Baden-Baden Speech .

Ladies and gentlemen,
dear friends, dear relatives, dear European partners,

My name is Laurent Lefebvre. I am 60 years old and I come from Alsace, more precisely from the Colmar area, in the Haut-Rhin department, in France.

For the past eight years, I have been working as a mental health peer support worker. For the past six years, I have also been a board member of UNAFAM, the French national union of families and friends of people living with mental illness and/or psychological disability.

If I am standing before you today, it is not only to talk about a professional journey.

It is also to bear witness to a life journey. A difficult journey, sometimes a painful one, but also a deeply transformative one.

Last year, I became an actor and musician in a theatre play devoted to my own recovery journey from what is commonly called schizophrenia — and what I now personally call my psychic singularity.

But before I explain why I became a peer support worker, and how I now support families and the relatives of people affected by mental health difficulties, I would like to begin with a sign, almost a wink from life.

Thirty-seven years ago, in December 1989, I experienced my first psychotic breakdown in a military barracks in Rastatt.

Yes, Rastatt.

Only a few kilometres from here.

For me, this place is therefore not insignificant. Coming back today, so close to the place where everything began, no longer as a young man lost in illness, but as a man standing upright, a peer support worker, a witness, an artist, and a board member of a family association, has immense symbolic meaning.

That moment in 1989 marked the beginning of what I call, borrowing an expression from the Swiss psychiatrist Carl Gustav Jung, my journey through the night.

That journey lasted almost twenty years.

For a long time, I felt as if I were trapped in a labyrinth. And in that labyrinth, the monster had a name: schizophrenia.

But I was not completely alone.

At times, I was able to hold on to a thread.

A fragile thread, but a vital one.

That thread of Ariadne was my family, my loved ones, my friends. Later, it was also the caregivers, the encounters, the associations, and all those who refused to reduce me to a diagnosis.

In 2010, at the age of 44, I began to come out of the labyrinth.

Little by little, I found again the light of understanding.

I understood that my life was not over.

I understood that I could transform the ordeal into strength.

And above all, I understood one essential thing: I no longer had to be ashamed.

On the contrary, I had to speak out.

I then formed an inner sentence which became a guiding line for me:

to turn my illness into a masterpiece of life.

At first, I thought of writing a book. But in the end, it was the mythical distance of the marathon that convinced me.

I said to myself: if I can run a marathon while taking antipsychotic medication, then it will not be merely a sporting achievement. It will be a message.

A message addressed to people directly affected.

A message addressed to families.

A message addressed to society.

After four and a half years of effort, preparation and sacrifice, I took up that challenge: on 13 September 2015, at the age of 49, I ran the first Colmar marathon and finished it in under six hours.

That day, I did not merely cross a finish line.

I crossed an inner frontier.

Journalists picked up the story in the Alsatian press, online, and on the radio. And perhaps for the first time, a person directly affected was speaking publicly about his experience of schizophrenia, not to inspire fear, but to fight shame and stigma.

This visibility then enabled me to give testimony at conferences, and from 2016 onwards, to begin working with UNAFAM.

And so, little by little, my personal story became a collective commitment.

I would like to say this very simply.

I was helped. And today, in turn, I help others.

That is perhaps the heart of my journey. For a long time, I needed others. I needed my family, my loved ones, caregivers, associations, and all those people who, at one moment or another, held a lamp for me in the night.

Today, I have become a mental health peer support worker because I understood that my experience could be useful. Not because I have succeeded in everything. Not because my journey is perfect. But because I have gone through this illness from the inside, and because I can now speak about it differently.

In peer support, there is a very simple idea: what I have lived through, if I have worked on it, if I have understood it, if I have transformed it, can become a resource for others.

And that is exactly what happens in the support and discussion groups in which I take part with UNAFAM Bas-Rhin, in Strasbourg.

I would like to insist on this experience, because I believe it is truly important, and even innovative.

In many support groups in France, the classic model is often based on the presence of a psychologist and an UNAFAM volunteer. This is already essential. These volunteers are often relatives themselves. They know the illness through daily family life, through supporting a son, a daughter, a brother, a sister, a spouse. They know what it means to wait for a phone call, to worry about a relapse, to wonder whether one is doing too much or not enough.

But in Strasbourg, with UNAFAM 67, we have a slightly different configuration.

We work with three perspectives brought together in the same space.

First, there is the medical perspective, with Professor Fabrice Berna, psychiatrist. He brings his clinical knowledge, his experience of mental disorders, treatments, crisis situations, hospitalisations, relapses, but also the possibilities of stabilisation and recovery.

