

BASIC BUILDING BLOCKS OF RECOVERY

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WHAT I HOPE TO COVER:

- ◆ Distinguish between recovery from mental illness and recovery in mental illness (also called clinical vs personal recovery)
- ◆ Describe the basic tasks of recovery in mental illness or personal recovery for the person
- ◆ Identify implications for transforming clinical practice

WHAT WE THINK WE KNOW ABOUT RECOVERY FROM MENTAL ILLNESS

- ◆ 45 years of longitudinal outcome research
- ◆ Rates in Western “Developed” Countries range from 21-57% of people achieving a good outcome (partial impairment to full recovery)
- ◆ Rates for India, Nigeria, and Vermont show 67% of people without symptoms and achieving partial to full recovery
- ◆ Other “developing” countries range between 52-67% of people achieving a good outcome

Thus, recovery is just as common as severe and refractory disorder, if not actually more so.

BUT THERE ALSO IS A NEW SENSE OF RECOVERY IN MENTAL ILLNESS

Stemming from the Mental Health Consumer/Survivor/Ex-Patient/Service User Movement

borrowed idea of being ‘in recovery’ from addiction self-help community, suggesting that even when mental illness is long-term (like addiction), a person can—and has the right to—reclaim his or her life in spite of it

... outside of institutional settings.

This is fundamentally a legal and civil rights issue, not a clinical one.

A SOURCE OF SOME CONFUSION

This form of recovery in mental illness remains accessible to— and is most relevant for and needed by—those people who have not yet recovered from mental illness.

It therefore makes no sense to say that this form of recovery is “not possible” for people with disabilities. They invented it.

WHAT IS RECOVERY IN MENTAL ILLNESS AND HOW CAN IT BE PROMOTED?

- ◆ Recovery involves a process of restoring a positive sense of identity and meaningful sense of belonging apart from one's condition while rebuilding a life despite or within the limitations imposed by that condition.
- ◆ Recovery-oriented care identifies and builds upon each individual's assets, strengths, and areas of health and competence to support the person in achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community.

IMPLICATIONS FOR THE PERSON

- ◆ Recovery is not something that anybody else can do for you.
- ◆ Recovery is what the person with the mental illness does to manage his or her condition and reclaim his or her life.
- ◆ The most health care practitioners can do is offer recovery-oriented care in support of the person's efforts toward his or her recovery and enhance the person's access to opportunities to learn how to manage his or her condition and pursue his or her own hopes, dreams, and aspirations.

IMPLICATIONS CONTINUED:

- Treatment alone is not enough.
- Health is not promoted just by reducing disease.
- Life cannot be lived solely by minimizing dysfunction.
- People also will need to ...

BEING 'IN RECOVERY' INVOLVES

Basic tasks: (not in linear order)

- ◆ Making sense of their experiences in an adaptive way and learning how to live with them
- ◆ Establishing/having a sense of belonging and personal worth
- ◆ Maintaining/regaining hope and being determined to have a better life
- ◆ Having opportunities to develop and exercise an effective sense of social agency by ...
 - Taking risks to reconstruct a sense of self and a safe, dignified, and meaningful life within the limitations imposed by the disability
 - Experiencing pleasures and successes (no matter how small)
 - Building incrementally on these experiences of effectiveness

BUT FIRST ...

- ◆ We need to understand better, or more deeply, how the illness affects the person
- ◆ We may know that they are having certain types of anomalous experiences (e.g., hallucination, delusions, thought disorder), but do we know how these experiences affect the person on a day-to-day basis?
- ◆ Example of study by Flanagan and colleagues in which people with over 20-year histories of treatment for schizophrenia said no one had ever asked them—the simple question was “And what has that been like for you?”

EXAMPLE OF VOICES

To the question “What has it been like to hear voices?”

“It’s scary. It gets scary. I don’t want to hear voices.”

“It’s frightening, it’s frightening.”

“It’s embarrassing.”

“Very scary, very scary. It’s a terrible feeling. I wouldn’t wish it on my worst enemy. Yeah, it’s very scary, real scary.”

“It’s like hell, a little bit of hell. The more voices I hear, the more I’m in hell.”

“It’s strange. It’s scary sometimes ... It’s hard. It gets to you. You’re thinking I’m the only person that hears voices. Nobody hears them. It’s strange.”

“I got to the point where I said I’m not going to talk to anybody about it. Unless I know someone that can really understand, which I mean nobody could, so I just kept it to myself.”

“But you’re the only person I’ve ever told. I don’t really tell my doctor that, because they’d probably really put me on more medication. So I ain’t telling nobody nothing.”

