

## Ep. 72 | Ask Me About My Uterus and The Collected Schizophrenias

**Kendra** [00:00:08] Hello, I'm Kendra Winchester, here Sachi Argabright. And this is Reading Women, a podcast inviting you to reclaim half the bookshelf by discussing books written by or about women. And this is episode 72, where we're talking about ASK ME ABOUT MY UTERUS by Abby Norman and THE COLLECTED SCHIZOPHRENIAS by Esmé Weijun Wang.

**Sachi** [00:00:26] You can find a complete transcript and a list of all the books mentioned today linked in our show notes. And don't forget to subscribe so you don't miss a single episode.

**Kendra** [00:00:36] So today we are talking about books around chronic illness and mental illness. And so we have one of each, which I think is a great balance so you can see both sides. But what was interesting was that both of them actually talked about how both physical and mental health are related to each other.

**Sachi** [00:00:58] Yes, I feel like both . . . . After we had read both of them and were kind of discussing in prep for this book, the more we realized the two of these really fit together very well on kind of both facets of the primary for one book may be chronic illness, but there's a lot of secondary notes for mental illness and vice versa for the other one. So I think hopefully our discussion here today, there's going to be a lot of ebbing and flowing and conversations probably between the two books because I feel like a lot of the themes really interlock together.

**Kendra** [00:01:31] It's really important that we understand that these things are separate things with their specific challenges but also important to note that physical mental health are closely tied to each other. So often one can cause the other, or you can struggle with both at the same time, which makes it extra challenging. And so that's some of the things we're gonna be talking about today since both books feature women who have both or struggle with both, have experience with that. And so today we're going to use the term chronic illness probably more in relation to physical chronic illness, which is this an illness lasting three or more months. Like we talked about a little bit last time, there isn't a lot of vocabulary around different types of chronic illnesses and what that looks like. Some of them can be disabling, and some of them you could just find challenging where you have to make accommodations for different things, but you wouldn't consider yourself a person with a disability. And I think that's really important to understand, that it's a broad spectrum, and it's just a very vague term. And I would love to see more specific terms come out. But right now, this is what we're working with.

**Sachi** [00:02:34] And it's like, someone who didn't know a lot going into this, I feel like understanding the language to use and the terminology was something that was a big learning for me. And there are certain words and phrases that we'll get into later in the discussion that you hear all the time, and you don't really realize what they truly mean and how a person who might be diagnosed or suffering with that illness or disease might feel by how you're phrasing certain things that are just commonplace because of able-bodied and able-minded folks not taking into consideration how someone else could take that. So I think understanding that the terminology is limited is good for this discussion, but also that if you're not well-versed like I was going into this, how important it is to educate yourself about what the right way to speak about these issues is.

**Kendra** [00:03:32] Particularly Esmé, in her discussion of mental illness and the Diagnostic Statistical Manual, and you know, like you talked about last time, how the definition can change. And that might change the way that you see yourself or your illness and how that affects them and how this terminology isn't just a casual use of language. It can actually affect your definition of yourself and what you have, especially when I feel like we don't have a lot of understanding as a society about schizoaffective disorder, in this case, or different types of mental illnesses. And so I really appreciated that discussion of her with language. So we've talked a little about about these two things, but one of the reasons why we want to feature these topics today is because—I don't know how much people know. I've talked a little bit about it on YouTube. But I have a disabling chronic illness. I actually have several. So I'm not going to go into all of the details today because no one has 20 minutes for that.

**Sachi** [00:04:31] Oh my gosh!

**Kendra** [00:04:35] But this is very important to me, and I don't think a lot of people realize that someone with a disabling chronic illness can still do stuff, you know. I'm still a person. I still have a job. I still have a personality and a life. And I think that visibility is important. And a lot of us who are chronically ill, I mean you have Abby Norman talking about freelancing because the only job she can do, which is the circumstances I was in. But how she moves around the house to deal with her pain.

