense of and control this new information. Though writing something is a simple way to remember it, it's also important to keep in mind that in writing it down themselves, Dad and Susannah inject their own emotions and experiences into the words—these notes aren't entirely impartial.*



Susannah promptly loses the journal and when Hannah arrives the next day, Susannah struggles to explain what's going on. Hannah distracts Susannah by reading to her. Susannah suddenly begins emphatically repeating an unintelligible word over and over, yelling until Hannah finally understands that she's asking for Stephen. When she calls Stephen into the room, Susannah quiets immediately.

*As Susannah and Stephen's relationship develops during this time in the hospital, the question arises of whether or not it will continue once she's "back" after healing. This speaks to the changeable nature of identity and how it interacts with one's relationships with others.*



The next day, a nurse arrives to draw Susannah's blood for the tests that will attempt to determine where her brain swelling is coming from. As the nurse begins to draw blood, Susannah jumps and slaps the needle away. Stephen recognizes that this is the psychosis resurfacing. The nurse reprimands Susannah and draws blood without incident.

*Susannah's unpredictability reinforces the idea that her identity is constantly changing as the disease ravages her brain. At this point, everyone else has to navigate this alone, since Susannah isn't truly "there" to think about how she relates to her disease.*



## CHAPTER 26

A few days later, Dr. Najjar is finally scheduled to arrive. Susannah drools and smacks her lips, habits that are now constant. Mom is excited to meet Dr. Najjar, but Dad is much less enthusiastic. When Dr. Najjar enters Susannah's room, he warmly greets Mom and Dad and then goes through Susannah's medical history. He's the first doctor to express interest in seemingly disconnected symptoms, such as the bedbug scare and the numbness. Then, he turns to Susannah and speaks to her directly.

*From the very beginning, Dr. Najjar sets himself apart from all the other doctors who have seen Susannah by taking her seriously and speaking to her directly during her time in the hospital. In this way, he acts as a model for how a doctor should act with patients: kind, curious, and most of all, interested.*



Susannah explains to the reader that Dr. Najjar is personal and heartfelt, and he loves to help the weak and powerless. This is because as a boy in Syria, he'd done very poorly in his private Catholic school. His father had moved him to public school, where a kind teacher took him under her wing. By the end of the year, Najjar was getting straight As. When his parents confronted the teacher about the possibility that Najjar was cheating, the teacher suggested that Najjar was actually smart. Eventually, Dr. Najjar graduated at the top of his class, immigrated to the US, and became an esteemed neurologist. He never gives up on his patients.

*By offering the reader a very personal and intimate look into why Dr. Najjar is the way he is, Cahalan illustrates how a person's identity is shaped largely by their memories. Cahalan also creates an equivalency here between Dr. Najjar and this teacher, as Dr. Najjar takes on a similar role for her as the teacher did for him. He's the first doctor to truly express interest and the possibility of a cure for Susannah; he'll be the reason she lives.*



Dr. Najjar asks Susannah for her name, the date, and the president, which she can answer with some delay. He leads her through several movement exercises, which Susannah can perform with extreme delay and difficulty. Finally, he decides to try the "clock test," a test designed to diagnose problem areas of the brain in patients with Alzheimer's and strokes. He hands Susannah a piece of paper and asks her to draw a clock face with numbers. On her second try, Susannah manages to draw a circle. Slowly, she writes in the numbers--all on the right side of the clock. Dr. Najjar is ecstatic, and explains that this means the right side of Susannah's brain is inflamed.

Susannah tells the reader that both sides of the brain must work to see: information that the eye sees in its left field of vision is processed in the right side of the brain and vice versa. Susannah's clock is an example of "visual neglect," or evidence that the brain isn't processing things on one side. This also explains the numbness on one side of her body as well as the paranoia, seizures, and hallucinations. Dr. Najjar figures that the inflammation is likely the cause of an autoimmune reaction and remembers a rare autoimmune disease. The diagnosis requires a brain biopsy, but Dr. Najjar doesn't tell Mom and Dad that.

Dr. Najjar paces as he thinks all this through and then sits down next to Susannah. He tells Mom and Dad that Susannah's brain is on fire, takes Susannah's hands in his, and tells her that he'll do everything he can. Susannah begins to cry and throws her arms around him.

## CHAPTER 27

Dr. Najjar tells Mom and Dad that he'd like to start Susannah on steroids, and mentions a doctor at the University of Pennsylvania who specializes in autoimmune diseases. He then says he'd like to consider a brain biopsy. Dad bristles, but Dr. Najjar says he'd choose to do it even on his own child.

Later that afternoon, Dr. Russo arrives and confirms that the team would like to perform a brain biopsy. Mom pulls Dr. Russo into the hallway with questions, but starts sobbing instead. In his journal later, Dad would write about his mother, an RN, who spoke often about bad things happening during brain surgery. After Dr. Russo's visit, Dad walks to a church and prays. Mom, an agnostic Jew, prays with a Baptist coworker later that afternoon. Susannah remains unaware and gleefully tells friends that she's getting a brain biopsy. When one friend expresses concern, Susannah hangs up and bursts into tears.

*The fact that Dr. Najjar can come up with such an important answer from a test designed for diseases that Susannah doesn't have reinforces the idea that the parts of the brain are extremely interconnected. It also makes it clear that Susannah's doctors have been neglecting some of the tools available to them, which illustrates the need for more education and intercommunication within the medical community.*



*When Cahalan describes the concept of visual neglect, she begins to piece together how the Susannah in the hospital saw the world and how she constructed her sense of self in space. In this way, she can begin to understand better why she did the things she did in the hospital, and can approach learning about this version of herself with more compassion and understanding.*



*Here, Dr. Najjar shows that he's truly willing to become part of Susannah's support team. By treating her like a person, not a medical curiosity, he makes her feel safe and welcome.*



*It's important to remember that all of these procedures require permission, even if they're necessary. Thus, Dr. Najjar must gain Mom and Dad's trust to convince them that this is for the best.*



*Mom and Dad's fear about the brain biopsy comes from the fact that because doctors know so little about the brain in the grand scheme of things, cutting into it can be extremely risky—it's relatively easy for things to go wrong without warning. This also situates the memoir as a product of its time, as medicine will presumably one day be able to diagnose diseases without needing to perform these invasive procedures to gather information.*



Over Easter weekend, a nurse describes to Mom and Dad how they'll perform the surgery. Susannah is silent through the nurse's description, but begins crying later. Dad is there when she cries, and he cries too. Suddenly, Susannah starts laughing and tells Dad he looks funny when he cries. He reminds her of their motto that the slope of the line is positive and brings her an Easter basket the next morning.

On Monday morning, an orderly fetches Susannah for surgery. A resident shaves a portion of Susannah's head, and Dad reminds her again of their motto. After the nurses put Susannah under anesthesia, the surgeon takes four hours to drill through Susannah's skull, take a cubic centimeter of brain tissue, and then replace the portion of skull.

Susannah recounts another memory or hallucination of being led through counting down from 100 in preparation for surgery, and then waking up in a recovery room. She can't move, but tries to wave at Mom, Dad, Stephen, and Allen. A nurse gives Susannah some water when she asks, but then tells her that she can't have anymore. Susannah informs the nurse that she'll tell everyone how the nurse treated her when she gets out of the hospital. Susannah loses consciousness and then wakes up, alone, in a single person room. She desperately needs to urinate and pushes until her catheter comes undone. Urine sprays everywhere, and she calls for a nurse. As two nurses clean her, Susannah discovers she can't move her legs.

Hours later, at 11 pm, a nurse tells Dad that Susannah is in the ICU. He lets himself into her room, and uncharacteristically, Susannah recognizes him. They hug, and then Susannah tells him that she can't feel her legs. Dad calls a resident, who rushes Susannah away for an emergency MRI. When the MRI comes back normal, Dad finally goes home.

## CHAPTER 28

Susannah is reassigned to a shared room in the epilepsy unit. The results of the biopsy confirm that Susannah's brain is inflamed. Susannah explains for the reader that the brain is immuno-different, which means that while it isn't completely separate from the rest of the body's blood system, some things (drugs, chemicals, bacteria) are allowed into the brain. The biopsy shows that Susannah's brain is allowing certain blood cells to enter the brain, and those cells are attacking it. Dr. Najjar prescribes a heavy dose of IV steroids to decrease the inflammation and then prescribes prednisone, an oral steroid.