“It’s very frustrating. It’s very frustrating, because you don’t really know who to talk to about it. I try to talk to my doctor that I’ve got, you know, the psychiatrist that I see every two weeks. We sit down, and she is a nice person. But the more you talk to them, the more they want to go up on your medication. I mean, what happened to just talking to the person and trying to find out what it is first?”

“I’m embarrassed, I don’t want people to tell there’s something wrong with me, and I know there’s something wrong with me that I’m going through because they’re not going through it, so obviously it’s something wrong with me.”

“When I know I’m acting that way, I just shut up and I just don’t say anything because I don’t want them to tell that anything’s wrong with me.”

“Most times I try not to even comment on it because if I say something they’re just going to look at me like I’m nuts anyways.”

“I don’t go there with people because it would be a waste of time and energy and then they’ll just look at you like you’re even more of a kook, so I just don’t.”

“Well, I don’t say it to them, tell them that’s going on. I don’t want them to look at me like I am nuts. I mean, you know, I’m not nuts.”

COGNITIVE INTRUSIONS AND DISRUPTIONS

“It’s like being sick. It’s like being nauseated or having a really bad headache and you’re trying to relate, but there’s something bothering you. It’s a distraction, you know ... Like if you have a headache or something, you can relate, but there’s always that pain, so you’re going to be thinking of that pain ... It was like I was trying to relate and yet ... I was having to struggle to make conversation or to concentrate ... My attention span was low and my concentration was low. And I think that’s a very common problem with people who are mentally ill. Their attention span and their concentration seem to wax and wane and ... they’re not always there ... People take for granted that you just do things. A person with mental illness, it’s sometimes hard ... It’s like you’re distracted, you can’t get involved because you’re not sort of all there.”

LOSS OF SELF

“... And then something odd happens. My awareness ... instantly grows fuzzy. Or wobbly. I think I am dissolving. I feel—my mind feels—like a sand castle with all the sand sliding away in the receding surf... This experience is much harder, and weirder, to describe than extreme fear or terror ... Explaining what I’ve come to call ‘disorganization’ is a different challenge altogether. Consciousness gradually loses its coherence. One’s center gives way. The center cannot hold. The ‘me’ becomes a haze, and the solid center from which one experiences reality breaks up like a bad radio signal. There is no longer a sturdy vantage point from which to look out, take things in, assess what’s happening. No core holds things together, providing the lens through which to see the world, to make judgments and comprehend risk. Random moments of time follow one another. Sights, sounds, thoughts, and feelings don’t go together. No organizing principle takes successive moments in time and puts them together in a coherent way from which sense can be made.” -- Elyn Saks, 2007

DISRUPTION OF AGENCY/INTENTIONALITY

- ◆ If I can't direct my own attention ...
- ◆ If I no longer experience my actions as stemming from me ...
- ◆ If I can't hold thoughts together or remember from one minute to the next ...
- ◆ If even my thoughts seem to come from someone or somewhere else ...

AND THEN, ON TOP OF THAT,

- ◆ If other people act as if I am not here ...
- ◆ If other people do things to me without my consent or permission ...
- ◆ If other people make decisions for me and about me without asking me ...
- ◆ If other people tell me that I'll never get better ...
- ◆ If other people act as if I have nothing to offer ...
- ◆ If other people no longer treat me as a person ...