**Sachi** [00:05:04] Yeah, or she said, like most of it is like the first half of the day, I'm most likely in bed. And the second half the day, I'm most likely in the bathtub.

**Kendra** [00:05:12] Right. So most of this podcast is edited from my bed or my couch. I think that a lot of people don't realize how people who are ill aren't just weights on society. We actually can contribute and do wonderful work. And you know, Esmé has also schizoaffective disorder but also Lyme disease. And you know, Abby Norman has endometriosis and other things going on. But she also has had to fight with struggling with her mental health. And these two women are great examples of women in my circumstances who are also doing great things. And I think it's important to highlight that.

**Sachi** [00:05:48] Absolutely. I'm probably more of baseline maybe for some of our listeners. I've been fortunate enough that I haven't had any major health complications, and I rarely have to go to the doctor or the hospital, so my knowledge on both of these subjects was very limited going into preparing for this episode and this theme. It sounds very naive and kind of silly now, thinking about this. But my view of mental and chronic illness was really black and white. Like you're either very healthy, like nothing's noticeably wrong. You're a functioning member of society. Or you're very ill, and you're bedridden in the hospital, and you can't contribute. And you are just kind of waiting to get better, which is just very. . . . I look back like, what were you thinking? So I'm glad that I read these books to kind of open my mind and viewpoint on that. There's a huge range of issues that could fall under this broad umbrella, but there's also just so much gray. For me, I'm an accountant, so everything usually is black and white. So the gray is always something that just kind of throws people in my profession off. Reading through these books and seeing how murky it can be, and there's still not a lot of research and not a lot of support. It was just extremely eye opening to me. And getting to know you a lot more and just by reading these books, the illness is great. And there is a lot of invisible illness, where people are saying you're sick? Like how can you be sick? You're doing all these different things. And it really discounts your experience. I think us talking about this is really important. And you know, this is a large blind spot for me, and I'm sure it is for maybe some of our listeners.

And there isn't a lot of push in mainstream media or literature, I think, nearly as much as there needs to be. This hopefully will be really helpful for listeners that kind of had the same background or baseline as me going into this preparation for this theme. So Kendra, I think you have the first pick today. Why didn't you tell me more about our first discussion book?

**Kendra** [00:07:56] So our first discussion pick is ASK ME ABOUT MY UTERUS: A QUEST TO MAKE DOCTORS BELIEVE IN WOMEN'S PAIN by Abby Norman. And this is out from Nation Books. And this first came out, I believe, last year. And most people who have endometriosis, which is what this book is primarily about, are women. But also, men have it. So I think it's important, starting off this conversation, it's like this is important for both men and women and really anyone who just doesn't know that endometriosis is such a big thing. Abby Norman starts this book while she's in college when she first starts getting really sick, and she eventually discovers that she has endometriosis. And on average, I think actually it takes several different doctors for someone to diagnose with endometriosis. So she actually is very fortunate in discovering it so early in her process. But doctors really didn't take it seriously. And so she basically had to be her own advocate and research endometriosis and basically walk into a doctor's office, hand him her research, and say, I think I need this procedure.

**Sachi** [00:09:03] This level of self advocacy that she had to go through . . . like, I could not believe how much research she had to do to get the proper care she needed. She says that she benefited from the fact that she worked in a hospital and started learning more of the shorthand and jargon. And that way she was able to get her point across a little more clearly or clearly from a doctor's sense of how they usually speak. And she had more access to research materials at her hospital. But she pretty much needed to become a medical professional to get her point across to say, I need this done, and supply me with the right amount of care that I need, which is just completely baffling to me.

**Kendra** [00:09:46] I feel like she was telling me as an alternate reality version of my life because you know, you walk into a doctor's office, and you say, Yeah, I went to pediatric gastroenterologist X amount of times, and they're like, Well that's a big word.

**Sachi** [00:10:02] Oh my god, it's so patronizing.

**Kendra** [00:10:05] And she had that, and the doctor was like, if I do this procedure, and you actually have this, I'm not going to be your doctor anymore.