*Though the childish Easter basket is charming at this point, these symbols of childhood will later become something that Susannah chafes against.*



*Again, by describing her procedure in such detail, Cahalan seeks to shed light on these procedures that many people are afraid of. This allows her to continue her project of educating people about her disease and the ways doctors deal with it.*



*Even though the surgery and biopsy are very much good things in the long run, Cahalan doesn't shy away from describing the uncomfortable, lonely, and scary recovery process. This continues to show that even "good" medicine often isn't easy. Further, the fact that Susannah cannot move her legs makes it clear that mistakes are still made—though, again, this mystery is never solved and she does regain use of her legs.*



*When Susannah recognizes Dad, it suggests that she's beginning to recover and regain some ability to more effectively communicate. Her recovery isn't straightforward, however, as the scary MRI experience shows.*



*Cahalan is careful to make sure the reader understands that this information about the brain and how it interacts with blood is new and incomplete—more information will, in the future, add to this picture. This continues to develop the idea that Susannah's story is a product of the year that she got sick and the medical information that was available at that time.*



Because of this treatment plan, Susannah temporarily develops diabetes—though her parents remain oblivious and she continues to eat her Easter candy. Despite the treatment, Susannah seems to get worse and experiences more strange movements and panic attacks. She can still behave appropriately for visitors, though, and Hannah visits not long after the surgery.

Susannah describes an **EEG video**. She reclines on the bed, gets up, and haltingly walks to the door. Mom, off camera, asks a nurse which button is the call button. After Susannah gets back into bed, Mom presses the button. A nurse arrives and conducts an exam. When he leaves, Susannah slowly lies back down.

## CHAPTER 29

Dr. Russo arrives to speak to Mom about what the possible diagnoses are. After she lists a few, Mom pulls her into the hallway and asks her personal opinion. Dr. Russo explains that she and Dr. Najjar have a bet: he thinks it's autoimmune encephalitis; she thinks it's paraneoplastic syndrome, which happens when someone has cancer and the immune system attacks healthy parts of the body along with the tumor. This terrifies Mom.

Meanwhile, samples of Susannah's blood and cerebrospinal fluid are on their way to the lab of Dr. Josep Dalmau. Four years earlier, Dr. Dalmau had begun studying four women who developed psychiatric symptoms and encephalitis. All experienced hallucinations, memory problems, and delusions, and they all had tumors called teratomas in their ovaries. He'd discovered that the women's antibodies had been attacking their brains. He performed tests on rat brains and on kidney cells and discovered that the antibodies were binding to particular receptors, called NMDA receptors. He called the disease anti-NMDA receptor encephalitis.

Susannah explains that while it's unclear exactly how NMDA receptors in the brain alter behavior, compromising those receptors can be deadly. In tests with mice, decreasing or eliminating those receptors leads to psychosis, catatonia, or respiratory failure, depending on how many receptors they had. By 2007, Dr. Dalmau had diagnosed a hundred patients, not all women, and had developed two tests to diagnose the disease. Susannah would be the 217th person to be diagnosed since 2007. Susannah wonders how many other patients go without a diagnosis worldwide, since it took so long to reach her own diagnosis.

*Susannah's continued ability to behave well for visitors suggests that some parts of her identity—particularly her public identity, which is heavily based on personal interactions and social norms—have absolutely remained intact, despite the other ways in which the illness has ravaged her brain.*



*This video in particular shows the limits of what can be learned from these impartial videos. It's unclear why exactly Mom called for a nurse, just as it's unclear why Susannah got out of bed in the first place. These videos offer an outside view, but little in the way of narrative explanation.*



*Mom's terror aside, the bet between Dr. Najjar and Dr. Russo develops the idea that these two doctors are, first and foremost, people with their own individual identities outside of their doctor roles. The fact that Dr. Russo shares this with Mom shows that Dr. Russo is truly becoming part of Susannah's community and is willing to trust Mom.*



*Finally, Cahalan is able to situate her experience and her story in a much larger story of this disease, anti-NMDA receptor autoimmune encephalitis. Being able to name and describe the disease offers her a way to truly make sense of what happened to her, as these women exhibited the same symptoms that she did. Again, by situating her story within a much larger one, Cahalan encourages readers to apply the story to themselves and their own situations.*



*This new information shows Cahalan developing her sense of responsibility towards these other people, and offers up one of the reasons why she decided to write this book in the first place. Unlike medical literature, an easy-to-read and understandable memoir can spread this information very effectively among the general populace. This also explains why her descriptions of medical technology and terminology are purposefully easy to follow.*



## CHAPTER 30

Two days after the biopsy, a speech pathologist, Karen Gendal, arrives to assess Susannah's ability to speak and convey ideas. Susannah cannot answer any open-ended questions, and tells Gendal that she can't get her ideas out of her head. Gendal notes that Susannah is lethargic and unemotional, and Susannah struggles with the writing tests. Gendal writes in her chart that Susannah's communication functions are absolutely not what they were when she was working as a journalist.

The next day, Dr. Morrison, a neuropsychologist, comes to test Susannah's cognitive function and intelligence. Susannah performs poorly on tests that measure her working memory, word retrieval, and processing speed. When she asks Susannah to arrange blocks as shown in a picture, Susannah struggles. It's clear that Susannah is aware that she's not functioning as well as she used to, and Dr. Morrison recommends cognitive therapy.

## CHAPTER 31

Later in the afternoon, Dr. Russo arrives and tells Dad that they've officially diagnosed Susannah with anti-NMDA receptor autoimmune encephalitis. She describes the usual progression of the disease, which follows Susannah's progression perfectly. Dad is relieved to hear that there are treatments, but Dr. Russo cautions him that some patients remain disabled, and 4% die anyway. She also mentions that the disease is often instigated by a tumor called a teratoma, which often grows on the ovaries. Susannah notes that this kind of tumor can contain bone, hair, and eyes. Dr. Russo explains that they'll perform a transvaginal ultrasound and checks for melanoma.

Susannah stares off for much of this, but reacts when she hears Dr. Russo mention the possibility of chemotherapy. She begins crying, and Dad rushes to comfort her. Susannah cries that she's dying, and Dad promises to get her out of the hospital. Dr. Russo says that this diagnosis is good news, and they might be able to get Susannah mostly back to her old self.

*These tests do as much to actually test Susannah herself as they do to test just how dramatically the medical system and community has failed her. As Cahalan will mention later, the disease is relatively easy to diagnose and treat, and these tests only indicate just how ill Susannah became before receiving a diagnosis.*



*Susannah is aware that her identity has undergone a major shift, but also recall that she has said she cannot remember any of this—so this moment shows her thinking about her identity, essentially pre-identity.*



*Finally, Dad can experience the true relief and sense of control that comes from being able to name and describe what's been happening to Susannah. Having the name is comforting also because it means that there are others like her who have had this disease—Susannah is now a part of a (very small) community who understands this experience. This then demonstrates the true power of being able to name and describe something.*



*Susannah's reaction to this part of Dr. Russo's description in particular suggests that she's beginning to come back to "herself" and isn't so delusional.*



Susannah explains that over her three weeks in the hospital, she'd gone from being a difficult patient to a favorite and a curiosity. The morning after her diagnosis, a young doctor leads a group of medical students into Susannah's room while Dad feeds her breakfast. The doctor speaks as though Susannah isn't there, and shares her diagnosis. He then mentions the possibility of a teratoma and says that if they find one, they may remove Susannah's ovaries. Susannah begins to cry. Dad rushes the doctor and yells for him to get out of the room.

*This doctor illustrates how the medical community often dehumanizes the very people it aims to help—particularly in some varieties of the practice described here, called “grand rounds,” in which a doctor might use a patient as a teaching example for medical students or fellows. To this doctor, Susannah is little more than an interesting test subject now available at NYU, and his speech to the med students demonstrates a shocking lack of compassion and empathy.*



## CHAPTER 32

Later that day, a dermatologist conducts a full body exam to check for melanoma on Susannah. The dermatologist finds nothing, and in the evening, nurses wheel Susannah to the radiology department to perform an ultrasound to look for a teratoma. Susannah hallucinates that she's finding out the gender of her child, and is so upset afterwards that she refuses to allow them to perform a transvaginal one. From the first, however, they discover no teratoma.

