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**“No amount of serotonin will bring Darcy to the door.”<sup>1</sup>  
Understanding mental illness in contemporary autobiographical writing in English**

No other branch of medicine is so much present in public imagination and popular culture, so much widely disputed and questioned, as psychiatry. Moreover, opinions about it vary dramatically. Graham Thornicroft calls the language employed in this dispute “a terminological power struggle,” as the words used reflect standpoints and assumptions about health, agency and the very essence of humanity.<sup>2</sup> The decision how to call psychiatric conditions and the people diagnosed with them is far from simple. On the one end of the spectrum are the neuropsychiatrists who claim all the so-called mental disorders are nothing more but brain diseases; on the other end are the anti-psychiatrists who believe mental illness is a social construct and doubt its existence. In the middle, there is the least vocal group of people admitting psychiatry is a branch of medicine, yet is it unlike any other medical practice. Psychiatry, for them, deals not only with the brain, but also with gender, spirituality, economy, ethnicity... They humbly observe that everything that happens to a human is processed by the brain and may affect its functioning; but many things that happen to us come from a cultural and social, not merely biological, sphere.

Doubting the existence of mental illnesses was a favourite strategy of anti-psychiatrists. These concerns were first openly voiced in Thomas

<sup>1</sup> Lisa Appignanesi, *Mad, Bad and Sad. Women and the Mind Doctors* (London: W.W. Norton and Company, 2008), p. 4.

<sup>2</sup> Graham Thornicroft, *Shunned. Discrimination against People with Mental Illness* (Oxford: OUP, 2007), p. xv.

Szasz's *The Myth of Mental Illness*, published in 1961. He criticised the term mental illness since the mind, unlike the brain, is not a physical organ that can be ill. Using imprecise terminology, psychiatry has no credit as an objective branch of medicine. The mind refers to cognitive and emotional functioning of consciousness which cannot be a subject of scientific studies. Mental illness is thus a metaphorical expression, a "useful concept in the nineteenth century; today it is scientifically worthless and socially harmful."<sup>3</sup> For Szasz, what people complain about when they talk about mental disorders is "problems with living" – they might be unhappy, have difficult relationships with others or find it impossible to fulfil their needs.<sup>4</sup>

If it could be proven that what is called mental illness is caused by faulty brain functioning, mental illness would become brain disease. Then, psychiatry would completely lose its *raison d'être* becoming neurology. This is exactly what happened to General Paralysis of the Insane (GPI), or late-stage syphilis. Individuals suffering from GPI used to constitute a large part of the population of the nineteenth-century mental asylums but the discovery of penicillin virtually prevented syphilis from reaching its final stage. Likewise, Alzheimer's disease; although it is a brain disease the symptoms of which include mood swings and behavioural changes, is not treated by psychiatrists. As Szasz argues:

The fact that atomic energy is used in warfare does not make international conflicts problems in physics; likewise, the fact that the brain is used in human behaviour does not make moral and personal conflicts problems in medicine.<sup>5</sup>

Following Szasz's line of thought, other anti-psychiatrists of the 1960, most notably R. D. Laing and Joseph Berke, always used inverted comas referring to a name of any mental disorder. "Schizophrenia" was for them a mere medical label, absolutely conventional and devoid of any real existence.<sup>6</sup> Undoubtedly, they were correct in arguing many mental health problems are assessed and named in an arbitrary fashion. What degree of misery becomes clinical depression, which delusions are pathological and which are culturally acceptable, or even encouraged? Yet similar arguments can be directed against obesity or hypertension. At which point being overweight changes into being obese, and when does morbid obesity begin?

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<sup>3</sup> Thomas Szasz, *The Myth of Mental Illness* (St. Albans: Paladin, 1975), p. 13.

<sup>4</sup> *Ibid.*, p. 12.

<sup>5</sup> *Ibid.*, p. 44.

<sup>6</sup> See, for instance Mary Barnes and Joseph Berke, *Mary Barnes: Two Accounts of a Journey Through Madness* (New York: Harcourt Brace Jovanovich, 1972), p. 78-79.