**Sachi** [00:10:12] Yeah, right.

**Kendra** [00:10:13] And she really just struggled. And you know in this book, as well, a huge part of it is the fact that she was emancipated from her parents like 16.

**Sachi** [00:10:22] Yeah.

**Kendra** [00:10:23] And so she didn't have familial support in her chronic illness. And honestly, I've always had a family member who was my caregiver. So I cannot imagine how difficult it was for her and just feeling alone. It's just heartbreaking to hear her struggle just to do everyday things and not have anyone there for her.

**Sachi** [00:10:44] And I feel like, too, with her having to go and seek so many different medical professionals and get a second opinion, third opinion, or whatever on how she

was feeling and trying to explain this amount of pain . . . Like, every time she goes to a new doctor or anything, and they are trying to file her paperwork, she's like reliving the fact that she's been emancipated from her parents and no one believes her. They're like, Well, no, we still need to talk to your parents. And she's like, No no. I'm legally emancipated. I can make these decisions for myself. And they're like, No, we're still going to try to call and all this. It was something that terrified her. For people to potentially reach back out to her family. It's something that was traumatic and something that again people don't believe her. Say like, Oh no, I know what's best. I need to call your parents. That was just very shocking and unsettling as well.

**Kendra** [00:11:35] That was incredibly heartbreaking. And then she will flashback in the middle of the book. She talks about her mom's struggle with an eating disorder and how that affected her as a person. And when your parent also has an illness, that affects you and the way that you see the world and the way your relationship . . . you know, in her case it was her relationship with food and vomiting. And when you have endometriosis, you throw up a lot!

**Sachi** [00:12:03] Oh gosh.

**Kendra** [00:12:03] It's just bringing all of that back. It's almost like any time she talks to a new doctor, and he even you know as an adult, anytime she starts dating, she worries like, Are they going to freak out that this is my life? Every every aspect of her life is affected by this. And I really appreciated that because that is how it works. That is every part of your life is affected. So going to showers, or people spontaneously saying, Hey! This weekend we should meet up! And you're like, well, actually no. Because my period is due at any time. And then I will be dying. And I will not be able to go see you. But how do you say that without hurting someone's feelings, you know?

**Sachi** [00:12:42] Right. And explaining it's not because I don't want to see you. It's because I'm literally going to be in immense pain that is immobilizing. I feel like because there isn't a lot of awareness or even just like accommodations for these issues, there isn't a lot of ways . . . and this goes back to the language. How do you explain that when people don't even know what endometriosis is? And know how debilitating it can be. Society is just not very accommodating. And it made me immensely just heartbroken for men and women that have to experience this.

**Kendra** [00:13:19] And one of the things that was really moving and just heartbreaking at the same time is that when she first has a surgery, she does not plan on having children. So she's like, Dude, take out whatever you need to. Just get rid of it. I don't care. But he didn't believe her, and he didn't take out everything he probably should have to help her the most. And she was so upset, but they would be like, No, you might change your mind. And it's like, having women have babies is still the priority. Even when women are in such pain and tell them, I do not want this.

**Sachi** [00:13:54] Right. And I think it's mentioned a couple times because, like you mentioned, she found out about this early on. I think it was when she was 19, I believe? Like in the very early part of her collegiate career. They're just like, Well, you're young, and it could change. And you might want kids eventually. And it's like, No! I'm going through this immense amount of pain and discomfort. Can you just listen to me? And when I tell you, take out whatever you need to take out to fix the problem, you're still going to ignore me because you think that I might want children. I just found that just so frustrating. And

when she continued to have issues, you kind of want to place blame a little bit on that professional who didn't take the patient's wishes into account.