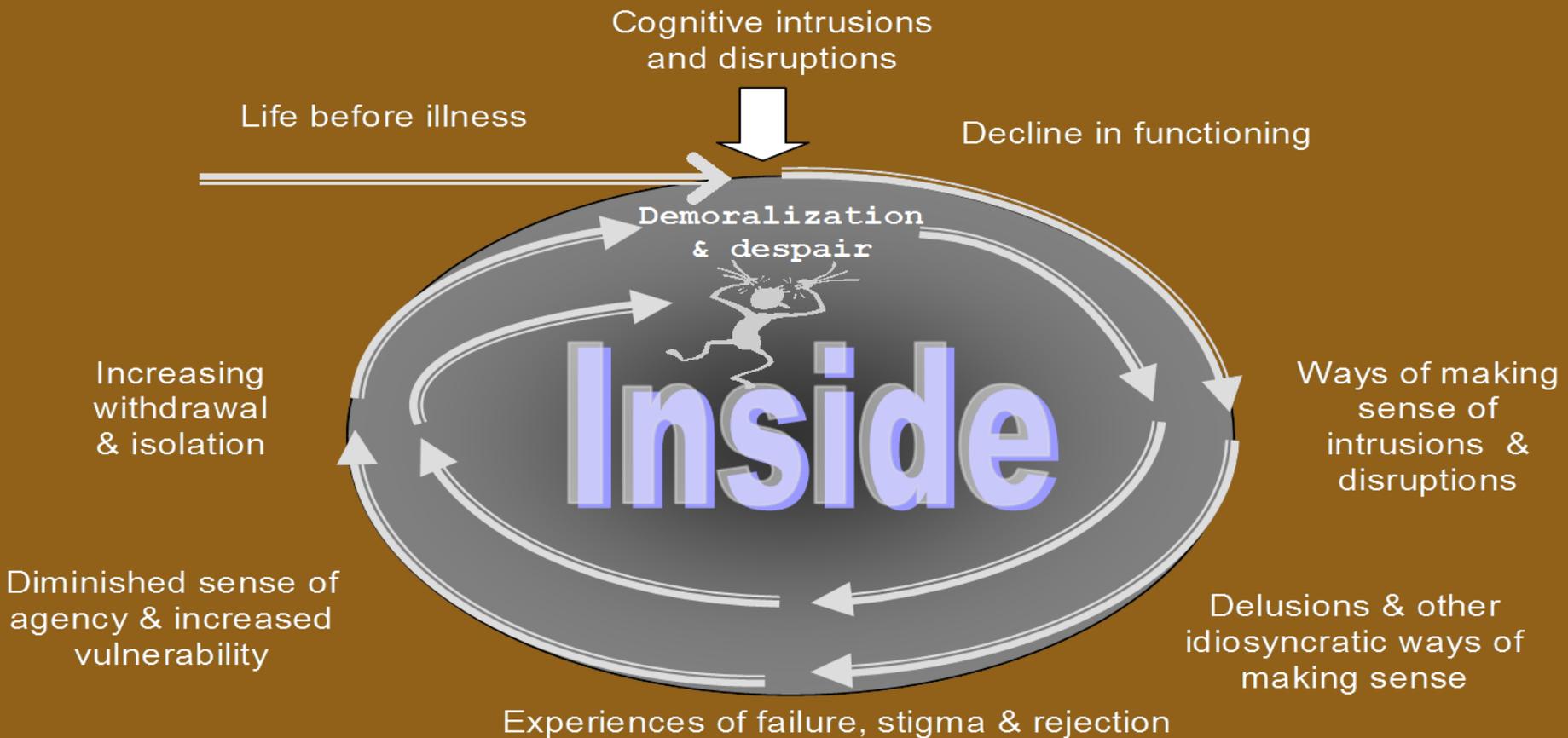
THEN

... perhaps I'll come to believe that myself

“I felt like a nobody nowhere”

-- Weingarten

FIGURE 1: LIFE INSIDE SCHIZOPHRENIA



BACK TO THE BASIC TASKS

- ◆ Making sense of one's own experiences in an adaptive way and learning how to live with them
- ◆ Establishing/having a sense of belonging and personal worth
- ◆ Maintaining/regaining hope and being determined to have a better life
- ◆ Having opportunities to develop and exercise an effective sense of social agency by ...
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MAKING SENSE OF EXPERIENCES

“It took several years before I realized that this is something you have to work with, and really have a conscious relationship to, because in the beginning I guess I thought that this is sort of like breaking a leg. I thought it would take two or three years and then it would pass and it wasn't like that. It took some time for me to realize that.”

“I still see things around me, but I don't pay attention to them.”

RECLAIMING AGENCY

“It is being active, and I take pride and I’m independent to a certain extent . . . like in my jazz music, like I’ll turn on my jazz radio, and I’ll love it . . . it’s my interest. I turn the radio on myself, no one had it going to nourish *themselves*, to entertain *themselves*, like parents would at a house. *I* turn it on, *I*’m responsible, *I* enjoy the music, *I* make notes and draw while I’m hearing it. . . Then I turn it off, then I have some evidence, I’ve got something done, I’ve been productive, I have the drawings to look at. . . It was for me and by me. My own nurturing. So I’m proud of this effort.”

“Before ... everything was in the long term... Instead, having to hang on, to find strength, I live small moments more intensely. Now we’re here, you and I, and my whole life is all here, only here. It doesn’t matter what else happens... This moment here is more important than anything that might happen tomorrow.

This was definitely decisive for me, this fact of living intensely what I’m doing instead of worrying about the future or other things was a real support, a cornerstone for everything ... a very difficult awareness, a difficult position to take, but living intensely whatever I’m doing, being very concentrated, for me personally ... I did this and no one told me to do it. I did it on my own and it works. For me.”

