Review and Overview: autobiographical narrative and psychopathology

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Abstract

With the immediacy and authenticity of the first-person narrative, the mental illness memoir creates a graphic picture of human existence in the "kingdom of the sick" (Sontag, 1978). Moreover, autobiographical narratives of mental illness have an established tradition of lending themselves to the psychiatric field. Jaspers, in his General Psychopathology (1913), borrowed from Schreber's Memoirs of My Nervous Illness (1903). Indeed, both Freud (1911) and Sass (1994) have based their own constructs of delusions and other mental illness phenomena on Schreber's descriptions. The three vital signs of psychic life are ambivalence, introspection and turmoil. William Styron wrote candidly about his own turmoil of mind whilst in the throes of melancholia: 'I was feeling in my mind a sensation close to, but indescribably different from actual pain' (1990:p.16). Autobiographical narratives of mental illness provide a window into the nature of psychopathology in a way that is not possible from standard psychiatric texts. They allow psychiatrists, service users and the general public a rare qualitative insight into the richness of psychopathology as experienced first hand rather than as drawn out and described by psychiatrists. Indeed, in the preface of Oliver Sacks's book The Man who Mistook his Wife for a Hat the author contends, 'To restore the human subject at the centre - the suffering, afflicted, fighting, human subject - we must deepen a case history to a narrative or tale...' (1985). Perhaps it is for these reasons that the editors of Cutting Edge Psychiatry in Practice have decided to include autobiographical narrative in their journal. For the GP or psychiatrist reading them, it can be insightful and instructive. For family and friends of loved ones who suffer from psychopathology, it can be informative and illuminating. For those who actually compose the articles, it can be an effective and indeed cathartic form of therapy

Key words: autobiographical narrative, psychiatry, health humanities

Introduction

'*In order to restore the human subject at the centre, the suffering afflicted fighting human subject; we must deepen a case history to a narrative or tale…*'
- Oliver Sacks.

Cutting Edge Psychiatry in Practice (CEPiP) includes in each one of their issues an autobiographical narrative from a person who suffers from the mental illness of that particular issue's theme. In the inaugural issue of CEPiP The Management of Schizophrenia: an Update, David Holloway authors an autobiographical narrative entitled My 'Colorful' Life with Schizophrenia. Tom Inskip, a General Practitioner, states that David's manuscript "Is a very moving account from a highly articulate individual with schizophrenia… the condition [schizophrenia] can occur in wonderfully sensitive, creative and caring individuals." (8).

It is with the immediacy and authenticity of the first person narrative that the mental illness memoir creates a graphic picture of human existence in the "kingdom of the sick" (1). Moreover, autobiographical narratives of mental illness have an established tradition of lending themselves to the psychiatric field. Jaspers, in his General Psychopathology (2), borrowed from Schreber's Memoirs of My Nervous Illness (3). Indeed, both Freud (4) and Sass (5) have based their own constructs of delusions and other mental illness phenomena on Schreber's works.

In many respects, psychiatrists owe an enormous debt to Schreber, whose seminal writings have helped to facilitate the illumination of psychopathology. This salient fact supports our contention that autobiographical narratives of psychopathology are beneficial. The mental illness memoir can be utilized to understand what service users are experiencing better by providing an insight into psychiatric phenomena, be that the oscillations in mood and the flights of fancy that characterize bipolar disorder, the persecutory delusions and third-person auditory hallucinations that define psychosis, or the suicidal ideation and the nihilistic thoughts that pervade and permeate the depressive mind.

Methodology

We conducted a non-systematic review of the literature. We extracted and amalgamated the passages that we found to be the most compelling from the autobiographical narratives of eminent novelists, poets and academics that suffered from the major psychiatric illnesses, namely the disorders of affect and schizophrenia. We have also offered our own humble annotations for readers' dissection and delectation. We herein present the vivid and vivacious first-person accounts of psychopathology as experienced first-hand and in doing so hope to portray the subjective expression of mental illness more accurately. We further hope that this manuscript will help service providers, relatives of the mentally ill and the general public to understand people who have a mental illness better and in doing so help to reduce stigma.