**Kendra** [00:14:37] She has a partner at a different part in the book, and she starts having—or pretty much always had—very painful experiences when they would have sex. And she would tell a doctor, and they're just like, Yeah whatever. Well, she brought her partner in, and they finally believed her because he wasn't sexually satisfied. And she's like, Excuse me, are you ever asking me if I'm sexually satisfied? And this is such an important point because a lot of people view sick women or women with a chronic illness of some kind as asexual because how can a sick person, like an angel of the house essentially, have any sort of sexual desire? And it's just this stigma around that. And it's really irritating because people should be asking patients, Well, are you sexually satisfied as a woman? What can we do to help you? And they're not. And that's not really a concern. Only of men have problems do they actually do stuff. And it's really disheartening, and you know, I've had doctors turn away from me and talk to my partner and explain things to him instead of me. And I'm like, you know, he's new here.

**Sachi** [00:15:48] Yeah. Excuse me, I'm the patient, and this is my body. Don't you think you should be talking to me about this?

**Kendra** [00:15:54] It's like, I've been doing this for two decades at this point! Please talk to me. He has no idea what anything means. He's here to help me out the car and stuff, you know.

**Sachi** [00:16:03] Right.

**Kendra** [00:16:04] So I just haven't seen that much of that on the page before. And that's just so important to see.

**Sachi** [00:16:11] Absolutely yeah. I feel like every time she would make progress, there would be some type of hurdle, and I feel like she just would attack things head on, and I don't know if I could have always been that way if I was in that same position. So her writing this book and telling the story and even just taking everything a step further by writing this book and sharing her story with the public, I think, is huge and something that, after I read it, it's so intense and kind of heartbreaking but also so strong and just special to read. I was very thankful for the opportunity to read and learn more about her experience through her book.

**Kendra** [00:16:51] Had you ever heard very much about endometriosis before reading the book?

**Sachi** [00:16:56] Literally never heard of it before. So everything was very new to me. And when you had mentioned that you had it as well and there was a lot of women in your family that had it, I did not realize that this was something that could be very common in families and with women. But I literally had to Google it because I was like, I don't think I've ever heard of this before. So it was extremely enlightening for me. And I definitely am going to be looking into this more and learning more just about obviously chronic illness and mental illness in general, but I think this is a really good start.

**Kendra** [00:17:28] And there aren't very many books that feature chronic illness, and I know as we were preparing, I feel like there's been some sort of breakthrough, and there's been a lot of books that discuss mental health. And I think that is absolutely wonderful. We

need even more of those. But I struggled to find even a handful of books by women, own voices stories, about chronic illness. And there just weren't a lot out there. And one of the most obvious answers is that we're busy being sick. Right?

**Sachi** [00:17:58] Yeah, right. Exactly.

**Kendra** [00:18:00] But at the same time, a lot of us are able to tell our stories. And I think more people should be listening to them. So I was so thrilled to see this book and have more of a discussion about endometriosis and kind of break that taboo. You know the book ends . . . . She has an incurable illness, so I don't think it's a spoiler to say the book doesn't end with her getting well. And that is incredibly important to me because most people feel like you either die eventually from whatever you have or you get better. People don't realize that people live with incurable illnesses all day, every day. And there's millions of Americans alone living these kinds of things, and at the end of the book, she basically . . . . It's positive. She's going to keep advocating for herself, but it doesn't end. She's still almost the same exact place she started.

**Sachi** [00:18:50] It's not like, We figured it out! We had some groundbreaking research, and I'm going to be fine now. It's like, No. This is going to continue. I'm going to continue to have to grind and figure out what's going on with my body and be extremely in tune with my body to the point where I have to exactly articulate what is happening within me in order to get the type—even just minimal amount—of care that I really should be getting.

**Kendra** [00:19:16] So that was ASK ME ABOUT MY UTERUS by Abby Norman, and that's out from Nation Books. And we'll be back to discuss our second discussion pick, THE COLLECTED SCHIZOPHRENIAS, after a word from our sponsor.