There is also the associative and family perspective, with Michelle Escudié, delegate of UNAFAM 67. She embodies the association’s presence alongside families, its concrete knowledge of their difficulties, their expectations, their worries, but also their courage.

And then there is my perspective: the perspective of a person directly affected by schizophrenia, who has become a mental health peer support worker.

This, I believe, is where the innovation lies.

In the same group, families can hear a psychiatrist, a representative of UNAFAM, and a person who has gone through the illness from the inside.

It is not a complicated system. It is not a grand theory. But in reality, it changes many things.

Because families do not hear only a medical explanation. They do not hear only the experience of other relatives. They also hear someone who can say to them: I know what it means to be lost inside one’s own thoughts. I know what it means to refuse help. I know what it means to be mistrustful. I know what it means not to accept the word schizophrenia straight away. And I also know that coming back is possible.

This voice does not replace the psychiatrist’s voice. It does not replace the voice of the families. It comes alongside them.

And it is precisely this “alongside” position that is so precious.

In these groups, families often arrive with very concrete questions. They are not looking for grand speeches. They come because they are facing real life.

They say: my son is no longer taking his medication. My daughter refuses to recognise her illness. He smokes cannabis. She drinks. He may be using cocaine. His flat is in a terrible state. Her room is overwhelmed by disorder. He no longer goes out. She no longer answers. I no longer know whether I should insist or leave things alone. I no longer know whether I am helping or exhausting myself.

In those moments, my role is not to give a lesson. My role is to help shift the way we look at things, even slightly.

For example, when a family speaks about substance use, I can hear their concern. It is legitimate. Substances can worsen disorders, encourage relapses, weaken treatment, and endanger the family bond. But I can also say that sometimes the substance has a function in the person’s life. It may be used to calm anxiety, to fill a void, to give the illusion of sleeping, of holding on, of no longer thinking.

That does not mean we should accept it. It means we should try to understand what the person is trying to soothe.

I myself experienced a very ordinary, yet very powerful addiction: cigarettes. When I stopped smoking, it was not only a benefit for my physical health. It was a stage in my recovery. I regained self-esteem. I understood that I could still win a battle. I understood that I was not only someone enduring an illness, but also someone who could regain power over his life.

And I believe this can speak to families. Because recovery sometimes begins with a very concrete gesture. One day without using. One cigarette refused. One appointment accepted. One treatment resumed. One word finally spoken. These are small things, but in some lives, these small things are immense.

Another subject often comes up: the difficulty of inhabiting a place.

It is a very concrete subject, but also a very deep one. Parents say: his flat is in disorder, her room is overwhelmed, he no longer cleans, she lets everything pile up, I can hardly go inside anymore.

For a family, this is very painful. You see the place deteriorating, and you wonder: should I intervene? Should I tidy up for him? Should I set a boundary? Should I alert someone?

But inhabiting a place is not just having a roof over one’s head. Inhabiting a place means being able to say: this is my home. Here, I can breathe. Here, I can rebuild myself.

When the person is unwell, the external disorder may become the reflection of an inner disorder. It is not necessarily laziness. It is not simply neglect. It can be immense psychic fatigue, a loss of momentum, an inability to begin.

So in such situations, I believe that sometimes we have to come back down to very simple gestures. We do not necessarily say: tidy your whole flat. We can begin with a table. A rubbish bag. An open window. A bed made.

These are small gestures. But sometimes, tidying a table is not just tidying a table. It is beginning to take one's place in one's own life again.

And then there is that major question, perhaps the most painful one for families: how can I help him accept his illness? How can I help her understand that she needs help?

I understand that question, because I have been there.

When one enters a serious mental illness, one does not immediately understand what is happening. The word schizophrenia is frightening. It crushes. It seems to close the future. So one refuses. One accuses. One says it is the fault of the family, of doctors, of the hospital, of society. One defends oneself as best one can against a truth that feels unbearable.

I do not much like saying to someone: "You must accept your illness," as if it were simple. It is not simple. Before acceptance, one sometimes has to go through anger, shame, fear, refusal, and sometimes years of wandering.

But at some point, recovery begins when one can say: I did not choose what happened to me, but perhaps I can choose what I am going to do with it.

For me, a person going through schizophrenia sometimes resembles a sailing boat at sea after a storm. The mast is broken, the sail is torn, the compass no longer responds, the rudder seems lost. The boat is still floating, but it no longer knows where it is going. It is carried by the currents, pushed by the winds, far from the shore.

In those moments, you cannot simply shout from the coast: "Come back! Make an effort! Pull yourself together!"

First you have to understand that the boat is damaged. You have to send signals, keep the link, sometimes tow it, sometimes repair it, sometimes wait for the sea to calm down. And then, one day, if the boat regains a little stability, the person on board must be able to take the helm again.