*Susannah's doctors are now truly looking at her as a whole being, both physical and psychological. The full-body exam is a very literal representation of looking at patients as entire people, not disparate parts.*



The next morning, Dr. Najjar arrives to explain the treatment plan to Susannah and her parents. He decides to use a three-pronged treatment of steroids to reduce inflammation; IVIG to neutralize the rogue antibodies; and a treatment of plasmapheresis, a form of blood filtration, to flush the antibodies out. Dr. Najjar explains that Susannah should likely return to 90% of her former self, and could go home the next day. Dr. Russo notes later that Susannah seems brighter and her speech seems improved.

*By persisting in describing her treatment and prognosis in language that is easy to understand, Cahalan seeks to make it easier for a reader to learn about the disease and apply what they learn to their own situation. Essentially, she seeks to give them the language that her diagnosis offered to her.*



The next morning, Mom, Dad, Allen, Stephen, and one of Susannah's college friends, Lindsey, collect Susannah's belongings and help Susannah out of her room. They pass a sign at the elevators that Dad had posted the night before, thanking the staff of the epilepsy floor for caring for Susannah.

*Lindsey's visit shows once again the necessity for love and community during this trying time. Mom and Dad are now seemingly willing to lean on more people to help them help Susannah.*



Susannah tells the reader that despite the 4% chance that she'll die, her parents are hopeful that Dr. Najjar's plan will work. In addition to the three-pronged treatment, Susannah will see Dr. Najjar weekly, get a PET scan (a type of scan that shows the body in the process of functioning and will allow the doctors to measure progress), and take seven other drugs to manage her other symptoms and side effects of the treatment.

*Treatment and recovery are certainly not easy, and by using language that makes her treatment sound arduous and intense, Cahalan makes this exceptionally clear. This continues to show that medicine isn't magic; it's hard work, takes time, and there's a lot it can't do.*



As Allen drives everyone back to New Jersey, Susannah's old favorite karaoke song comes on the radio. Susannah begins awkwardly bobbing her head out of rhythm and swinging her elbows. Lindsey can't tell if Susannah is dancing or having a seizure.

*Lindsey's confusion illustrates that there's still a major disconnect between the inner and outer Susannahs—and in this instance, Cahalan cannot enlighten the reader as to what exactly was going on here, given that she doesn't remember.*



## CHAPTER 33

The first thing that Susannah wants to do when she gets home is shower. She insists on showering by herself. When Lindsey checks on Susannah after a half an hour, she sees Susannah sitting on her bed, trying unsuccessfully to connect a zipper on her hoodie. When Susannah drops the zipper and starts crying in frustration, Lindsey rushes in and zips the hoodie for her.

*Parts of Susannah's old identity are clearly there, but they're still struggling against her illness to get out. Lindsey's hesitation to help encapsulates Susannah's family's new dilemma: how much should they help her, when she needs help but doesn't always want it?*



That evening, Stephen cooks pasta and Mom and Allen leave Stephen, Susannah, and Lindsey home alone. After dinner they sit outside. Lindsey and Stephen talk and when they light cigarettes, Susannah gets up and goes inside. Susannah, paranoid, calls Mom's phone and leaves a voicemail saying that Stephen is going to leave her to date Lindsey. After calling Mom, Susannah looks out the window and wonders why Stephen would want to be with her.

*The paranoia about Stephen's feelings for Susannah is another common delusion in patients exhibiting psychosis; this again situates Susannah within a long history of medical knowledge and demonstrates that her case isn't necessarily unique.*



When Mom gets the voicemail she's worried that Susannah is regressing. She calls Dr. Arslan, who instructs Mom to give Susannah an extra dose of her anti-psychotic medication. Susannah tells the reader that it wasn't until years later that Dr. Dalmau discovered that patients recovering from anti-NMDA receptor autoimmune encephalitis go through the same stages of the disease in reverse order.

*When Cahalan explains that Dr. Dalmau made this discovery years after she was ill, it impresses upon the reader that the medical community is always advancing. Also, her story isn't timeless, as it relies heavily on the medical knowledge available at the time.*



At the end of the weekend, Lindsey prepares to drive back to St. Louis with Jeff, another friend from college. When Jeff expresses interest in seeing Susannah, Lindsey warns him that Susannah isn't how they remember her. Susannah's speech patterns and difficulty moving scares him, but he embraces her anyway and tells her that everyone is thinking of her. Before she leaves, Lindsey bursts into tears and hugs Susannah, and Susannah also cries.

*Lindsey's warning to Jeff illustrates perfectly how people use memory to formulate the identities of other people: she recognizes that Jeff's memory of the person Susannah was will make this new Susannah even harder to accept, just because she's so very different.*





## CHAPTER 34

Less than two weeks later, Susannah returns to the hospital for a week of plasma-exchange treatment. The exchange happens through a catheter inserted directly into Susannah's jugular. During the treatment, the patient's blood is separated from the plasma that contains harmful antibodies, and the plasma is replaced with protein-rich fluid. Several of Susannah's friends visit during this stay. When Angela visits, she's startled by Susannah's appearance. She later emails Paul and says that Susannah is pale, thin, and out of it.

On Susannah's last night in the hospital, she listens to her roommate pray with the nurses. When Susannah is released the next morning, Stephen takes her on a drive through Summit. He turns on the CD player, and out of the blue, both he and Susannah belt out the chorus of a song by the Mamas and the Papas. Stephen is thrilled at this clue that Susannah is still herself.

*Just as was the case with Jeff, Angela's shock comes directly from the fact that her memory of Susannah doesn't at all match up with the Susannah she sees in front of her. As Susannah undergoes these treatments to filter her blood, more of her old self also filters in: the plasma exchange is a poignant metaphor for Susannah's returning identity throughout her recovery.*



*Even if Cahalan doesn't remember this version of herself, this Susannah still possesses some memories—and with treatment, these memories are now able to bypass her body and make their way out. Stephen's excitement shows how important these moments are, as they suggest that she will recover eventually.*



## CHAPTER 35

Susannah inserts a DVD marked with her name into her player and watches footage of herself from the hospital. The **video** captures unhinged, raw panic in her face, and she realizes that she can barely imagine what it's like to experience that kind of fear. Susannah tells the reader that without these videos, she wouldn't have been able to imagine that she was even capable of this kind of madness. Susannah wonders if she can somehow help her self in the video.

*By acknowledging that there's a disconnect between what the video explains and what she remembers, Cahalan explores the limits of what the videos' stark facts can truly do. Though they make it clear that she was a different person, and show that that person was terrified, it's another thing altogether to have to reconcile this with her lack of memory, particularly of her emotions at the time.*



## CHAPTER 36

Susannah tells the reader that people often ask her what it felt like to be a different person. She says it's impossible to answer, as she didn't have any self-awareness during her dark period. However, she does remember a few instances from the first few weeks after her release that captured her feelings of being a different person.

A few days after her hospital stay for plasma exchange, Stephen takes Susannah to see his sisters, Rachael and Bridget, and their children. As they drive, Susannah comments on turkey that Stephen had brought her in the hospital, and Stephen laughs. When they arrive at Rachael's house, Rachael is shocked to see Susannah's state. Susannah notes that though she was aware that she wasn't totally herself, she had no idea just how out of it she was. The two toddlers don't seem aware that Susannah is any different, but Rachael's six-year-old son is scared of Susannah. Susannah can't figure out why.

*By reminding the reader that all of Part 2 and much of the following chapters are written using outside sources, Cahalan insists again that her narration is unreliable and might not be entirely true.*



*Though it's entirely out of place, Susannah's comment about the turkey shows that she's regaining the ability to make memories, a sure sign that she's healing. The fact that this is the first thing that Susannah remembers drives home the dissonance between what's going on inside of her and what's visible from the outside, and sets this issue up as her primary focus as she heals.*



Stephen hands the children some of Susannah's stuffed animals from the hospital, and then chats with his sisters for a few minutes. They all wonder if Susannah will ever be the same again. Stephen soon guides Susannah back to the car. Susannah tells the reader that this scene is branded in her mind as a key moment in her recovery, as it made it abundantly clear how far she has to go.