**Kendra** [00:19:29] And Sachi! You have our second discussion pick.

**Sachi** [00:19:31] Yes. As we teed up in our last episode, my discussion pick is THE COLLECTED SCHIZOPHRENIAS by Esmé Weijun Wang, and this is from Greywolf Press. So in case you didn't hear our last episode, just the high-level synopsis of this book is it's a collection of essays that are a balance between a firsthand account of an individual living with schizoaffective disorder and a little bit more of her experience kind of in a memoir-type fashion. And the other half of it is very research based and a little more technical and clinical about the disorder and about mental illness in general. So I really enjoyed this book. It's something that I definitely took my time with. It's a little slimmer, I believe. It's not a hefty book, but it's not something you want to read in a couple sittings. I feel like I read one or two essays per day to really absorb it and to maybe read a couple pieces again just for my purposes of trying to understand and learn more about this. And it's something that needs, in my opinion, to be savored. And I learned so much from this book. Esmé is just . . . . I'm saying Esmé like she's my friend. So Esmé Weijun Wang is just, you know, her writing style—the prose is beautiful and very kind of exploratory of her experience. But also when she kind of flips more to that research-based comments, I feel like it's in a way that was easy for me to understand. And for someone who wants to learn about this and is kind of starting at more of a clean slate, I was very appreciative of the way that she wrote those pieces because it was something that I was easily able to absorb and wanted to learn more about. So I think I've said this multiple times already, but if this is something that you want to learn more about, this is a great starting point from that aspect. So Kendra, what was some of the biggest things that you got out of reading this book and some of the things that you learned since you are obviously very well in tune with chronic

or physical illness, what are some of things you learned about mental illness by reading this?

**Kendra** [00:21:51] I guess I learned more about schizoaffective disorder specifically. Because I was a counseling/psychology minor in undergrad—that was a while ago—and I learned about how the DSM would change the definitions, but I didn't learn it from a patient's perspective. And I think that's incredibly important to understand. Esmé talks about how that change of the definition of her illness changed her perspective of herself and how she viewed herself and what it's like to have all of these able-bodied, able-minded people be the gatekeepers for your disease. I think that was incredibly important. And I think oftentimes when we talk about mental illness, we don't think about the patient's perspective very much, which is unfortunate. And I appreciated that she opened up and talked about it a lot in this collection. And like you said, there's so much in each essay. You could just sit and savor it as well.

**Sachi** [00:22:47] Yeah, I was really surprised when she talked about the new DSM coming out, and she would immediately be like, Okay, let me find what I have and see if this still fits me. And that was just something that, you know, I would have never thought about. Like, oh, you could be diagnosed with something, and then a definition or something could change, and that may no longer fit you. And it's like you almost have this identity crisis: of I've been understanding myself in this way and have been diagnosed with this type of disease, and that could change. And then the type of support and care that I can get changes as well because these folks decide, Oh, this is what this is going to be now. It was just very interesting to see how that affects a patient, kind of on the back end a little bit.

**Kendra** [00:23:39] Yeah. And I think, you know, we've had in literature specifically this whole thing of the mad woman in the attic and locking them away. And she talks a little bit about the history of that and just knowing that if you were born at a different time that you would be locked away somewhere and how that feels.

**Sachi** [00:23:59] So going into your previous comments of that stigma of woman in the attic and people getting locked away, out of sight, out of mind. I didn't realize that there were different consequences of when someone admits themselves and to being hospitalized or institutionalized versus if they are forced. She talks about, in her experience, that it's infinitely harder to get out if you don't admit yourself into that care. And there were instances where she would be having an episode, and she would almost kind of have to tell her loved ones or the person who might have been with her, No, don't take me to the hospital. Don't have them forcibly admit me in. Because there could be a chance that I could never leave. Some of the firsthand accounts of what she experienced were also very eye opening and a little bit haunting. Just something that I never really realized is that there is a difference and that the experience can be very traumatizing for people.