That, for me, is recovery: it is not denying the storm. It is learning, little by little, to take the helm of one's own boat again.

And this is where families have an immense role, but also a very difficult one. They cannot sail in the place of their loved one. They cannot live in that person's place. They cannot repair alone what is broken. But they can be that lighthouse in the night. They can be that light one sees in the distance, even when one no longer knows how to return.

That is what my family was for me.

And that is what I try to pass on today in the support groups: do not abandon, but do not lose yourself; help, but do not carry everything; love, but do not let yourself be engulfed.

That is why I deeply believe that the experience of UNAFAM 67 is important.

Because it brings around the same table three forms of expertise: medical expertise, family expertise, and lived experience.

Professor Fabrice Berna can provide clinical reference points. Michelle Escudié can carry the voice of families, that irreplaceable associative experience. And I can say, through my own story: yes, I have been on the other side; yes, I have been helped; and today I am here to help in turn.

When these three voices meet, something becomes possible. Families are no longer alone in front of a diagnosis. They are no longer alone with their questions. They can hear that the illness is real, that the suffering is real, but that recovery can also be real.

For several years now, I have also felt that my voice as a mental health peer support worker was no longer enough on its own. I had testified at conferences, in associations, in the media. I had spoken about my marathon, my treatment, my journey, my commitment. But something was still missing.

Art was missing.

And that is how the theatre play You Said Schizo, or the Magical Trauma was born, written and directed by Zarina Khan. For those who do not know her, I would say that Zarina has devoted herself to giving a voice to those who do not have one, to the right of expression, especially in countries at war. For her, art is the setting of conscience. In 2005, she was nominated for the Nobel Peace Prize.

For me, this play is not merely a show. It is a new stage in my recovery. It is a way of taking back my story, not only to explain it, but to transform it.

There are four of us on stage: two actors and two actresses. There is a professional actress, Sylvie Dyon, who plays the role of my mother. There is Mathieu Willman Imhof, an amateur actor, who plays the psychiatrist — or rather several figures of psychiatrists, because in a patient's life, one encounters several medical perspectives, several words, several ways of being listened to, or not being listened to. There is also Lydia Tournelle, who plays my sister. And then there is me.

Me, who had never done theatre before.

Three amateurs and one professional. In itself, that is already something very strong. Because the play is not carried only by theatrical technique. It is carried by necessity. By truth. By an inner urgency.

The play tells the story of my recovery. It also tells the story of my descent into hell. But it does not tell it in a cold or medical way. It goes through myth, poetry, the body, and images.

It begins with the myth of Orpheus.

Orpheus descends into the underworld to bring back Eurydice. He must move forward, trust, and not look back. And this image resonates deeply with me in relation to mental illness. In recovery, there is always this question of trust. Trusting the person walking behind us. Trusting the hand being offered. Trusting the person who says: keep going, do not look back too soon, do not remain a prisoner of the hell you have crossed.

The play therefore begins with this mythological dimension, then returns to my childhood. The flute. Learning music. The first artistic sensations. And then, around the age of fifteen, the first cracks. The first troubles. The first worries. The beginning of something which, at the time, did not yet have a name.

Later, there will be Rastatt. The barracks. The psychotic breakdown. Those two hours that changed my life.

In the play, we show this psychotic breakdown. We try to make the audience feel what this inner tipping point is. Not to frighten. Not to make it spectacular. But to help people understand. To show how, in the mind of a young man, a thought can become an obsession, then a mantra, then a storm.

In my case, that thought was linked to Albert Einstein, to the formula $E = mc^2$. That formula fell upon me like a burning revelation, like a cosmic enigma impossible to lay down. In the play, for several minutes, we try to make the audience feel this chemical and psychic transformation. That moment when reality becomes distorted. That moment when thought accelerates. That moment when one is no longer quite master of one's own ship.

And I believe theatre allows this better than a speech.

A speech explains.

Theatre makes people feel.

A speech informs.

Theatre brings the spectator into presence.

When people speak about schizophrenia in the media, they too often speak of danger, fear, news items, madness. They forget the human being. They forget the child he once was. They forget the mother. They forget the sister. They forget the family around him. They forget the years of struggle. They forget the possibility of return.

On stage, all of that reappears.

There is the mother, the sister, the psychiatrist, the person concerned, the music, the myth, the fall, and also the ascent.

And this is why I deeply believe in the power of art to destigmatise schizophrenia.

Art does not replace psychiatry. It does not replace treatments. It does not replace families. It does not replace associations. But it opens a space that medical discourse alone cannot always open.