Another instance that stands out in Susannah's mind is the first time she saw James. When James arrives at Mom's house after finishing his first year at college, Susannah and Stephen are out. He busies himself watching TV until Susannah arrives and hobbles into the house, supported by Stephen. She doesn't notice him initially, and her distorted, puffy appearance is disturbing for James. When Susannah finally notices James, the look on his face makes her realize how sick she is. She, James, and Mom embrace and cry.

## CHAPTER 37

Susannah's parents allow her to walk through downtown Summit alone, though they don't allow her to take the train to see Stephen alone. James spends all his time when he's not working with Susannah. They get ice cream and watch the show *Friends*, and James chatters on about bands and movies. Susannah had never liked *Friends*, but becomes obsessed. When she laughs, she puts her hands in front of her mouth and then forgets to take them away.

Once, Susannah asks James to drive her to get a pedicure in preparation for a family wedding. She promises to call in an hour. When Dad arrives in town to check on Susannah and finds that she's been gone for twice as long, he looks all over for her. Susannah had simply stopped at Starbucks first. Dad finds her at the salon, sitting in a chair with a dazed expression and drool pooling around her lips. Dad watches older women in the salon look uneasily at Susannah and works to control his rage before he enters the salon.

Later that week, Mom takes Susannah shoe shopping in Manhattan. Fortunately, Susannah is too occupied to catch the exchange, but a saleswoman cheerfully comments on how nice, quiet, and sweet Susannah is. Mom is enraged. When they arrive back in Summit, Susannah hears someone calling her name. It's an old friend from high school who'd heard that Susannah was sick, but not the extent of her illness. The friend attempts to engage Susannah in conversation. Though Susannah's mind desperately wants to say something, she can't. Susannah feels entirely powerless.

*Stephen and his sisters consider the difference between their memories of Susannah and the Susannah in front of them. Other people's memories of a person are crucial to the perception of that person's public identity, which then informs and is informed by their inner, private identity.*



*While James has just undergone a coming-of-age of sorts at his first year of college, Susannah has spent the last month becoming increasingly more childlike. As their roles reverse, they'll need to renegotiate their relationship given the new circumstances.*



*Susannah's sense of humor is beginning to return, even if it's a different kind of humor than it once was. This suggests that there are things about her identity that will indeed change as she heals, even if she does heal fully.*



*Dad's anger comes from his realization that the rest of society doesn't have the memories of Susannah that he has—they have no idea that this is (hopefully) a temporary state. This also reveals the prejudice of society at large, which exists in part because of a lack of education about disability and illness in general. In this way, the memoir can also educate the general populace.*



*Here, Susannah learns that there's a great deal of power that comes from being able to control the identity that she presents to the outside world. This begins to explore the emotional difficulties that arise from the disconnect between Susannah's internal personality and the personality she can actually perform to others.*



Despite Susannah's zombie-like behavior, both James and Stephen notice moments when it seems as though the old Susannah is still there. One night, Susannah, Hannah, and James watch a David Lynch movie. James and Hannah joke about the bad acting and then move on to other topics, but fifteen minutes later, Susannah interrupts to explain that the bad acting is on purpose.

*Though her comment is late, Susannah's ability to comment at all suggests that she's now able to form memories and engage with this kind of analytical thinking—just not exactly when it's appropriate or relevant.*



## CHAPTER 38

Susannah spends much of her time waiting for Stephen to arrive on the commuter train. One day, as she sits in the car with Mom waiting for the train, Mom exclaims that Stephen looks different. Susannah doesn't recognize him with his haircut and shaved beard until he reaches the car. As he gets in, Susannah feels a sense of gratitude that she found Stephen. She tells the reader that she's asked Stephen many times why he stayed with her, and he always tells her that he loves her and knew she was "in there."

*Susannah's inability to recognize Stephen sooner is likely the result of her illness, though it also shows that she's now able to engage with the same kind of memory-identity relationship that others are using to think about her. Stephen now doesn't match up with Susannah's memories of him, but they are still able to interact as essentially the same two people as before.*



Susannah agrees to attend a barbeque with Stephen several days later. She feels self-conscious that everyone is gawking at her, but realizes now that most of the other guests had never even met her before. As conversation is still difficult, Susannah concentrates on eating burgers and watermelon. Stephen stays close to Susannah's side and takes the lead in conversations, and he wipes watermelon juice off of Susannah's chin.

*Soon, Cahalan will begin to conceptualize this period in her recovery as an adolescent coming-of-age of sorts. The feeling that everyone is looking at her is a hallmark of adolescence, and here it shows that Susannah is now truly able to engage with the world around her, and is aware that she's not performing in public as she should.*



The last weekend in May, Susannah attends her stepbrother's wedding. She'd initially been asked to be a bridesmaid, but the bride suggested she step down after she got sick. Susannah interprets this to mean that she's a burden and that people are ashamed of her. Regardless, she dresses up and does her best to style her hair to cover her biopsy scar. At this point, Susannah explains that she's no longer so noticeably off, though she's still puffy and struggles to speak.

*Even if she's much better than she was, it's surely untrue that people think of Susannah as a burden—again, this belief shows that Susannah is acutely aware of how others perceive her, and is extremely uncomfortable with the fact that she's obviously not the same as she once was.*



Though Mom makes Susannah promise to only have one glass of wine, Susannah rolls her eyes and has several flutes of champagne anyway—she's still bullheaded and tenacious, even if she's ill. Susannah dances with abandon, though she later learns that she looked robotic and dazed. When Susannah speaks to relatives, they all use a very carefully enunciated tone with her. She finds it demoralizing, but realizes now that none of them knew that she was still all there in her mind. Mom is thrilled to see Susannah having fun until another guest offers condolences and remarks that Susannah's spark is gone. Mom angrily tells the woman that Susannah is doing well.

*Going forward, Cahalan will fixate on this idea of "spark" being the defining quality of her identity. Notably, this quality isn't entirely definable, but the fixation on it (both on her part and the part of others) suggests that what made Susannah who she was before was her ability to sparkle in conversation, hold her own, and move through the world without fear or hesitation.*



## CHAPTER 39

Susannah's life revolves around taking her medications six times per day. For her, they symbolize that she cannot be independent, as divvying out the pills is too difficult of a task for her. Mom makes sure Susannah takes them, which leads to fights. Susannah admits that during these months, she was often cruel to Mom, as Mom was forced to parent her like a much younger child. Susannah explains that she was holding an unfair grudge against Mom for not spending enough time at the hospital, something that wasn't true. Though Mom and Susannah used to be inseparable, they now find themselves at odds.

Every two weeks, Mom, Dad, and Susannah have an appointment with Dr. Najjar. He and Dr. Arslan slowly reduce Susannah's doses of medication and ask Susannah how much she feels like herself. Susannah always answers with either 90 or 95 percent, and Dad agrees. Mom insists that Susannah is at 80 percent, though she tells Susannah later that that was a stretch.

Mom is adamant that Susannah attend two evaluation sessions at a rehabilitation center. Susannah doesn't want to, as she doesn't want proof that she's unable to accomplish simple tasks. Though she's too exhausted to be tested on her first trip, Dr. Bertisch does test her on the second. Susannah scores abysmally on tests that measure her concentration, working, and visual memory, though her scores are better than they were in the hospital. However, on tests to measure her verbal processing, reasoning, and analytical thinking, Susannah scores very well. Even Susannah can verbalize that there's a major disconnect between what's in her mind and what her body can help her express.

Dr. Bertisch suggests cognitive rehabilitation and individual therapy to address Susannah's feelings of anxiety and depression when she's unable to communicate, though Susannah does none of it. She doesn't want to have to face up to the fact that she's struggling because her inner self is doing well, while her body is still failing.