John Perceval: an autobiographical narrative of schizophrenia

John Perceval was the progeny of Spencer Perceval, the British Prime Minister who was assassinated in the House of Commons. In his book A Narrative of the Experience of a Gentleman during a State of Mental Derangement to Explain the Causes and the Nature of Insanity, and to Expose the Injudicious Conduct Pursued towards Many Sufferers under that Calamity, Perceval evocatively describes his debilitating symptoms and the inhumane treatment he received whilst institutionalized. His brave and often disturbing account of the squalid conditions of the asylums and of the situation of his fellow patients is illustrative of the appalling treatment that mentally ill people in England had to endure at the beginning of the 19th century.

Perceval's piercing definition of mental well-being and of having capacity, borne from his realization of what it is like to relinquish that capacity by succumbing to mental illness, should serve as a blueprint for defining a healthy psychic life. Moreover, it is testament to how it is only in sickness do we truly understand (and indeed value) the meaning of health:
A man who knows who and what he is, his position in the world, and what the persons and things are around him; who judges according to known, or intelligible rules; and who, if he has singular ideas or singular habits, can give a reason for his opinions and his conduct; a man who, however wrong he may act, is not misled by any uncontrollable impulse or passion; who does not idly squander his means; who knows the legal consequences of his actions; who can distinguish between unseemly and seemly behaviour, who feels that which is proper and that which is improper to utter, according to the circumstances in which he is placed; and who reverences the subject and the ministers of religion; a man, who, if he cannot always regulate his thoughts and his temper and his actions, is not continually in the extremes, and if he errs, errs as much from benevolence and hesitation, as from passion and excitement, and more frequently: lastly, a man who can receive reproof, and acknowledge when he has needed correction. (6)

The passage below is also derived from Perceval's autobiography and is, in our opinion, also poignant in its effect:

If anyone knew how painful the task of self-examination and of self-control was, to which I devoted myself at the time, every minute without respite, except when I was asleep, in order that I might behave, and with the sincere desire of behaving becomingly; they would understand how cruel I felt it afterwards, when I required my liberty for the further pursuit of health and of strength of mind, to have it denied to me for fear of my doing any person any bodily harm (7).

These lines permeate with a conscientiousness of not harming another soul's feelings. They reflect the diligence and earnestness with which Perceval was mindful of others and how imperative it was for him to function selflessly in society and to even be vigilant when regarding and considering the rights of others. It is testament to the painstaking lengths that Perceval, and indeed others who suffer with mental illness, will go to in order to promote social order in the community in which they are immersed. No doubt this account will resonate with other people who have a psychiatric disorder. It is our hope that this narrative will help to dispel the myth that all those who suffer from psychopathology are only preoccupied with refusing to abide by the law.
According to David Holloway: "I pray that the perception of schizophrenia can be altered to that of a renewed awareness which evokes more notions of love, peace and harmony… instead of the negative crime films in Hollywood and those crude depictions on television…" (8) This echoes the message that Perceval's autobiographical narrative delivers: namely the notion that those who suffer from schizophrenia can be perceptive, sensitive and caring just like 'normal' people, perhaps even more.

Memoir and Melancholia

The three vital signs of psychic life are ambivalence, introspection and turmoil. William Styron wrote candidly about his own turmoil of mind whilst at the throes of melancholia:
'I was feeling in my mind a sensation close to, but indescribably different from actual pain' (9).

This analogy between depressive illness and physical pain is ubiquitous in the writings of novelists who suffer from depressive illness. Take, for instance, the 20th century American poet, Sylvia Plath, and the 19th century British novelist, Virginia Woolf, both of whom notably suffered from severe depressive illness and committed suicide, to name but two. Writing in 1902, the eminent Harvard University scholar and the father of modern psychology, William James, described the depressive dimension of his bipolar disorder as follows:
'It is a positive and active anguish, a sort of psychical neuralgia wholly unknown to normal life' (10).

For others, the intangibility of the emotional pain drives the individual to inflict actual physical harm upon themselves. For example, Sarah Ferguson (11) wrote:
I slashed my wrist again and again as deeply as I could… As my writing to you comes to a close, the pain is so unbearable inside me that a force of such strength has driven me to inflict a physical pain on myself in the hope of appeasing the other.