Szasz's arguments, though superficially impressive, raise more questions than they try to answer. First of all, he criticises the scientific character of mid-twentieth century American psychiatry, which relied heavily on psychoanalysis. It, indeed, had no scientific credentials. Thus, many of his observations cannot be applied to modern psychiatry, which, at least in theory, tries to be evidence-based. Likewise, he mostly gives examples of neurotic disorders, especially hysteria, and does not mention more disturbing illnesses, such as bipolar disorder or schizophrenia. Delusions and hallucinations cannot be so easily dismissed as mere problems with living. Furthermore, many people who receive psychiatric diagnoses do perceive themselves as unwell, different from their usual selves, while others, who have objective organic diseases which can be tested and measured (like hyperglycaemia), do not accept the medical judgement and oppose treatment. Finally, our understanding of what constitutes legitimate illnesses and what their aetiology is are historically changeable. Fifty years ago few people wanted to accept the suggestion that smoking causes cancer, forty years ago the idea that peptic ulcers are caused by bacteria known as *helicobacter* was seen as outrageous.<sup>7</sup> There are some hypotheses that even leukaemia might be a result of viral infection.<sup>8</sup> What used to be seen as shocking immorality and perversion is now psychopathy and medical and psychological experiments prove that psychopaths' brains are indeed different.<sup>9</sup> History of progress – and terrible blunders in medicine – should teach us great humility in expressing any knowledge with absolute certainty. The mind may be to the brain what the womb is to the uterus – both refer to the same organ but within different discourse. And though womb is poetic and medically imprecise, no one would question the validity and usefulness of gynaecology.

Furthermore, questioning the legitimacy of psychiatry does not make mental problems, some debilitating for life, disappear. The closing of mental asylums, which was partly caused by the invention of more efficient medication and partly by the impact of anti-psychiatry, only transferred the inmates of institutions to prisons, shelters for the homeless and optimistically called community care, which is rather community neglect in most cases. The number of people who either permanently live with a psychiatric illness or experience episodes of, for example, psychosis or depression, is on the rise. Paradoxically, this prognosis is much worse in the

<sup>7</sup> James Le Fanu, *The Rise and Fall of Modern Medicine* (London: Abacus, 2014), pp. 40–83, 202–212.

<sup>8</sup> *Ibid.*, pp. 408–413.

<sup>9</sup> Jon Ronson, *The Psychopath Test* (London: Picador, 2011), *passim*.

Western, wealthy countries than in the developing ones.<sup>10</sup> It all suggests that psychiatry should remain a branch of medicine, but should develop much closer links with non-medical sciences, too.

Though many ideas of anti-psychiatry have long been discredited, it still remains a shameful fact that “there is no biologically based test that can distinguish a person diagnosed with mental illness from one who has no such diagnosis.”<sup>11</sup> Despite a myriad of theories about the causes of psychiatric complaints, the results of research remain inconclusive. Most doctors assume that malfunctioning brain biochemistry is responsible for many illnesses; consequently, neurotransmitters dopamine and serotonin have become household names, just like some drugs, notably Valium and Prozac. In *Against Depression* (2005), a passionate book questioning positive associations surrounding melancholy and defending its organic character, Peter Kramer writes that “depression involves abnormalities in brain anatomy.”<sup>12</sup> Allegedly, some irregularities were observed in the hippocampus and prefrontal cortex of the depressed subjects. Yet, first of all, the great majority of these subjects were rodents, whose consciousness, in all likelihood, is less complex than that of the human, if existent at all. Second, it is impossible to decide whether these abnormalities precede, accompany, or result from the illness. Undoubtedly, depression causes real havoc in the bodies of sufferers: they age quickly, have more frequent heart failure and tend to die prematurely. Anxiety, unhappiness, fear and guilt manifest themselves through bodily symptoms but attributing them solely to chemical or anatomical or genetic causes does not answer any questions. In fact, everything is chemical, as Andrew Solomon argues. “‘I’m depressed but it’s just chemical’ is a sentence equivalent to ‘I’m murderous but it’s just chemical’ or ‘I’m intelligent but it’s just chemical.’”<sup>13</sup> Love and mystical experiences, appreciation of works of art are all chemical because human beings, just like any other substance in the universe, are composed of chemical elements. Likewise, everything we experience changes our brains irrevocably. Apparently, the hippocampus of London taxi drivers grows bigger as they perform their jobs day by day yet no one would venture saying driving a cab is a mental disorder.<sup>14</sup>