*As she recovers, Susannah's very identity is tied closely to her illness by her pills—she's forced to remember, six times per day, that she's very sick. The fights with Mom at this point mirror common teen-parent arguments and suggest again that this process is a sort of coming-of-age for Susannah. Taking her pain out on Mom shows that Susannah is still unwilling to be introspective about herself, and instead is critical of others.*



*The different reactions from Mom and Dad regarding Susannah's answers suggest another reason why Susannah resents Mom during this time: Mom isn't willing to play into Susannah's desire to see herself as fully well, while Dad is.*



*Again, though these testing sessions are certainly valuable (at least in terms of later writing this memoir), when Mom forces Susannah to take part, it shows her forcing Susannah to accept that she's not well. Mom knows that Susannah still isn't fully herself—if she were willing to believe Susannah, such testing wouldn't be necessary. Mom is engaging in tough love, and the cruelty that Susannah shows in response indicates that tough love is tough for everyone.*



*Susannah's mental health problems reinforce the connection between the body and physical illness and the mind, as Susannah's body is directly to blame.*



## CHAPTER 40

In late May, Dr. Najjar asks Susannah to return to the hospital for a week for another round of IVIG treatment. Susannah is distraught at the thought of being back in the hospital. To cheer her up, Dad invites Stephen and Susannah to spend the night at his house. They sit in the backyard with Giselle, eat barbecue, and chat—all except for Susannah. Though the others attempt to include her, Susannah insists that she's boring and uninteresting. Nobody is able to convince her otherwise. Susannah explains that her antipsychotic medications are partially to blame, though her healing brain is certainly contributing to her difficulties with conversation.

When dinner is over, Susannah is so tired that she puts her head down on the table and falls asleep, only waking up when her own snores startle her. She gets up, walks to the outdoor speakers, and puts on Rihanna's song "Umbrella." She looks back at Stephen, Giselle, and Dad, and begins swaying happily. Stephen gets up to dance with Susannah, and Dad and Giselle slow dance.

## CHAPTER 41

Susannah tells the reader about neuroplasticity, or the brain's ability to form new neural connections and alter the strength of existing neurons. During her third hospital stay, Susannah finally becomes truly aware that her brain is healing. She begins keeping a diary and expresses that she wants to understand what happened. She explains that this diary has helped her actually remember what it was like to be this budding version of Susannah. Despite this, however, the Susannah that comes through in this diary is childlike. The passages read very much like a preteen wrote them, as they're focused entirely on her changing body and petty day-to-day issues.

Susannah begins her journal on June 3. Dad sits with her and suggests that she begin to write down what she remembers about what happened. Dad is alarmed to see that Susannah remembers nothing after her third seizure on the day she was first admitted to the hospital. However, her handwriting and sentence structure have improved dramatically. Dad helps Susannah fill in events from the hospital stay, though he purposefully leaves out particularly painful events.

*The unique view afforded to the reader (that of getting to look inside Susannah's mind) reveals that Susannah isn't actually boring and uninteresting—it's actually just an issue of her being physically able to communicate her thoughts and ideas. This again illustrates the relationship between identity and illness, as Susannah's illness is preventing her from performing an identity that makes her comfortable in the world, and that is familiar to others.*



*Susannah is indeed capable of communicating, just not through speech like she's used to doing. Dancing with Stephen allows them to feel closer, while seeing Susannah happy in turn lifts Dad's mood.*



*As Susannah continues to heal, Cahalan's tone changes when she talks about the brain—now, she seems to have a sense of awe, which in turn offers hope that Susannah's brain will soon begin cooperating with her, not just fighting her and making life difficult. Discussing neuroplasticity suggests that Susannah will indeed be capable of creating these connections that will allow her to again perform the identity she wants.*



*Though her memory isn't there, it's a major step to now have the skills to be able to tell her own story—even if she needs help filling in the events. This is an early indicator that being able to write this all down is one of the primary ways in which Susannah takes control of what happened and begins to construct some sort of memory for herself.*



Susannah explains that Dad helped her for her benefit only, as he overwhelmingly refuses to talk about her time in the hospital. Later, Giselle would tell Susannah privately how hard it had all been on Dad. He'd refused to talk to relatives on the phone, afraid he'd break down. Rather than talk to Susannah directly about her time in the hospital when she began writing this book, he gave her his personal journal.

By summer, Susannah and Dad regularly have dinner together. She tells the reader that even now, she and Dad sometimes lock eyes and begin speaking in a way that excludes everyone else at the dinner table. She explains that their bond was strengthened after looking her death in the face.

Susannah's relationship with Mom suffers greatly after her release from the hospital. They'd been close before, but Susannah's dependence on Mom to dispense medications took a toll on their relationship. To cope with this, Mom insists that Susannah wasn't that bad, and she knew that Susannah would recover. Mom doesn't accept that Susannah isn't fully recovered yet until midsummer. She and Susannah go out for lunch and Susannah begins to ask about the period before her hospitalization. Susannah has begun to realize that most of what she "remembers" are actually just hallucinations, so she's excited to learn more of the truth. Mom asks Susannah if she remembers her EEG. After some discussion, Susannah remembers the nurse's strobe light.

As Mom watches Susannah try to remember, Mom puts her face in her hands and starts crying. Susannah tries to comfort Mom. Mom laughs and recounts Susannah demanding food at the diner. Susannah remembers a brief image of the man behind the counter, but nothing else. Susannah explains that this was the turning point for her relationship with Mom. Mom finally admitted how afraid she was that Susannah would die, and from that point, they're able to move forward.

## CHAPTER 42

In July, Susannah's lease on her **apartment** expires, so she and Dad meet to pack up her things. Susannah only writes one line in her journal about packing up her apartment. It's flippant and fairly emotionless; she just laments giving up her first real apartment and the possibility of living alone. Susannah explains that, in reality, she was incapable of living alone, though she wasn't ready to accept that.

*The fact that Dad is willing to both revisit the experiences in the hospital and trust Susannah with his personal journal is indicative of the deep bond they've formed. He's willing to undergo pain in order to help her make sense of her experience and find some closure.*



*This result of Susannah's illness is a clear indicator that its effects weren't all bad: a new close relationship with her once-distant father is inarguably a positive outcome. Illness has the power to both strain and strengthen relationships.*



*Notice here how Susannah draws a very firm line that her hallucinations aren't actually truth. Insisting that her lived experience of her time in the hospital isn't real mirrors the split between internal identity and performed identity, as hallucinations happen entirely in the brain, while actual "truth" is something that others can verify—yet both can be memories. Mom also tries to take control of her memories and rewrite her own story of what happened in order to make herself feel better.*



*The fact that the early events can now be considered somewhat funny illustrates how time changes a person's perception of their memories, and this can be a good thing. Now, the stop at the diner doesn't have quite the sinister undertones that it did in the past.*



*Here, Cahalan offers a concrete example of Susannah shifting how she writes her own story to avoid facing uncomfortable parts of her identity, which reinforces the questionable reliability of these journals as bearers of real truth.*



To distract herself and feel somewhat in control of her life, Susannah keeps to-do lists (evidence that her brain is healing even more) and begins studying for the GRE. She also starts reading the extremely long novel [Infinite Jest](#), and keeps a running list of all the words she has to look up. Many of the words are obscure, but somehow also relate in some way to her illness or recovery. Despite this, Susannah tells the reader she remembers nothing about the novel.

Susannah also begins to fixate on her appearance. The medications make Susannah gain weight and distort her face. She describes her body, which disgusts her, in detail in her journal, and refers to herself as a "roasted pig." Susannah explains that this fixation allowed her to ignore her cognitive difficulties and her worry that she'd never be the same again.

One afternoon, Susannah walks into Summit's downtown. A lawn worker stares at her, making Susannah uncomfortable that he's staring at her bald spot. When she realizes that he was checking her out, it's thrilling. She decides to take a spin class to help lose the weight, but is mortified to discover that her field hockey coach and several other girls from high school are in her class. Susannah explains that she believes now that her mortification came from an uncertainty about who she'd be in the future. She felt lost and like she didn't even know who she was.

Susannah brought all of her mail home from her [apartment](#) with her, but doesn't open any of it until she begins taking her spin class. Amidst the junk mail is an envelope from the office where she had her first MRI. It contains her lost gold ring.

## CHAPTER 43

As time goes on, Susannah becomes used to brushing off people's questions about her disease by saying simply that her body attacked her brain. When Paul emails, however, Susannah jumps at the opportunity to try to answer him fully. She has to ask Mom to repeat the name of the disease several times as she tries to search for it on the internet, but she finds only a few medical journal articles and a newspaper column. Though Susannah finds some detailed answers about the particulars of the disease and can answer Paul with a coherent paragraph, she's still confused. Paul remarks that Susannah's writing skills and sense of humor have returned, and Susannah becomes obsessed with researching her disease.