REGAINING CONTROL

“I feel that I have ... I don't have full control but I have some control over what I do... It's just like when I was at GHIJ yesterday and there was a mass at the Citizens' Cultural Centre at 5:00. First I thought 'Ah, the hell with it. I'm going home'. That was the self-destructive side of me, you shall not go to church at five o'clock, you don't deserve to go to church. But I pulled myself together and I paced back and forth and felt unsure, but then I said to myself, 'I'll take a walk and go to church', and so I went down to that place. And when I finally ended up in church, I felt that I had done the right thing, that it felt good to be there. So there is this wicked side of me that can stop me. Just like when I'm looking for a job and see a job that would suit me, there is a voice that says, 'Ah, that's no job for you', and stuff like that. And so I have to work a lot with that voice, 'Oh, shut up, I'm going to apply for that job anyway'... It's a struggle going on inside me all the time.”

BELONGING AND ACCEPTANCE

“I’m nobody till somebody loves me. That’s the way I look at it.”

“When I was going through my psychotic changes she was always there for me. She never turned her back on me.”

“I think [riding the horse] helped me ... It relaxed me. And, well, I guess it made me feel like the horse loved me. Spending time with the horse, it felt like unconditional love... you connect with the animal and with yourself and you’re outdoors and it does something to you. It’s hard to explain, but when you go home you think, ‘Wow, another lesson! Wow, I’m getting better!’”

HOPE AND DETERMINATION

the “hope of knowing that everything that is, that I go through, would not continue the rest of my life, that there would be an end of it and just knowing that I knew that I could keep going.”

“My desire to get better, maybe the good fortune to finally realize that health is a precious thing ... it’s a matter of will power, of believing in myself, pushing myself.”

RECIPROCITY AND “GIVING BACK”

“It made me feel like I was being helpful and in situations like that I don’t think so much about my illness. It kind of goes on the back burner because sometimes I just think about my illness and it seems like when I’m helping somebody or somebody says something nice to me ... as soon as people say that, oh, you look good, things like that, it makes me feel better about myself.”

“By helping others you’re not totally worthless. Like it’s a natural, human characteristic that if you’re able to help others than you’re worth something ... It’s essential to life for people to feel necessary... Giving something to someone else makes you feel worth something yourself.”

TAKING RISKS TO RECONSTRUCT A LIFE

“Before I was in recovery I felt I couldn’t do anything right. I constantly felt that I was stupid and dumb and everything my father told me ... But then I realize that ... I’m not stupid and I’m not dumb, that I actually know quite a bit, and that I have a lot of knowledge and that if it wasn’t for the knowledge that I have a lot of people wouldn’t have gotten, you know, a lot of things ... “

BEING INVOLVED IN MEANINGFUL ACTIVITIES

“I could choose to be a nobody, a nothing, and just [say] ‘the hell with it, the hell with everything, I’m not going to deal with anything.’ And there times when I feel like that. And yet, I’m part of the world, I’m a human being. And human beings usually kind of do things together to help each other out ... And I want to be part of that... If you’re not part of the world, it’s pretty miserable, pretty lonely. So I think degree of involvement is important ... involvement in some kind of activity. Hopefully an activity which benefits somebody. [That gives me the sense that] I have something to offer ... that’s all I’m talking about.”