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<sup>10</sup> <https://in2mentalhealth.com/2014/10/05/the-better-prognosis-hypothesis-for-schizophrenia-in-poor-countries-is-it-the-medication/>

<sup>11</sup> Thornicroft, *Shunned*, p. xii.

<sup>12</sup> Peter Kramer, *Against Depression* (London: Penguin Books, 2006), p. 115.

<sup>13</sup> Andrew Solomon, *Noonday Demon. An Anatomy of Depression* (London: Vintage Books, 2002), p. 22.

<sup>14</sup> Tom Burns, *Our Necessary Shadow. The Nature and Future of Psychiatry* (London: Penguin Books, 2013), p. 6.

All these debates have found their repercussions in autobiographical writing authored by people who experienced mental health problems. In the last few decades, patographies, or illness narratives, have become a popular genre in English-language life-writing. More and more people want to share their experience of living with an illness or looking after an ill friend, partner or family member. Rita Charon, a doctor, literary critic and unquestioned authority on narrative medicine, has observed that the rapid development of modern medicine has not made most people confident in their encounters with medical care:

[t]he price for a technologically sophisticated medicine seems to be impersonal, calculating treatment from a revolving set of specialists who, because they are consumed with the scientific elements in health care, seem divided from the ordinary human experiences that surround pain, suffering and dying.<sup>15</sup>

Undeniably, medical care tends to dehumanise patients and medicalise nearly all aspects of human life. That could explain the phenomenon of illness narratives, which attempt to fill the gap between the incomprehensible medical discourse and individual experience of being ill. Nevertheless, simultaneously, it has to be admitted that the length of life of most people in the West has dramatically improved and its quality increased in the last two centuries. The only branch of medicine which cannot boast such an impressive progress is psychiatry. Objective tests do not prove that psychotropic medication does wonders, as Big Pharma advertisements say while some individuals are stubbornly resistant to drugs. Also, sometimes nonconventional approaches, like taking regular walks, work better than antidepressants. Even when some methods (like electroconvulsive therapy) or drugs do what is expected, it remains unclear why. Some methods in which a lot of trust was put a mere few decades ago, such as lobotomy or insulin-induced coma, are now quoted as examples of psychiatric abuse. *The Diagnostic and Statistical Manual of Mental Disorders*, the bible of psychiatrists worldwide, is constantly rewritten while disorders appear, change names, and disappear for no apparent reason.<sup>16</sup>

Taking the controversies surrounding psychiatry into consideration, it is not surprising that madness narratives enjoy such unyielding popularity. Many such texts, both autobiographical novels and memoirs, have become

<sup>15</sup> Rita Charon, *Narrative Medicine. Honoring the Stories of Illness* (Oxford: OUP, 2008), p. 6.

<sup>16</sup> James Davies, *Cracked. Why Psychiatry is Doing More Harm Than Good* (London: Icon, 2014), passim, Burns, *Our Necessary Shadow*, passim, and Richard Bentall, *Doctoring the Mind. Why Psychiatric Treatments Fail* (London: Allen Lane, 2009), passim.

classics. It is sufficient to mention Sylvia Plath's *The Bell Jar* (1963), Susanna Kaysen's *Girl, Interrupted* (1993) or William Styron's *Darkness Visible* (1990). Curiously enough, despite the enormous impact of anti-psychiatry (notably the works of Michel Foucault and R. D. Laing) on humanities and arts, very few writers who have received psychiatric diagnoses, doubt the reality of their illness. The tormenting emotional pain they experienced, threatening hallucinations or inexplicable mood shifts cannot be dismissed as a mere social construct. They might criticise the treatment they were offered, at best ineffective, at worse inhumanly brutal, or the social stigma with which they had to cope, but not the illness itself. Even if they point to cultural factors, such as oppressive gender roles, or traumatic past, as contributing to their state of health, they never question that their experience was of a medical character.