*The experience reading [Infinite Jest](#) is a perfect encapsulation of Susannah's current state: she can technically perform these difficult tasks, but her brain isn't quite up to the project of actually making them make sense. This shows that her current performance of wellness still doesn't match what's going on inside.*



*As Cahalan adds these notes to her descriptions of her diary entries, she reinforces the importance of collecting multiple sources when telling a story like this. Cahalan can add the truth that the Susannah writing in her diary couldn't see or admit.*



*Susannah's realization about the lawn worker shows that other people are now able to view Susannah as a person worthy of this kind of attention—her outside identity is finally catching up to what's going on inside. This is all still tenuous, however, as evidenced by her discomfort in spin class. Unlike the lawn worker, her coach and classmates have memories of the old Susannah that likely don't match up with their current spin classmate.*



*The trajectory of Susannah's ring very much mirrors her own trajectory: it disappeared when her "self" did, and it reappears now that she's beginning to return.*



*At this point in her recovery, Susannah is ready to begin to truly interpret how her identity interacts with the disease that's been shaping it for the last six months. In this way, she seeks to better control her relationship to the disease by learning more about it and being able to tell others about it. The lack of information she finds begins to explain one of the reasons behind this memoir—reading it is a simple way for others to learn about the disease, given that there's still relatively little known about it.*



Susannah explains to the reader that nobody knows why people get the disease, especially when they don't have teratomas. Most doctors believe that autoimmune diseases are triggered in part by environmental factors, though a genetic predisposition is often also to blame. None of Susannah's doctors believe that her birth control, which she began right as she started to get sick, is the culprit, though her gynecologist now refuses to re-prescribe the patch.

With how little doctors know, many focus on streamlining the diagnostic process and making treatment fast. Despite how awful the disease is, most people survive. Susannah says that her experience taught her just how lucky she was to be in the right place at the right time. If she'd gotten sick only three years earlier, she might have spent her life in an institution—or died.

## CHAPTER 44

Dr. Najjar finally is able to prescribe at-home IVIG treatments every other week, and Susannah has twelve between July and December. She remains in contact with Paul, who asks every few weeks when she'll return to work. Finally, Susannah agrees to stop by the Post offices and say hello to everyone. She wears the only dress that still fits her and takes her first solo train ride into Manhattan.

When Susannah reaches the offices, she feels suddenly exhausted and like this is too soon. She texts Paul to meet her on the street. Paul greets Susannah with a bear hug. He chats about work, and Susannah struggles to keep up through the fog of her medications. She mentions that she's on drugs and will be off them by the time she returns to work, and refuses to go up and say hi to her coworkers. When Paul goes back upstairs, he wonders if Susannah will ever be capable of returning to work.

Two weeks later, Susannah gets a call from Mackenzie, asking her to write an article about Facebook etiquette. Though Susannah is ashamed of when she'd last seen Mackenzie (when she'd failed to write an article just before her seizures began), she throws herself into the process of writing. She researches as though it's the most important article she's ever written, and though she struggles to begin writing, she finally manages to type out a rough article. It runs in the July 28 issue, and Susannah glows with pride when she sees it. She shows it to everyone as proof that her spark is back.

*These passages drive home how ineffective and unhelpful the medical community can be at times: though this information is undoubtedly useful to have, it also explains very little about the disease itself.*



*This realization illustrates the intense importance of the fact that Dr. Dalmau was able to name and identify this disease. Now, people like Susannah don't have to die or even spend as much time mysteriously ill as she did, because naming the disease allows other doctors to treat it.*



*A return to work will represent another step towards regaining Susannah's old identity, as much of her identity was shaped around her job and her love for it. Putting off this visit shows that Susannah is nervous to possibly be confronted about being different than she once was.*



*Notice that though Susannah is still foggy, now she says that it's just the medications that are to blame—major progress, and an indicator that Susannah could keep up and eventually function without the medicines. Paul's worry indicates that this isn't apparent to everyone, though, and she still seems very different on the outside than she is on the inside.*



*It's worth noting that Susannah's job as a journalist entails controlling stories and how they're presented to the public. By returning to these tasks, Susannah also gets to control how her own story plays out. Notice too that Susannah now doesn't shy away from the difficult task of writing like she did with other tasks before. She's well enough now to face things she struggles with, which is reflective of her returning "spark."*





A week later, Susannah contacts Mackenzie and agrees to visit the Post offices. When she enters the office, nobody notices her. Mackenzie walks Susannah to Steve's office, where he asks when she's coming back. Susannah flushes and says she'll be back soon, but is uncomfortable. When they leave Steve's office, other reporters from the Sunday paper surround Susannah. She struggles to concentrate, and the mother hen of the group hugs Susannah and reminds Susannah that they all love her. This only makes Susannah feel more uncomfortable and self-conscious. She wonders if she'll ever feel comfortable in the newsroom again.

*This outpouring of affection and the explicit desire for Susannah's return indicates that Susannah appears to others as though she's very much back to normal—their memories of her match, more or less, the Susannah now in front of them. Susannah doesn't now feel as well as she looks, though, representing a shift in her situation—she will have to take better care of herself now, as she won't garner as much care from others since she looks healthier.*



## CHAPTER 45

Susannah returns to work in September. Though the HR department suggests that she ease back into work, Susannah dives in as though she'd never left. She tackles every article with enthusiasm, though she works slowly and must record interviews because she can't write as fast as she once could. Both Angela and Paul discreetly help her.

*The need for Paul and Angela's help suggests that Susannah is in a liminal place in her recovery, where she can once again function, but she's not quite all there.*



The week before her return to work, Susannah and her parents attend her final appointment with Dr. Arslan. Susannah tells him that she feels totally back to normal, and both Mom and Dad agree. Dr. Arslan releases Susannah from his care with a smile. However, Susannah tells the reader that she was actually far from a full recovery. She was in a stage of recovery in which patients are mostly back to normal by others' assessments, but still struggle with tasks that were once easy. This stage can last several years.

*As Cahalan admits that this particular liminal state is part of the natural progression of the disease, she situates her recovery once again in terms of a greater cultural and medical narrative. With this, others can know what to expect and can understand that this is normal and not necessarily indicative of a regression.*



Right after her return to work, Dr. Najjar finally gives Susannah permission to color her hair. The stylist dyes Susannah's hair blond and cuts bangs to cover up her biopsy scar. When Susannah shares some of her story with the stylist, she puts Susannah's hair in rollers to mitigate some of the strange texture changes caused by her medication. Susannah feels amazing as she walks to the subway, but is quickly brought down to earth when she hears an ex-boyfriend calling her name. He apologizes for not calling and they exchange pleasantries, but Susannah feels off balance when she sees the pity in his eyes. She catches sight of herself in a window and notices how chubby she still is, and hates how much she's changed.

*Even if Susannah can perform tasks and move through society with relative ease by this point, reminders that she's not all there still have the power to plunge her back down into agonizing about her identity going forward. This is heightened by the intimacy she shared with the boyfriend while they were together—he would've seen her in ways that other people don't, which means he has more "before" memories and more information to compare to this new version of Susannah.*



## CHAPTER 46

In late September, one of Dr. Najjar's assistants invites Mom and Susannah to attend Dr. Najjar's lecture on anti-NMDA receptor autoimmune encephalitis at NYU. Susannah, Mom, Allen, and Stephen are late and slip into the lecture behind Dad, Angela, and another friend. Dr. Najjar lists tests that came back clean for a patient he refers to as SC, and Susannah realizes he's talking about her. His slideshow shows a picture of a biopsied brain sample. Susannah is entranced to see her brain like this, even though she doesn't understand what exactly the sample shows. Dr. Najjar says that this biopsy is one of less than ten biopsies on brains with this disease, making it invaluable in understanding the disease. He mentions that SC is back at work and recovered fully.

At the *Post* later that day, Angela mentions to Steve and Paul where they'd been. Steve asks Susannah to write a first-person piece about her experience by Friday. Though this gives Susannah only three days, she jumps at the opportunity.