HAVING SUCCESSES AND PLEASURE

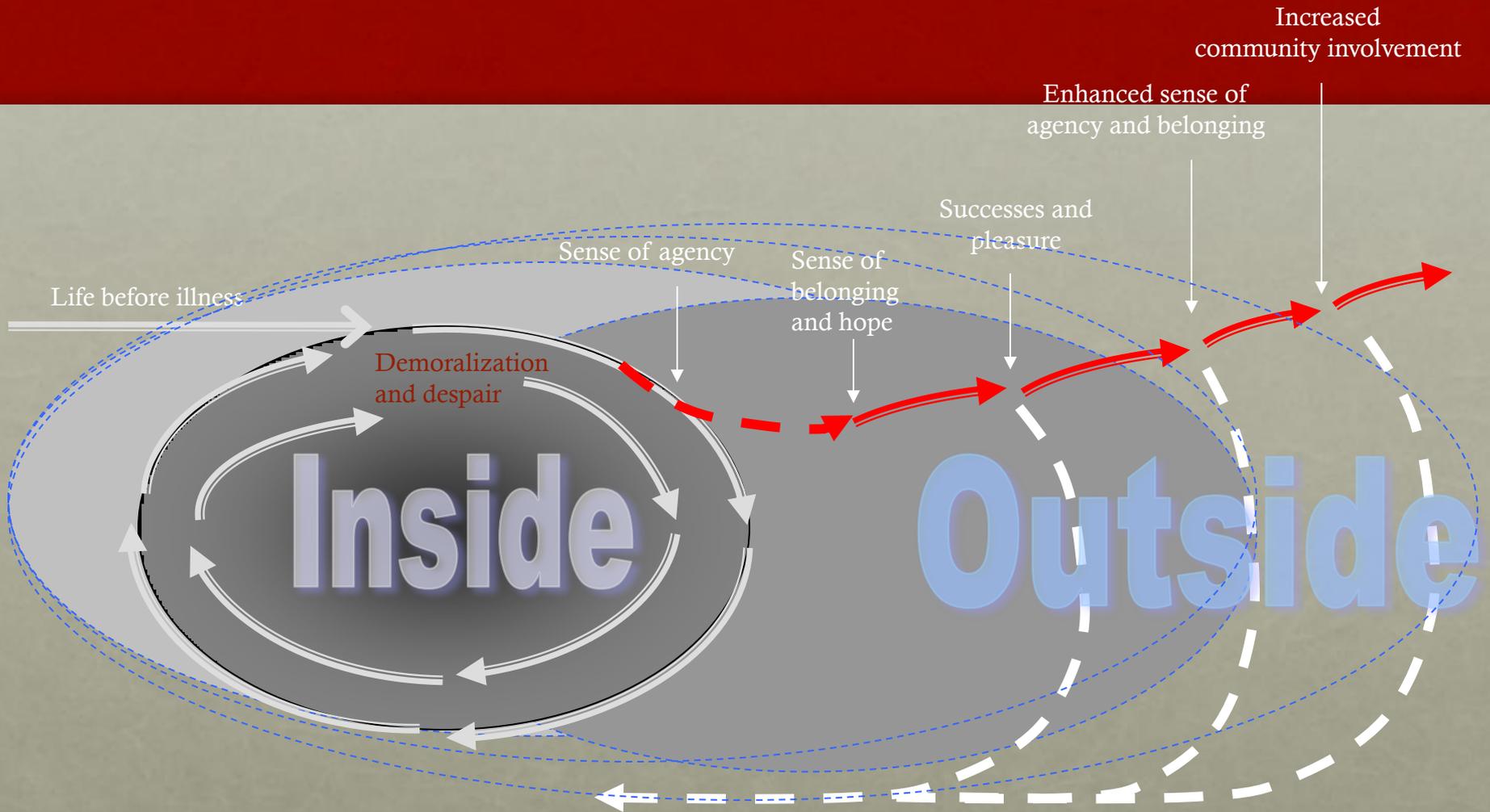
“I said to myself one day ‘you’ve got a couple of extra bucks, so why don’t you just try at least to do something that maybe you normally wouldn’t do.’ So I went and did something... I actually did something different and I enjoyed it! Then I found myself saying: ‘What can I do tomorrow?’ And one [thing] led to another... If you could bottle it, it [would be] the best anti-depressant I could take... It’s enabled me to go out looking for a job so now I can get some extra money. Getting used to having [money] and learning ... the things I could do with that, enabled me to want to go out again, to go out and make more money, so I could spend more time with my friends.”

PERSONAL RECOVERY

“There are problems but I think no matter what situation you get into there’s going to be problems, no matter what. You’ve got to learn to work through problems because if you don’t you aren’t going to live ... that’s a human being. In order to get from one place to another you’ve got to learn to get through the problems or around the problems in order to get to the next step.”

Recovery means having only “ordinary worries”

FIGURE 2: SOME PATHS TO LIFE OUTSIDE OF PSYCHOSIS



“At the bowling alley it doesn’t matter if you’re mentally ill, if you’re a foreigner, an asthmatic, a dyslexic—just as long as you bowl as many strikes as you can you are just like everyone else. So when I’m playing a match I’m worth just as much as anyone else, maybe even more... In a bowling match everyone’s a bowler. It’s the number of strikes that counts, nothing else.”

CONCLUSION

What we have learned about recovery thus far:

- ◆ People recover or can be 'in recovery'
- ◆ Treatment alone is not enough
- ◆ Health is not promoted by reducing disease alone (i.e., life cannot be lived solely by minimizing dysfunction).
- ◆ There are a range of tasks people will need to engage in as part of being 'in recovery'
- ◆ These require incremental progress in seemingly trivial ways that actually entail substantial risks

PREVIEW

- ◆ In order to lay this essential foundation, care providers need to pay particular attention to the micro-processes and micro-decisions of everyday life. This is because recovery is made up of the same innumerable small acts of living in which we all engage, such as walking a dog, playing with a child, sharing a meal with a friend, listening to music, or washing dishes.
- ◆ *It is nothing more but also nothing less.*

WHERE WE START

“Once a person comes to believe that he or she is an illness, there is no one left inside to take a stand toward the illness. Once you and the illness become one, then there is no one left inside of you to take on the work of recovering, of healing, of rebuilding the life you want to live” (Deegan, 1993, p. 9).