**Kendra** [00:25:04] And that was a very difficult essay to read. Just reading what that was like, and the fact that she was in a hospital for her illness and was not allowed to leave unless someone . . . . She was basically a prisoner. And when you're in a hospital, you don't have a lot of your own human dignity. Kind of, rights are taken away. And you don't have the freedom to feel like you are in charge of your own body. Not only is your mind doing things you would rather it not. But also where you are physically is not in your control. And I just. Oh my goodness. I just felt for her so much. I didn't realize that there was a difference. Like, I read a few books about people being hospitalized, but I didn't realize the technical difference of admitting yourself versus being admitted forcibly. I just

didn't even know that was legal. Like I didn't know that was a thing that people were allowed to do. And it was just a very eye-opening essay. We've been talking a lot about language, and one of the things I really appreciated was Esmé talking about person-first language in the context to someone who has a mental illness.

**Sachi** [00:26:14] Yeah. So to give our listeners background who might not know a person-first language is . . . . Normally when we discuss individuals with mental illness, people tend to lump the disease and the affected person together. So as a patient, that individual feels like they become their diagnosis rather than someone who is diagnosed with that illness. So the example that Esmé puts in the book, which I thought was very helpful for me, was that sometimes it's referred, for instance, when you're talking about bipolar disease, someone will say, "Oh yes, she is bipolar" rather than, "She has bipolar disorder." And she contrasts that to say, For other diseases—let's take cancer, for instance, because cancer is very more commonly known—she says you would never tell or say to someone, "Oh, she is cancer." You would say, "She has cancer." So there is a difference between how we talk about mental illness versus some physical illnesses. And getting that distinction was very enlightening to me. I never really thought of it that way. I've heard that used as kind of commonplace speech, but not really thinking, well yeah, I know that you can't say someone is their disease. That doesn't make any sense. But we say that all the time. So I thought it was really important that she had that piece of knowledge in that essay, and it was something that I found very interesting.

**Kendra** [00:27:48] And I think language is so powerful, and we use language without even realizing the power that we are giving it. Person-first language is so important to people of all types of different abilities and illnesses. But seeing it in the mental illness context, I just feel, like she says in the book, that oftentimes we give more weight to physical illnesses than mental illnesses. But that really should not be the case. And the fact that she points out that person-first language should also be used in this case, I think that's just an important change. And also, as someone who has a disability, I personally prefer a person-first language as well. I know in different countries it varies, but here in America, the default really should be person-first language. And that's a great discussion. And also word nerd language. But you know.

**Sachi** [00:28:42] We are all word nerds here on this podcast. So obviously, we have to talk about language at least a little bit in the episode.

**Kendra** [00:28:53] As a writer, like for her, I think, you think a lot about words as writers and what they mean and the nuances of them or the perceived nuances of them. And I think it gives a lot of power back to the person with the illness, using personal first language. So she did a great job of explaining that in such a clear and succinct way, which obviously we're not as great here on Reading Women. So go read the essay. It's great.

**Sachi** [00:29:21] Absolutely. I was like, I need these basic examples in my life because this is something that I am not very well-versed in. So as we are passing along this kind of second-hand information to you, please just go read the book. Another thing that now that we're kind of talking about our, at least in my case, of blind spots and how I needed very basic understanding. Esmé does a great job of explaining the fact that she is a high-functioning individual with mental illness. That's how she she words it. And this is another thing like I mentioned with ASK ME ABOUT MY UTERUS that kind of shattered my understanding of the black and white view that I had when it comes to someone's health. So you can seem like a normal, functioning member of society and still be struggling with mental and chronic illnesses. And this is something where she talks about in many

different examples of all the things she was doing even though she was sick. She also notes that she felt like she was constantly trying to prove that she wasn't as "crazy," in her words, as her counterparts with this illness. But immediately she would feel this immense guilt because she felt like, I shouldn't have to act and feel that way, that I have to prove myself and contribute as much to society as I can, and prove that I'm high functioning and that I'm not sick and that I'm okay all the time. And that's a huge burden to bear. And I truly felt for her. And those passages where she talks about balancing that line and when we're functioning out in the world with other people, you never know what what people are dealing with. And you don't want to make that assumption because everyone is dealing with something, whether it's their health or their personal life or whatever. So I thought that was really helpful for me.