This excerpt is extraordinary for multifarious reasons. Foremost, it gives credence to the unbearable mental agony that a sufferer of a psychiatric illness can experience to the extent that the physical pain brought on by slashing one's wrist is a welcome relief. Almost everyone accepts that those who suffer from physical pain are worthy of our sympathy. However, to pronounce that mental illness can be just as distressing, if not more so, is more often than not ridiculed and rejected. It seldom is judged to merit sympathy from other people.

Indeed, British television personality Trisha Goddard's autobiographical narrative describes her experiences as an inpatient in both a psychiatric hospital and a breast cancer unit and it further illustrates how we, in general, are not as sympathetic to mental illness as we are to physical illness:
"Both experiences were horrible… but with breast cancer people ran towards me with open arms and hugged me. With depression people ran away… When I was diagnosed with breast cancer, I was inundated with 'Get Well Soon' cards. When news leaked out that I was in a psychiatric hospital following a breakdown, not a peep. And certainly no cards…"

William Styron eloquently describes the perils of reductionism in his own autobiographical narrative by elaborating on the usage of the term depression and how it came to replace the more apt term melancholia. Styron's account commands the attention of all those who stake a claim in wanting to understand the subjective experience of a psychiatric illness better:
When I was first aware that I had been laid low by the disease, I felt the need, among other things, to *register a strong protest against the word "depression". Depression, most people know, used to be termed "melancholia," a word which… crops up more than once in Chaucer, who in his usage seemed to be aware*

of its pathological nuances. "Melancholia" would still appear to be a far more apt and evocative word for the blacker forms of the disorder, but it was usurped by a noun with blank tonality and lacking any magisterial presence, used indifferently to describe an economic decline or a rut in the ground, a true wimp of a word for such a major illness. It may be that the scientist generally held responsible for its currency in modern times, a John Hopkins Medical School faculty member justly venerated - the Swiss born psychiatrist Adolf Meyer - had a tin ear for the finer rhythms of English…As one who has suffered from the malady in extremis yet returned to tell the tale, I would lobby for a truly arresting designation… Told that someone has evolved a storm - a veritable howling tempest in the brain, which is indeed what clinical depression resembles like nothing else - even the uniformed layman might display sympathy rather than the standard reaction that "depression" evokes something akin to "So what" or "You'll pull out of it" or "We all have had bad days" (12).

Professor Kay Redfield Jamison, manic-depressive, John Hopkins scholar and world authority on bipolar disorder

Kay Redfield Jamison is the Professor of Psychiatry at the Johns Hopkins University School of Medicine and co-director of the Johns Hopkins Mood Disorders Center. She is also Honorary Professor of English at the University of St. Andrews in Scotland. Kay is a prolific publisher of peer-reviewed manuscripts and best-selling books. Her magnum opus on manic-depressive (bipolar) illness was chosen in 1990 as the most outstanding book in biomedical sciences by the American Association of Publishers. She is also the author of Touched with Fire (this was the text that manic-depressive Stephen Fry was perusing whilst reclined on a bench in his award-winning documentary The Secret Life of the Manic-Depressive), An Unquiet Mind, Night Falls Fast, and Exuberance.

An Unquiet Mind, which chronicles Professor Jamison's own experience with manic-depressive illness, was cited by several major publications as one of the best books of 1995. Dr Jamison is the recipient of numerous national and international scientific awards, including a MacArthur Award. Indeed, naysayers ought to take heed of Professor Jamison's accomplishments and disabuse themselves of the illusion that those with psychopathology cannot be high achievers. The case of Professor Jamison should sound the death knell of associating psychiatric illness with poor performance and under-achievement.

All of this renders her autobiographical account especially illuminating, for she is able to adopt the dual perspective of objectivity and subjectivity, of repudiating the perception that service-user and service-provider are ostensibly dichotomous and of reconciling healed with healer. Her mastery of the English language gives a voice to the voiceless; it is an efficacious adjunct to pharmacotherapy, particularly for those who derive solace from shared experience.