HOW DOES THIS CHANGE CLINICAL PRACTICE?

Many existing treatments presume either:

- ◆ That the person has to be restored to personhood by others before taking steps toward recovery him or herself (e.g., involuntary treatment), or
- ◆ That the person has remained a person and can take responsibility for his or her self-care and rehabilitation (e.g., CBT, skills training)

Both assumptions are problematic

CURRENT PRACTICES

- ◆ Cognitive-behavioral psychotherapy assumes a collaborative relationship with the client
- ◆ Medication adherence requires a person to take responsibility for self-care
- ◆ Cognitive remediation involves a working alliance
- ◆ Psychiatric rehabilitation requires a minimal amount of confidence in one's own agency and efficacy

RE-INTRODUCING THE PERSON TO HERSELF

“The whole story of my health was a very difficult experience because I had to really reconstruct myself as a person.”

“[Having] schizophrenia means you must invite me to my own party because I don't know to bring myself. [You must use] nice language to describe this stranger who's coming to the party (i.e., me), [make her] sound like a nice person, [so that] I'd like to meet her when she arrives.”

SEPARATE PERSON FROM EFFECTS OF ILLNESS

“I tried to think ... about ... why personhood [is] so important ... You separate the forest from the trees. I can't always separate the forest from the trees. If I am my illness, instead of I am a person who an illness happens to, then I can never get better. Because I can't pull the illness off of me if I am the illness. If the illness and I are the same thing, then there ain't nothin' I can do. I can't change me, I can't... The forest and the tree become the same thing. But if you separate the two, suddenly I find strength. I ask myself: Where? Why do you find it? I find it in the separation. If we are not the same thing, if I am not the illness, then I can beat it, I can trick it, I can outmaneuver it, I can go to the library and read about how to navigate around it ... If I am not the illness, then the hope that I can maybe beat it springs forth... hope then, comes from splitting off the illness from the person.”

HOW DO YOU HELP A PERSON 'RELEARN' TO BE A PERSON?

- ◆ First and foremost, by treating them as if they are one already (and always have been).
- ◆ By not perpetuating the culture and practices which contributed to their losing their sense of being a person to begin with.
- ◆ By not making decisions for them, doing things to them, or doing things for them without asking (or at least explaining).

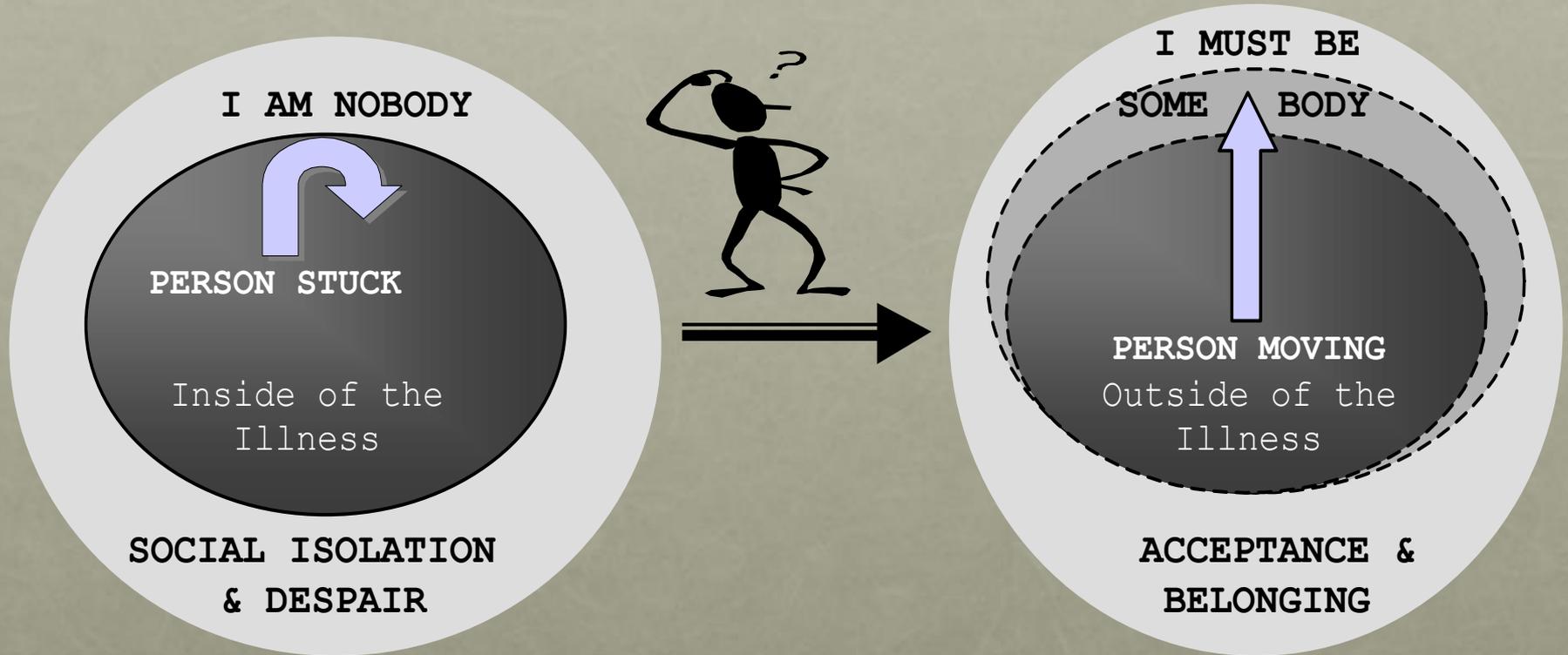
AND THEN ...