**Kendra** [00:31:15] I think she points out also that most people don't realize what schizoaffective disorder is. They confuse it with multiple personality disorder and a lot of different things. So she's not only having to prove she's not as out there as people with her disorder but also other ones that people confuse schizoaffective disorder with.

**Sachi** [00:31:34] Right.

**Kendra** [00:31:34] Which was very interesting that she was fighting with so many social expectations. And in both of the books, I think the social expectations of how you should or should not behave in polite society are just a huge problem because they're obviously created by able-bodied, able-minded people and all these different things. And that really shouldn't be the default. And so high-functioning, like she talks about, is a problematic word anyway, like term anyway.

**Sachi** [00:32:04] Yeah.

**Kendra** [00:32:04] Like high-functioning according to whom?

**Sachi** [00:32:06] I know! I know. She kind of explains the term a little bit and how it can be problematic. But yeah, I just feel like there is this the stigma still that even if you don't seem like a normal-functioning individual, things are going to change. Like in both books that we're discussing today, there were issues with once these women were exhibiting behavior related to their illness, whether it was Abby being in extreme pain or Esmé going through an episode, the colleges were saying like, Hey, you should take a semester off; like, you can't be here anymore because you can't function as a normal student. Which I think is just absolutely outrageous. And in Esmé's case . . . I don't think this is really a spoiler because I've had many interviews that I've heard from her, where she says like, Yeah, Yale made it a point to make sure that I would never come back because I have this disease that will never go away and that affects my mind. And you know when you read this book, you see how beautiful the book is and how much time and research must have gone into it. And to say that someone who could put this amazing work together is not allowed to go back to their college, I think is just so unfair.

**Kendra** [00:33:23] Yeah. And I feel like the way that people feel like they have to earn their degree is that you have to do it this one way. You have to earn your degree this way. And you know, she talks a lot about with Yale that they only wanted a certain kind of student to be a Yale graduate and how that stigma just . . . I believe her partner graduated from Yale, and she just like throws away the alumni newsletters and stuff. And I was like, I would do the same. Yeah. Yep.

**Sachi** [00:33:51] Yeah absolutely.

**Kendra** [00:33:53] I feel like women have had to fight to get an education in the first place. But then obviously, there's still all of these other barriers for different kinds of women and women who struggle with things. And I didn't realize going into it that they would have similar stories going into both these books.

**Sachi** [00:34:10] Right. Absolutely. All right. So that was our discussion on *THE COLLECTED SCHIZOPHRENIAS* by Esmé Weijun Wang. And that was from Greywolf Press.

**Sachi** [00:34:21] And so going into closing out this episode, as we wrap up, we thought it might be helpful—and I know it was very helpful for me, so as being kind of the baseline for audience, I think this might be helpful for our listeners as well—just to talk about some action items or ways that if you know someone with chronic or mental illness and want to help, but you're not really sure how, these are some things that maybe we can suggest that might be helpful as you're familiarizing yourself with this a little more. So the first one that we have here is a lot of what we've discussed today: just educating yourself. So understanding the appropriate language to use when discussing chronic and mental illness. You know, again, reiterating the fact that we mentioned before that the terminology and the language is more limited because there hasn't been a lot of support and research as there probably should be on these topics. But again, not using language that associates the person directly with their disease (like, "She is bipolar.") but having person-first language (such as, "She has been diagnosed with bipolar disorder.") So I think, just understanding as much as you can, even though the resources are limited, is just kind of the first step into helping others with this and understanding it better for yourself.

**Kendra** [00:35:46] And I think, you know, I'm totally up for people asking questions. But some days, it's just not a good day for that. So you can be like, Hey, can I ask you about this? to your friend who has something, and they might say no. They might say, Well, not right now. Or they might say, Hey, read this book.