It is our contention that any individual who wishes to be informed in bipolar disorder must be, at the very least, familiar with her works. The paragraphs below are extracted from her autobiographical narrative an Unquiet Mind and, in our opinion, far surpass present day psychiatric nomenclature in conveying the essence of bipolar disorder.

Bipolar disorder and autobiographical narrative

Depressive illness has recognizable effects on cognition and behaviour as depicted by Jamison in the following excerpt:
Sleep deserted me. And, no longer able to stomach myself, I stopped eating. There was no revulsion but I didn't want to eat anything (13).

Those who suffer from bipolar disorder are all too familiar with these symptoms and will indeed identify with Professor Jamison. Such identification and the catharsis that can come from it is, in our opinion at least, a step towards convalescence.

Jamison goes on to describe how once she had decided to end her life:

'I was cold-bloodedly determined not to give any indication of my plans or the state of my mind. I was successful. The only note made by my psychiatrist on the day before I attempted suicide was severely depressed. Very quiet' (14).

This deliberate artifice in order to conceal one's intentions to commit suicide is instructive to psychiatrists. The compulsive nature of suicidal thinking and the tendency to deceive others once the decision to take one's life with one's own hand has been reached should be more broadly understood by all clinicians but perhaps more so by the nurses who are charged with a patient's day-to-day care. This supports our contention that autobiographical narratives should be read not only by psychiatrists but also by other mental health service providers.

Depression is situated at one pole of the spectrum of disturbed mood. At the other end of the continuum is mania. Jamison described the experience of manic exuberance and ebullience very vividly in her autobiographical narrative:
My memories of the garden party were that I had had a fabulous, bubbly, seductive, assured time. My psychiatrist, however, in talking with me about it much later, recollected it very differently. I was, he said, dressed in a remarkably provocative way, totally unlike the conservative manner in which he had seen me dressed over the preceding year… [I] seemed to him, to be frenetic and far too talkative. He says that he remembers having thought to himself, Kay looks manic. I on the other hand, had thought I was splendid (15).

This passage is especially revelatory. Whilst beholden to the spur, mania can cast a romantic hue on events and henceforth the lens that sufferers view the world through can contort reality. In extremis, insight is lost and so whilst those who have bipolar disorder may maintain that their behaviour was not unbecoming in any way, shape or form, the general consensus of observers countermands this assertion. This supports the necessity of requesting for a patient to bring a friend or significant other as part of a thorough psychiatric assessment to provide an alternative account on what prompted a service user to consult a service provider.

The wide-ranging benefits of the health humanities

"In short, to teach a student to read, in the fullest sense, is to help train him or her medically. To ask the medical student what is being said here… is to prepare him or her for the doctor-patient encounter." (16).
"A reader reading well is simultaneously experiencing the text, responding to it emotionally, and at the same time analyzing that response, tracking it to its sources… Doing one without the other is not reading. And it is not doctoring either." (17).

There is a growing perception that science alone (or science with glances towards ethics and the social sciences) provides insufficient overall foundation for holistic understandings of the interaction between health, illness and disease. A distinguished group of evidence-based researchers agrees (18):
'... knowing the tools of evidence-based practice is necessary but not sufficient for delivering the highest quality patient care. In addition to clinical expertise, the clinician requires compassion, sensitive listening skills, and broad perspectives from the humanities and social sciences' (19).
We contend that since autobiographical narratives of mental illness fall under the remit of health humanities, clinicians (particularly psychiatrists) who read them will be better able to deliver the highest quality patient care.
Moreover, autobiographical narratives can also be utilized by those in the medical profession; in a moving anonymous autobiographical narrative in the student BMJ, the author, a medical student who attempted to commit suicide, asserts:
"…we need to get better at accepting that things go wrong for medical students and doctors in the same way that they do for all people. In the US alone, 400 doctors are lost to suicide every year, a huge and needless toll. I was so nearly another casualty, and it is only through increasing the extent to which we make it more acceptable to share our experiences of difficulties with low mood that the number of suicides among medical students will fall… (20)".

Autobiographical narratives provide us with the means to "share our experiences of difficulties

with low mood" and in doing so, this may help to reduce the rates of suicide amongst the medical profession as well as the general public.