*These slides of Susannah's brain biopsy offer her another look at the way she was during her time in the hospital; in this way, they function in much the same way as the EEG footage does. It shows one version of the truth, though like the videos, it cannot fully explain what Susannah's experience was. Susannah's attraction to seeing these slides mirrors her budding self when she began writing her journals and asking about what happened—it shows her actively attempting to understand herself and somehow visualize her illness.*



*For Susannah, this is a chance to finally create a cohesive narrative of what happened to her for a wider audience. It also means her recognizing that she's interesting, which is further proof of her returned spark.*



## CHAPTER 47

Susannah interviews Stephen, her family, Dr. Dalmau, and Dr. Najjar about her disease. What strikes her immediately is the biggest mystery of her disease: how many people throughout history have suffered and never been diagnosed, given that the disease was only discovered in 2007. Susannah explains that in the 1980s and 90s, a Canadian pediatric neurologist described movement disorders caused by "encephalitis of an unknown origin." A 1981 paper talked about "acquired reversible autistic syndrome" in children. About 40 percent of sufferers are children, though their symptoms differ from adults: they throw temper tantrums, become hypersexual, and are often diagnosed with autism.

Depending on where a person lived, the disease might also have been described as an evil possession by a demonic spirit. Susannah describes a scene from the film "The Exorcist" in which a young girl spends days in convulsions, speaks in a strange voice, crab-walks, and spews blood. This film depicts many of the symptoms of the disease in children, and Susannah notes that Stephen cannot watch the film because it makes him think of Susannah's seizures and strange panic attacks. Susannah wonders how many children have been "exorcised" over the years and then left to die when they don't get better, and how many people are in psychiatric wards or nursing homes when the treatment for the disease is relatively simple.

*The revelation that this is not a new disease is a reminder that the medical community at large has a long way to go, as many doctors still don't know about a variety of illnesses and ailments, and researchers are discovering new illnesses and cures all the time. Understanding that plenty of people throughout the ages have gone through what Susannah did and then died reinforces Cahalan's assertion that she was truly lucky to be in the right place at the right time.*



*By bringing up The Exorcist and exorcisms in general, Cahalan shows that a lack of knowledge doesn't just lead to dying from the disease—it leads to misguided attempts to "cure" whatever is believed to be going on, and it's not even considered a disease in these cases. There are major consequences when diseases aren't treated as the medical conditions they truly are, particularly given how simple the treatment for anti-NMDA receptor autoimmune encephalitis could be. This also once again places Susannah's story in a wider cultural narrative, and offers an interesting perspective on historical events from long ago.*



One of Dr. Dalmau's colleagues introduces Susannah to an Indian proverb about blind men attempting to identify an elephant. Each man grabs a different part and describes something different, and this proverb is often used to describe the process of researching the brain. By researching different parts of the brain and afflictions, particularly schizophrenia and autism, researchers hope to paint a more complete picture of the brain. The colleague suggests that a small percentage of people diagnosed with both autism and schizophrenia likely have an autoimmune disease, but testing to diagnose those diseases is cost-prohibitive.

Susannah shares that her treatment cost over a million dollars, and she was even fortunate enough to have good insurance and family members who could pay for what insurance wouldn't cover. Other people, however—particularly those on Medicaid—aren't so lucky. To combat this, psychologists and neurologists are pushing for studies that allow a more holistic look at the body and brain. Dr. Najjar takes this a step further. He suggests that some forms of mental illness are actually caused by inflammatory brain conditions.

Susannah contacts Dr. Bailey as she researches her article. He hasn't heard of anti-NMDA receptor autoimmune encephalitis, despite the fact that Susannah's case had been widely published in medical journals. The fact that Dr. Bailey, a leading neurologist, hadn't heard of the disease showcases what's wrong with medicine in the US. Susannah says that to him, she was just one of many patients he had to see in one day. Susannah is the exception to the rule in that she managed to obtain a diagnosis and survive.

For Susannah, the hardest part about writing the article is handing over her **EEG tapes** to the photo editor of the paper. She has to help him open the files and catches a glimpse of herself, skinny and crazy. Seeing herself on screen makes it abundantly clear to Susannah that humans' hold on sanity is fragile, and the human body can revolt in horrifying ways. That night, Susannah has anxious dreams. She reasons that they stem from anxiety about how people perceived her in the hospital and how they perceive her now. However, regardless of her anxiety, Susannah's article runs on October 4.

*Cahalan begins to show that research into this one brain affliction will surely help a number of other fields of medicine, simply because the brain and the body are so interconnected. However, the proverb also suggests that the different modes of studying the brain are disparate and often considered to be disconnected. There are still steps that need to be taken to consider the body as a fuller entity.*



*Dr. Najjar's line of research is still ongoing: recent studies suggest that some patients with depression show more improvement when they take an anti-inflammatory along with antidepressants. Cahalan's mention of her insurance is a reminder of her relative "luck" and privilege in this situation, which many others don't or didn't have.*



*This discovery about Dr. Bailey reinforces some of the issues in the medical community that Cahalan wants to highlight. Though Dr. Bailey is certainly partly at fault, the medical system itself often doesn't allow doctors to do their jobs effectively.*



*This moment of realization for Susannah is the final step in understanding the true implications of her disease and of disease in general: bodies themselves are unreliable, and they're fully capable of tormenting and changing the "selves" that inhabit them in a number of ways. The fact that Susannah still worries about how others perceive her suggests that her performed identity doesn't yet fully match what's happening inside—but also that any kind of identity is constantly in flux as people live their lives and have new experiences.*



## CHAPTER 48

As she researches her disease, Susannah realizes that she's not the only person who suffered from this disease and others like it. She explains that though her disease is rare, it's very common for women to contract autoimmune diseases because their immune systems are more complicated. Dr. Dalmau has also identified other autoimmune diseases that attack different receptors in the brain, which will hopefully allow medical mysteries to be solved.

After the article runs, Susannah's inbox fills with emails from people who either believe they're suffering from the same disease or suspect that their family members are. Susannah speaks with many fellow sufferers who experienced delusions and hallucinations, not all of whom returned fully to normal. Some individuals diagnosed with schizophrenia begin calling Susannah, desperate for another answer. These calls scare her, and she refers them to her doctors at NYU.

Susannah feels guilty that she survived and recovered when so many others do neither. One man calls Susannah and in an accusing, aggressive voice asks her why she got better when his wife died. Susannah tells the reader that even with treatment, there's still a 25% chance that a patient will die or be permanently disabled. Some of the people Susannah meets make her illness seem like a gift. One woman whose daughter developed the disease spends hours spreading awareness on Facebook and other sites to connect sufferers to survivors.

Susannah tells the reader that the most affirming moment of her life was when a man called her to share the story of his daughter, Emily. Emily, a college student, became paranoid, spent time in the ER and in a psychiatric ward, and was diagnosed with "psychosis, not otherwise specified." A family member saw Susannah on the *Today Show* and passed the video on to the man. When he brought it to Emily's doctor, the doctor was offended. Emily appeared to recover and returned to school, but over spring break, her condition deteriorated. She stopped speaking and couldn't eat. When her parents took her to the hospital, they learned that an MRI from the year before indicated that her brain was inflamed. Emily developed a blood clot and began having seizures.

Emily's dad shoved Susannah's article at a neurologist, who agreed to test her for the disease. Emily was moved to the University of Pennsylvania, where Dr. Dalmau's colleagues treated her. Emily made a full recovery. Her dad later sends Susannah a video of Emily ice-skating after her recovery.

*When Susannah mentions that women are more prone to diseases like this, it vaguely calls out a medical system that doesn't take women seriously: women, more often than men, are prescribed medications to help with "mental health" issues and are less likely to have their pain or problems taken as the serious physiological conditions they might be.*



*These early calls and emails show Susannah that there's absolutely a need for her voice in the discourse about disease. In turn, this is one of the reasons she eventually writes this book, to allow people a concise look at the disease without the confusing medical jargon. Further, she didn't change the names of some of her doctors, which means that they're easily searchable on the internet.*



*These endeavors to connect patients and survivors seek to mitigate some of the pain and suffering that Susannah experienced when it seemed like she was the only one with the illness. This means that families will have more support and might not suffer as much or in the same way that Mom and Dad did with Susannah.*



*Emily's story is proof that Cahalan's project of spreading awareness and giving others the language to talk about the disease was successful in at least one crucial instance—Emily almost certainly would've died if her dad hadn't had access to Susannah's article. The doctor who was offended shows again how broken the medical system can be, and how the prestige afforded to doctors causes them to sometimes doubt their own ability to make mistakes or miss things.*



*Emily seems to have gotten her "spark" back, just like Susannah did. Her success and recovery show again that it's sometimes necessary to circumvent the usual medical system to get the care a patient needs.*



## CHAPTER 49

Susannah's article changes Dr. Najjar's life as well. He invites Susannah to visit not long after the article runs. As they have tea, Dr. Najjar tells Susannah that his father, a man who insisted his sons receive an education even though he himself had never graduated high school, cried when he saw Susannah's article translated into Arabic. After the article, the Syrian ambassador to the UN congratulated Dr. Najjar, and later that year, Dr. Najjar was named one of New York Magazine's best neurologists in the US.