- ◆ By noticing the decisions they are making and the things they are doing as indicators of their remaining personhood.
- ◆ By finding out where their remaining passion or interests, their sense of meaning or purpose, and their pleasures have survived.
- ◆ By encouraging and supporting their sense of agency, even at the most micro of levels (e.g., getting out of bed in the morning).

ATTENTION TO MICRO-DECISIONS AND MICRO-ACTIONS

“People take for granted that you just do things. A person with mental illness, it’s sometimes hard ... it’s like you’re distracted, you can’t get involved because you’re not sort of all there.”

ESTABLISHING A SELF OUTSIDE OF THE ILLNESS



GUIDING PRINCIPLES

1. Demonstrate and convey respect for the person's dignity and worth as a fellow human being.

“Common courtesy works because it's common; it's something every human being gets just because they're human. Things like saying “excuse me” when you reach over someone to reach for a piece of paper, like saying “God bless you” when someone sneezes, things like asking you if you'd like some water when you get up to get some for yourself. It's basic, but it means so much to someone who's been treated like an unhuman for decades. It's basic, and it may seem trivial to you, but to people like me, it's water to a dying parched husk of a person. Interactions like the[se] ... have more positive impact on the consumer than any elaborate treatment plan ever could.”

2. ENSURE THE PERSON'S SAFETY AND OTHER BASIC NEEDS ARE BEING ADDRESSED . OFFER HIM OR HER HOPE THAT THINGS CAN GET BETTER.

Be a carrier and conveyor of hope, offer
“surrogate hope” (Pat Deegan)

“You believed in me even when I no longer
believed in myself”

“You need a little love in your life and some food
in your stomach before you can hold still for
some damn fool's lecture about how to behave”

– Billie Holiday

3. STRIVE TO REACH, ACCESS, IDENTIFY, AND PROMOTE THE PERSON'S SENSE OF SELF.

A sense of self is the basic... Now, I have a very fleeting, very fragile sense of self. I am thwarted by visual disturbances, auditory hallucinations, tactile flashbacks, waves of intense emotion, and paranoia. I get caught up in me easily, where I literally can't see what's in front of me. A sense of self gives one the right to speak, it fuels the indignation required to speak... A sense of self makes all other behaviors possible; without a self, nothing can happen. This is why schizophrenia is so debilitating.... Modeling self-respect and how to respect others involves active listening and improv; you must be ready at any moment to demonstrate respect. Little moments pop up ... where the consumer's weakness in self-esteem become apparent, and your job ... is to pay attention to those maybe quiet holes and fill them.

Self-esteem doesn't point out where it's been hurt, and that's why listening is so important. You have to listen for the holes in self-esteem. Each person has a personality, and each person has a history, so the remedy for each hole may be a bit different, so you'll have to think quickly on your feet and sort of craft a makeshift self-esteem for your client. It's not dissimilar to a crisis triage in that you are working quickly and efficiently to save a person's life. Self-esteem is critical to an individual's sense of self, to an individual's sense of efficacy, to a person's recovery. I didn't enter recovery until someone else thought I was worth recovery, until someone else loved me. I didn't think I was worth recovery until someone else did.