The majority of authors of madness narratives who doubt the existence of mental illness experienced encounters with mental health care in 1950s and 1960s. On the one hand, it was a period when the psychoanalytical approach to psychiatry dominated in the USA and combined with lack of effective medication. On the other hand, gender roles and class expectations were particularly oppressive then. Little wonder that individuals who found themselves in asylums during that period might have found psychiatric treatment bogus. In the case of Janet Frame, her loneliness and stress reaction to unbearable social pressures on an ambitious but poor working-class woman were interpreted as schizophrenia. She wrote several accounts of her hospitalisations, both fictive (*Owls Do Cry* (1957), *Faces in the Water* [1961]) and non-fictive (three volumes of *Autobiography* [1982–84]). Kate Millet, a feminist activist and a professed lesbian, saw her compulsory treatment as an attack on her alternative life-style. Rebellious, cheeky and irritable, Millet's emotional outbursts, multiple love affairs and weird financial choices worried her family and friends. In *The Loony-Bin Trip* (1990), she tries, in vain, to convince the reader of her sanity. The diagnosis of manic-depression she received seems, even to someone very sympathetic to her circumstances, not far-fetched. Mary Barnes' autobiography co-authored with her therapist Joseph Berke, entitled simply *Mary Barnes* (1971), is an eulogy of the Kinsley Hall community and the work of R. D. Laing. These women do not mention any scientific theories about the origin of their problems and question the validity of medical authority over them.

Susanna Kaysen was treated in the late 1960s, yet wrote her account in 1993. She is not only aware of the biomedical model of madness but also addresses it, in a dismissive manner, in *Girl, Interrupted*. She believes Bor-

derline Personality Disorder is a derogatory label. According to her psychiatrist, "It's what they call people whose lifestyles bother them."<sup>17</sup> She also points to the gender bias in identifying socially inappropriate behaviour.

How many girls do you think a seventeen-year-old boy would have to screw to earn the label 'compulsively promiscuous'? Three? No, not enough. Six? Doubtful. Ten? That sound more likely. Probably in the fifteen-to-twenty range, would be my guess – if they ever put that label on boys, which I don't recall their doing.

And for seventeen-year-old girls, how many boys?<sup>18</sup>

She is just as critical of the double standards of morality as well as of mixing morality with psychiatry as of neuropsychiatry.

It's a long way from not having enough serotonin to thinking the world is 'stale, flat and unprofitable,' even further to writing a play about a man driven by that thought. [...] Something is interpreting the clatter of neurological activity.<sup>19</sup>

Kaysen refuses to believe in biological determinism in an attempt to save such concepts as volition and agency. If we are indeed slaves to our neurotransmitters, what is the point of education, culture, spirituality. Holding people accountable for their actions, which is a fundamental principle of any legal system, would also lose its sense.

Though, for some people, seeing madness as brain disorder is limiting, for other liberation comes only within the biological model. Then no one is responsible for individual misery and cure comes with medication. Mark Vonnegut expresses this opinion openly: "no one's to blame. Psychological heroics are not required to improve things."<sup>20</sup> He dismisses the fact that, for many people, psychotherapy is just as important in the daily maintenance of their illness as pharmacology. It helps to develop healthier coping mechanisms and prevents relapses.

William Styron's *Darkness Visible* (1990) also advocates the theory of biological origins of mental disorders. Styron refuses to look at the roots of his alcoholism seeing it as a mere attribute of any great American writer, and treats madness as resulting

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<sup>17</sup> Susanna Kaysen, *Girl, Interrupted* (New York: Vintage Books, 1993), p. 151.