**Sachi** [00:36:01] Right.

**Kendra** [00:36:02] And I think what's very helpful is when people ask me, honestly, how are you today? If you use the word "today," I feel like that's way a better understanding of how day to day it changes. And one time I was talking with someone. I'd just met them, and they were like, Oh you have this? How are you today? And I almost started crying. Because I was like, no one knows to ask that.

**Sachi** [00:36:24] Yeah.

**Kendra** [00:36:24] You know, it's a small difference. But I think it's really important to those of us who, you know, every day is a new challenge. And it's not like you have to describe your total existence, which is helpful.

**Sachi** [00:36:39] Yeah, that's super helpful. I think that's a really great suggestion for folks. The other thing that we have as another action item is something that Esmé notes, I think, in an interview that we listened to. I listen to this podcast, *The AAWW Podcast*, the Asian American Writers Workshop, and they had Esmé on. And it was it was while we were talking about this! I was like, oh my gosh, I need to send this to Kendra after she finishes the book. And one of the suggestions that Esmé has is just assisting small tasks. So

sometimes the most mundane tasks can be very difficult when someone is sick, so she gives the comparison of usually when a family member or a loved one passes away and family members are going through the grieving or mourning period, people give them all kinds of food or casseroles or things that are easy to heat up so that person doesn't have to prep and cook an entire meal. She said that a family member did that for her when she was not very well and going through a very difficult time with her episodes. And she said that meant the world to her that she could just heat something up, not have to worry about cooking anything because it was really difficult for her to get up and do that. I thought that was a really great, tangible way to understand how to help people that might be really suffering through a difficult time. And it's something that should be very much common sense and is common sense in a situation like if you're grieving a loved one but can be easily applied to other scenarios. So her pointing that out at least was very helpful for me.

**Kendra** [00:38:17] I really liked her giving all the small things. Like you know, I have a friend who sometimes comes and just cleans part of my house. And she just, you know, that's what she does. Or you know, I have a lot of people who visit, and I'm like, Hey, can you take Dylan out and walk him? Because it's not a great day. And they do that, and those small things can just seem overwhelming because that's like your baseline tasks for your day. And for me, if I can't complete those basic things, it's very overwhelming. And so it's really great to have people be like, Hey, how about I come over? We can visit; I can clean your kitchen; we can talk. Whatever. And that's really great. I think also remembering to keep in contact with people who are ill because I know I will withdrawal just until like the worst is over. And sometimes you feel very isolated, and I think just letting people know that you're thinking about them, even if they are not able to talk to you as much as they would like to. It is really important. And yeah, especially since we have the internet, I feel like it's a lot easier to reach out and just say, Hey, thinking about you. Praying for you. Sending good vibes. Whatever your preference.

**Sachi** [00:39:22] Right. Yeah, without having to feel too intrusive. I would say maybe five or ten years ago, you can only really call someone, which if you are in an immense amount of pain or if you're very sick, it's probably very uncomfortable to get on the telephone and talk to someone verbally. So sending a quick text or a note or an email or something, letting them know that you're thinking about them but not having to drop an entire conversation, I think is helpful. So those are some of our just small ways to give a call to action of items that people can do to help others that may be suffering from mental or chronic illness, and hopefully they're helpful. And if there are other suggestions that people have, please reach out or put it on our Instagram post that we have for this discussion episode. I think that might be really helpful for everyone.

**Kendra** [00:40:19] So that's our show. And if you haven't yet, please leave us a review in your podcast app of choice. And thanks to all of you who have already done that. And many thanks to our patrons, whose support makes this podcast possible. To subscribe to our newsletter or to learn more about becoming one of our patrons, visit us at [readingwomenpodcast.com](http://readingwomenpodcast.com).

**Sachi** [00:40:37] Join us next time where Kendra and Jaclyn will be talking about books by indigenous authors from around the world. In the meantime, you can find Reading Women on Instagram and Twitter (@thereadingwomen). You can find Kendra (@kdwinchester) and me on Instagram (@sachireads). Thanks for listening to Reading Women.