4. ELICIT AND REINFORCE THE PERSON'S PASSIONS, INTERESTS, AND STRENGTHS. HELP THE PERSON TO REDISCOVER WHO HE OR SHE IS AND CAN BE.

“Convalescent maniacs, when, amidst the languors of an inactive life, a stimulus is offered to their natural propensity to motion and exercise, are active, diligent, and methodical ... The first ray of returning talent ought to be seized with great avidity by the governor, and tenderly fostered, with a view of favouring and accelerating the development of mental faculties ... The return of convalescents to their primitive tastes, pursuits, and habits, has always been by me considered as a happy omen of their final complete re-establishment. To discover those promising inclinations, a physician can never be too vigilant; nor to encourage them, too studious of the means of indulgence.”



Pinel, 1801

THE LIMITS OF “INSIGHT”

- ◆ Sense of agency and efficacy are derived from seeing myself being an initiator and being effective in the world (as opposed to the office; “etre au bureau”)
- ◆ Dilemma of self-esteem group
- ◆ Need a more substantive role for “supported action” or “supported participation” (e.g., walking across campus, playing baseball)

GUIDING QUESTION

What is worth doing today?*

*Heifetz, R.A. & Linsky, M. (2002). *Leadership on the line*. Boston: Harvard Business School Press.

5. INVOLVE THE PERSON IN EVERYTHING YOU DO FOR HIM OR HER, INCLUDING EXPLAINING DECISIONS, ACTIONS, ETC. AND THEIR BASIS. DO PSYCHOTHERAPY WITH, NOT TO, THE PERSON.

- Build on “common factors”
- Make your ‘contract’ explicit
- Work collaboratively, valuing the person’s own expertise by experience (e.g., ask for feedback, preferences, what helps, what doesn’t)

“Self-esteem is tricky for me because I don’t show up in pictures. I’m like a vampire. I can’t see myself when I look. No carbon footprint ... I need to have compassionate people because the way I’ve been forced to alter the consensual reality means others can’t ever understand me, and all they’ve got to get close to me and save me from the death of alienation, is compassion. They must be super compassionate, trying to imagine all the time what it must be like for me, and, willing to sit down with me and give me lots of their time, as we struggle to understand each other, as we map out a common language that is translatable in both my native tongue and theirs.”

6. BE PATIENT

“So I take it step by step. I have learned to *hurry slowly* and do it in stages and set partial goals when I have discovered that it makes sense ... doing it by partial goals and making it manageable, then you get positive feedback that it’s going okay and then you don’t hit the wall. That’s my strategy, the strategy for success: partial goals and sensible goals and attainable goals, and that’s something I’ve learned to do in order to achieve things. When I have been able to deal with something that’s been a struggle and feel secure, I move on. Step by step, put things behind me.”

“YOU CAN DO IT. WE CAN HELP.”

- ◆ Focus on eliciting and enhancing the person’s own sense of control and efficacy, as only the person him or herself can enter into, pursue, and maintain his or her own recovery
- ◆ Pay particular attention to the micro-processes and micro-decisions of everyday life. This is because recovery is made up of the same innumerable small acts of living in which we all engage, such as walking a dog, playing with a child, sharing a meal with a friend, listening to music, or washing dishes. *It is nothing more but also nothing less.*
- ◆ Facilitate the person’s involvement in those meaningful and pleasurable activities that interest him or her.

IS THIS CURE? NO.

“Mental illnesses are highly disabling, and, as recent reviews have emphasized, our science has not come even close to being able to cure or prevent them. Learning to live better in the face of mental illness doesn’t alter that reality.”

-- Dickerson (2006)

BUT DOES IT MATTER? YES.

“From the perspective of the person with the disorder, [Dickerson] has it backward. It is especially when the illness is most severe, and because we do not yet have a cure, that people who have these disabling disorders have no choice but to live in the face of them. This is the reality that takes priority in recovery-oriented care.”

-- Davidson, O'Connell & Tondora (2006)

IN THE END ...

Here once again the memorable lips, unique and like yours.
I am this groping intensity that is a soul.
I have got near to happiness and have stood in the shadow of suffering.
I have crossed the sea.
I have known many lands; I have seen one woman and two or three men.
I have loved a girl who was fair and proud, with a Spanish quietness.
I have seen the city's edge, an endless sprawl where the sun goes down
tirelessly, over and over.
I have relished many words.
I believe deeply that this is all and that I will neither see nor accomplish
new things.
I believe that my days and my nights, in their poverty and their riches, are
the equal of God's and of all men's.

-- Jorge Luis Borges, from *Fervor de Buenos Aires*, 1923 (1979, p. 43)