<sup>18</sup> *Ibid.*, p. 158.

<sup>19</sup> *Ibid.*, p. 137.

<sup>20</sup> Mark Vonnegut, *The Eden Express. A Memoir of Insanity* (New York: Seven Stories Press, 2002), p. 290.

from aberrant biochemical process. It has been established with reasonable certainty (after strong resistance from many psychiatrists, and not all that long ago) that madness is chemically induced amid neurotransmitters of the brain, probably as the result of systemic stress, which for unknown reasons causes a depletion of the chemical norepinephrine and serotonin, and the increase of hormone, cortisol. With all these upheaval in the brain tissues, the alternate drenching and deprivation, it is no wonder that the mind begins to feel aggrieved, stricken, and the muddled thought processes register the distress of an organ in convulsion.<sup>21</sup>

There are several flaws, however, in Styron's seemingly neat and scientific argumentation. First of all, although he has no medical, chemical or psychological training, he tries to explain to his readers the brain neurochemistry and cognitive processes that even specialists put in much more tentative language. Secondly, if the brain starts malfunctioning because of prolonged exposure to stress, madness is a result of external pressure, not inner, biological error. It is as if someone explained that obesity is caused by too much fat tissue spontaneously accumulating within the body, not by an inappropriate demand of food intake. Finally, dismissing psychotherapy, Styron is no longer responsible for the success or failure of his treatment. His role is to wait for the drugs to "kick in."

If we accept that many organic diseases are strongly connected to lifestyle choices, why not mental illness? Norah Vincent repeatedly asks this question in *Voluntary Madness* (2008). Calling depression or paranoia a brain disease was meant to diminish stigma and fight prejudice. Yet, for many people seeing the mentally ill as inherently flawed is even more stigmatising than suspecting they are, at least partly, answerable for their condition. Responsibility, in this case, can be transferred to treatment. If "the imprimatur of the medical establishment [...] absolves [...] of all responsibility" since "diagnosis is not your fault," analysing patterns of behaviours and reasons for self-destruction is not necessary.<sup>22</sup> Though Peter Kramer, in *Listening to Prozac* (1993), gives numerous examples of people whose addictions, obsessions and self-demeaning behaviour was immediately modified by Prozac, without any therapy or change in life circumstances, most psychiatrists would not share his enthusiasm. Getting better on medication is one thing, but staying better is another.

Those who advocate the biological model tend to compare brain to a piece of complex machinery, especially the computer. Marya Hornbacher

<sup>21</sup> William Styron, *Darkness Visible* (London: Vintage, 2004), p. 46.

<sup>22</sup> Norah Vincent, *Voluntary Madness. My Year Lost and Found in the Loony Bin* (London: Chatto & Windus, 2009), p. 121.



writes that the brains of the mentally ill "are wired differently than average brain."<sup>23</sup> Lauren Slater, reading scientific papers on psychiatry discovers they are all based on an analogy: "We can conceive of the brain as a kind of computer software, and Prozac is the program that vitiates the virus."<sup>24</sup> She patiently listens as her doctor explains to her about her new drug, Prozac:

He told me it had a three-ring chemical structure similar to that of other medications I'd tried in the past but that its action on the body's serotonin system made it a finer drug. He told me about the brain chemical serotonin and its role on OCD – obsessive-compulsive disorder – the most recent of my many ills [...]. He told me about synapses and clefts.<sup>25</sup>