It enables the audience to see, no longer "a schizophrenic", but a man. A son. A brother. A musician. An actor. A being crossed by a story.

And I believe this can help families. Because families need something other than diagnoses, prescriptions, crises, hospitalisations and appointments. They need to see that the person they love has not been entirely swallowed up by the illness.

They need to see that something can still happen.

When a mother sees on stage a man who has gone through schizophrenia and is standing upright, she does not receive a guarantee. Of course not. But perhaps she receives a new image. An image that tells her: not everything is over.

When a brother or sister sees this play, they may understand differently what the person concerned has gone through. Not merely as a family burden, but as an intimate, human tragedy that can be crossed.

When a friend sees this play, they may regain the courage not to reduce the other person to what happened to them.

That is why I want this play to live.

I would like it to be performed in several cities, in several countries, before families, professionals, people directly affected, students, citizens. Today, in theatres, it is possible to use subtitles, to project translations on a screen, to open a work to other languages. So why not imagine this play travelling across Europe?

Why not imagine it being performed before German, Belgian, Swiss, Luxembourgish, Italian, Spanish, or English families, with the words translated, but with the emotion intact?

Psychic suffering has no borders.

Stigma has no borders either.

But art can cross borders.

And I want to end with a project that may sound mad. But in my life, projects that seemed mad have sometimes been the ones that saved me.

The actor who plays the psychiatrist in the play, Mathieu Willman Imhof, once suggested that I cross the Atlantic under sail.

To cross the Atlantic.

For many people, that would already be an adventure. For me, it immediately became a symbol.

Because if schizophrenia once left me like a dismasted sailing boat, without a compass, without a rudder, then crossing the ocean under sail becomes a poetic response to that story. It would mean: the boat is no longer adrift. It has found a direction again. It can face immensity. It can reach another shore.

And I thought of Princeton.

Princeton, because Albert Einstein lived there during the final decades of his life. Princeton, because in my first psychotic breakdown, Einstein and $E = mc^2$ occupied a central, almost obsessive place. Princeton, because performing You Said Schizo, or the Magical Trauma there would allow us to close a circle that opened in Rastatt in 1989.

Starting from a military barracks where everything changed.

Crossing years of night.

Running a marathon.

Becoming a peer support worker.

Stepping onto the stage.

Crossing the Atlantic.

And performing in Princeton, where Einstein lived.

It would not merely be a journey.

It would be a work within the work.

It would say that even a thought which once invaded you to the point of psychotic breakdown can, years later, be transformed into an artistic symbol, a collective project, a message of hope.

So today, before you, in Baden-Baden, very close to Rastatt, I would like to say this: my story is not only the story of an illness. It is the story of a transformation.

Psychiatry helped me survive.

My family helped me hold on.

UNAFAM helped me transmit.

Peer support gave me a place.

And art now allows me to transform the wound into language.

I have come here as a mental health peer support worker, as a board member of UNAFAM, as a person directly affected by schizophrenia, but also as an artist in the making.

I have come to say to European families: you are not alone.

I have come to say to people directly affected: you are not condemned.

I have come to say to professionals: lived experience can become a strength at your side.

And I have come to say to everyone: let us not be afraid to bring art into the fight against stigma.

Because art can go where ordinary words stop.

It can give a face back to the person who had been reduced to a diagnosis.

It can give a story back to the person who had been locked inside a symptom.

It can give dignity back to the person believed to be lost.

I would also like to thank UNAFAM at national level, and in particular its president, Emmanuelle Rémond, for the attention given to this approach. Together with Zarina Khan, we will have the opportunity to speak at the UNAFAM General Assembly on 17 June in Paris. For me, this is an important step.

Because this play must not remain merely a personal or local adventure. I believe it deserves a wider echo. It deserves to be heard by families, by siblings, by friends, by professionals, but also by all those who still believe that schizophrenia definitively condemns a life.

Through this play, I would like people to hear something else. I would like them to hear that a journey through illness can become a journey of transmission. That a wound can become a work of art. That an intimate story can become a collective voice.

If some of you would one day like to host this play, in France, in Germany, or elsewhere in Europe, I would be very happy to speak with you. Because I believe that this work can become a tool for dialogue between families, caregivers, people directly affected, and society.

I started from a night in Rastatt.

Today, I stand before you in Baden-Baden.

And perhaps one day, if the wind carries us, we will go as far as Princeton.

But the most important thing is not the distance travelled. The most important thing is the meaning of the journey.

And for me, that meaning is clear: to help families, to help relatives, to help siblings, to help friends, to help people directly affected believe that after the storm, even a dismasted sailing boat can find the sea again.

Thank you.