Conclusion

Autobiographical narratives of mental illness are precious sources of information. They provide a window into the nature of psychiatric disorders in a way that is not possible from standard psychiatric texts. They allow psychiatrists, other mental health service providers, relatives of people with mental illness and the general public a rare qualitative insight into the richness and, as David Holloway so pertinently put it, the 'colors' of psychopathology as experienced firsthand rather than as drawn out and described by psychiatrists. It is abundantly evident that psychiatrists would derive immense benefit from perusing them.

Perhaps it is for these reasons that the editors of Cutting Edge Psychiatry in Practice have decided to include autobiographical narrative in their journal. For the GP or psychiatrist reading them, it can be insightful and instructive, for family and friends of loved ones who suffer from psychopathology informative and illuminating and for those who actually compose the articles therapeutic and cathartic. It allows those with mental illness to convey the essence of their condition and by doing so validates their suffering. This can then aid them to make headway with their convalescence. In this regard, Cutting Edge Psychiatry in Practice is a brilliant concept and I know I speak for all who engage in creative writing as a form of therapy when I say that we are truly indebted to Professor Besag and to Dr Agius for the inclusion of autobiographical narrative in Cutting Edge Psychiatry in Practice and we urge you to continue in doing so.

GP Comment

What have I learned from this paper?

It is difficult to read an account such as this without feeling deeply moved, not only by the content but also by the beauty of the writing. What have I learned? Above all that people with mental illness are human beings just like everyone else. They include some wonderfully creative people who can enrich our lives by the combination of their creative artistry and their extraordinary insight.

Mayruja Santhirakumar, GP Trainee.

Bibliography

1. Sontag S. Illness as Metaphor; 1978.
2. Jaspers K. General Psychopathology; 1913.
3. Scherber D. Memoirs of My Mental Illness; 1903.
4. Freud S. Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoids). In: Strachey J (trans. & ed.) The Standard Edition of the Complete Works of Sigmund Freud. Vol XII. Hogarth Press; 1911. Reprinted (1953-1974).
5. Sass LA. The Paradoxes of Delusion: Wittgenstein, Scherber and the Schizophrenic Mind. Cornell University Press; 1994.
6. Perceval J. A Narrative of the Experience of a Gentleman during a State of Mental Derangement to Explain the Causes and the Nature of Insanity and to Expose the Injudicious Conduct Pursued towards Many Sufferers under that Calamity; 1838. In: Bateson G (ed.) Perceval's Narrative. Hogarth Press; Reprinted 1962. p 314.
7. Perceval J. A Narrative of the Experience of a Gentleman during a State of Mental Derangement to Explain the Causes and the Nature of Insanity and to Expose the Injudicious Conduct Pursued towards Many Sufferers under that Calamity; 1838. In: Bateson G (ed.) Perceval's Narrative. Hogarth Press; Reprinted 1962. p 271.

8. Holloway D. My Colorful Life with Schizophrenia. Cutting Edge Psychiatry in Practice; 2011. p 110.
9. Styron W. Darkness Visible; 1990. p 19.
10. James W. Varieties of the Religious Experience; Reprint 1999. p 165.
11. Ferguson S. A Guard Within; 1973. p 136.
12. Styron W. Darkness Visible; 1990. P 36-38.
13. Jamison K. An Unquiet Mind; 1995. p 28.
14. Jamison K. An Unquiet Mind; 1995. p 113.
15. Jamison K. An Unquiet Mind; 1995. p 71.
16. Trautmann J The wonders of literature in medical education. In: Self DJ (ed.) The Role of the Humanities in Medical Education. Norfolk, VA. Teagle and Little; 1978.
17. Holt TE. Narrative medicine and negative capability. Lit Med 2004; 23: 318-33.
18. Hurwitz B. Dakin P Welcome developments in UK medical humanities. J R Soc Med 2009 March 1; 102 (3): 84-85.
19. Guyatt GH, Haynes B, Jaeschke R et al. Evidence-based medicine: principles for applying the Users' Guides to patient care. Evidence-Based Medicine Working Group. JAMA 2000; 284: 1290-6. Student BMJ 2012; 20: e2719.