*These happy outcomes tie back to Susannah's tarot reading early in the memoir: she does experience success, as do those associated with her. Dr. Najjar's success in particular allows him to go on and help other patients like Susannah, as she didn't change his name in the article or the memoir and therefore made him easier to search out.*



## CHAPTER 50

By early 2010, most of Susannah's friends and family agree that she's fully returned to normal. Allen and Mom decide to sell their home in Summit, and Susannah realizes she can't afford to live alone. After months of worrying, she brings up the possibility of moving in with Stephen. Though he's privately anxious about becoming Susannah's caregiver, he agrees without hesitation.

*Susannah moving in with Stephen again situates apartments as being a marker of adulthood and maturity: this is a major step in Susannah's relationship with Stephen, and even if she's not entirely recovered, it asserts that she's well enough and adult enough to take this step.*



Several months after this, Susannah finally feels like herself. She attends a cousin's wedding in June of 2010 and is able to make small talk and jokes. Her friends and family are open about talking about the different iterations of Susannah they experienced throughout her illness, and Susannah describes how she's changed after her illness. She says that when she compares photographs of herself, she sees something different in her eyes. She'll never grow hair over her biopsy scar, turning it into a permanent reminder that she'll never be exactly the same.

*These physical reminders of the illness make sure that Susannah will never forget what happened, even if the memories themselves are fuzzy. Similarly, the fact that friends and family will openly talk about their personal experiences of Susannah's illness means that she'll forever have other accounts and memories to draw on as she continues to construct her own version of what happened.*



Susannah admits that she now talks in her sleep nightly, and fears things she never did before. There's a 20% chance she'll relapse, and that could happen at any time. She also becomes scared sometimes when colors seem brighter than normal, or if she catches something out of the corner of her eye and isn't sure it's real.

*There are long-term effects of her illness that remind Susannah even more explicitly of her tenuous grasp on reality. This again reinforces the idea that the human body and mind can change drastically at any time, and there's little to be done about it.*



Stephen has changed too: he's now a worrier. It took months for his and Susannah's relationship to return to one of equals, though he still worries. Susannah's parents are unable to maintain their civil relationship, and she thinks that some things never change. Sometimes, Susannah wonders if she truly has lost her spark and isn't actually recovered.

*Stephen continues to worry about and care for Susannah long after her recovery. Their relationship remains stronger than it was before, but it will be forever colored by what happened.*



## CHAPTER 51

Susannah wonders about her many hallucinations—which, incidentally, are the only things she truly remembers from the hospital. She admits she still struggles to distinguish fact from fiction. She describes some of the research that's been conducted on hallucinations in which researchers inject subjects with the drug ketamine, which somehow breaks down the subjects' sense of reality. However, all that's truly known about hallucinations is that they happen when the brain perceives something that isn't there; the brain fails to recognize that there's no external source. The fact that the brain generated the hallucination is also why they're easier to remember.

Susannah's hallucinations are also easier to remember because many of them are highly emotional, which means her brain flagged them as important anyway. She'll never forget the aging psychiatrist, or waking up restrained with the orange "FLIGHT RISK" band on her wrist. Neither of these events actually happened, and the "FLIGHT RISK" bands don't even exist. Susannah explains that memory is fallible anyway, and she wonders if she truly remembers even the hallucination of seeing the band on her wrist.

## CHAPTER 52

When Susannah interviews Dr. Morrison in December 2010, she explains that brains create stories with fragments. She also mentions that smells or images can unlock memories that a person forgot, something Susannah experiences when a friend takes her to an Irish pub. Susannah remembers being there with Stephen before the Ryan Adams show. She vividly remembers being disgusted by her fish and chips, and wonders what else she's forgotten.

A year after she moves in with Stephen, Susannah begins unpacking boxes from her old **apartment**. She discovers a postcard in a little paper bag of a famous painting of a woman in profile, wearing a black dress. Susannah feels as though she recognizes it and pulls out her receipt. She'd purchased the postcard of the painting *Madame X* at the Metropolitan Museum of Art in February of 2009, just before her first breakdown at work. Susannah cannot remember going to the museum. She tells the reader that she's hung the postcard above her desk at home, and when she looks at it, she takes comfort knowing that some version of herself went to the museum.

*By thinking about her hallucinations this way, Cahalan basically asks whether they are "real" or not. In light of the way that she handles ideas of memory throughout the memoir, they are real: they're just a different kind of real. They were not factual or real to others, but they were extremely real to the version of Susannah who was ill. Because they're all Susannah remembers of that time, they're instrumental in remembering what it was like inhabiting that alternate identity.*



*Cahalan again throws the entirety of her narration into question, though these unreliable, untrue events did effectively happen. This finally makes it clear that memory itself is very individual, and is subject to each person's personal experience of an event. Susannah is the only one who will truly remember these hallucinations, as she's the only one who experienced them.*



*This particular memory of the Irish pub doesn't just help fill in Susannah's memory; it forces the reader to alter their own memory of reading the passage in question, as it was never specified that Susannah didn't actually remember that evening.*



*When kept by the buyer, postcards are physical memories and ways to trigger memories of the real art pieces. In the case of Madame X, Susannah only has the physical memento of the painting—not the memory of the painting itself. By adding this layer to the idea of memory and how it functions, Cahalan is able to find peace with the fact that it's impossible for her to remember everything, though these reminders will continue to surface and the process of constructing what happened is ongoing.*



## CHAPTER 53

Two years after Susannah is released from the hospital, she returns for a visit. She wanders around the twelfth floor and recognizes nothing. A nurse directs Susannah to the epilepsy unit in the west wing of the twelfth floor, which explains why Susannah remembers nothing. When she smells the alcohol swabs, she remembers. Susannah then sees the purple lady at the nurse's station. Susannah approaches her and asks if she remembers her. When Susannah tells the nurse her name, the nurse's eyes widen and she embraces Susannah. Susannah remembers Dad feeding her and Stephen bringing her things from home. The purple lady kisses Susannah on the cheek.

*Susannah's flood of memories suggests that it's not just smells or sounds that can trigger memories: love and caring, encapsulated in people themselves, are also capable of this. A person's identity isn't just created and cultivated by others—instead personal and public identities feed into each other. A person with memories of someone else can actually return memories to someone, thereby helping that person remember and cultivate their own identity.*



## AFTERWORD

A year later, Susannah returns to NYU to visit one of Dr. Najjar's patients struggling with the same disease. Susannah recognizes herself in the patient's rigid, thin body. Her parents explain that Dr. Bailey actually suggested they seek out Dr. Najjar, though he hadn't mentioned that he missed Susannah's case.

*This satisfying turn of events shows that even doctors who seem unwilling to change eventually can. The broken medical system does indeed have the power and the wherewithal to change for the better.*



Susannah explains that when she was diagnosed, doctors believed that 90% of cases were undiagnosed. Now, Susannah says that it's common to test for it and if treated early, 81% make a full recovery. However, doctors still know little about the disease, and 7% of patients still die. Susannah says that she's made it her mission to share her story as much as possible. She's also created a nonprofit foundation to help people find care, and she believes her book has given many people the words to describe their disease. She admits, finally, that she wouldn't take back her experience for anything.

*By taking on the mission of spreading information about the disease, Cahalan seeks to fill in where the medical community itself leaves a gap. The nonprofit foundation and its website continue the work she began with this book by making the disease even easier to research online. Finally, realizing that she wouldn't take back her disease shows that she did integrate her relationship to her illness into her identity. It's now an integral and appreciated part of her.*





## HOW TO CITE

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