Slater, however, distances herself from these statements. Each sentence starts with the "he told me" phrase, which suggests that she listened to his words but did not necessarily agree with them. She finds the gigantic fluorescent plastic model of a synapse on his desk hilarious. Its vulgarity diminishes the purpose it is supposed to serve – to convince her that serotonin is sucked in the synaptic cleft differently by obsessive and normal brains. She imagines that her faulty soul has a hole. "Perhaps the hole came from a neuronal glitch, the chemical equivalent of a dropped stitch in the knitted yarn of my brain. Or maybe the hole was between my mother and me."<sup>26</sup> Her own statements are much more tentative, as the words "perhaps" and "maybe" indicate. She is not certain what the ultimate cause of her illness is: genetically transmitted fault, problematic relationship with her distant mother, lack of warmth experienced in her childhood and adolescence. Prozac allows her to lead an ordinary life: study psychology at Harvard, get a good job, fall in love and marry. Previously, her depression, obsessive-compulsive disorder, anorexia and deliberate self-harm made any semblance of peaceful existence impossible. She stresses that "correlation does not imply causation," yet "we believe that if a patient is cured by a serotonin-specific chemical, then there are probable anatomical illness correlates in the brain."<sup>27</sup> "We" implies scientists, psychiatrist and representatives of Big Pharma. Obviously, she knows Prozac has the power to cure her, but it does not lead her to the conclusion her illness was chemical, and chemical only.

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<sup>23</sup> Marya Hornbacher, *Sane. Mental Illness, Addiction, and the 12 Steps* (Center City: Hazelden, 2010), p. 28.

<sup>24</sup> Lauren Slater, *Prozac Diary* (London: Penguin Books, 1999), p. 108.

<sup>25</sup> *Ibid.*, pp. 5–6.

<sup>26</sup> *Ibid.*, pp. 8–9.

<sup>27</sup> *Ibid.*, p. 108.

Slater finds the sentence “behind every crooked thought lies a crooked molecule” deeply disturbing.<sup>28</sup> Seeing mental illness as a pathology located within the individual – rather than as a reaction to unbearable pressures – is very convenient for policy makers and medical establishment. It is easier to prescribe pills to people and even force them to take them than to change the society. Female depression and eating disorders stop being a reaction to a deeply sexist culture, and the post-traumatic stress disorder in soldiers has nothing to do with the inhumanity of war. Homophobia, racism, misogyny and economic exploitation do not have to be addressed to increase mental well-being of individuals.

Sometimes, coming to terms with one’s illness takes time. Elyn Saks describes in *The Center Cannot Hold* (2007) how, for a long time, she rejected her diagnosis of schizophrenia on the grounds that accepting it would be synonymous with having “to admit that my brain was profoundly broken.”<sup>29</sup> Curiously enough, it is pharmacological treatment that convinces her she is ill. She lived most of her life accompanied by terrifying inner voices and chaotic thoughts, so she did not realise other people do not share this experience. She simply thought they were more successful at managing the chaos.

All people believed there were malevolent forces controlling them, putting thoughts into their heads, taking thoughts out, and using their brains to kill whole populations – it’s just that other people didn’t say so. My problem, I thought, had less to do with my mind than it had to do with my lack of social graces. I wasn’t mentally ill. I was socially maladroit.<sup>30</sup>

When a new drug, Zyprexa, gives her clarity, sanity and balance, she changes her mind. Realising all this was achieved not through years of therapy or excruciating self-discipline but through a chemical, makes her accept her illness and, paradoxically, rescues her from its clutches.

The disappearance of voices is also a turning point in the autobiography of Ken Steele, which is reflected in its title, *The Day the Voices Stopped* (2001). He found their lack baffling, even unwelcome, as they had accompanied him nearly all his life. He remembers the day when they went away, May 3, 1995. Despite a rather affectionless, not to say cruel, childhood, he does not blame his parents for the way they treated him, contributing to his illness, years of homelessness and violence. He sees his illness as “a biological brain disorder that is manageable if properly treated with medication

<sup>28</sup> Ibid., p. 108.

<sup>29</sup> Elyn Saks, *The Center Cannot Hold. My Journey Through Madness* (New York: Hyperion, 2007), p. 244.

<sup>30</sup> Ibid., p. 304.

and psychotherapy," which helps him to cope with his painful past and go on with his life without resentment.<sup>31</sup>

An interesting example of how one's ideas about mental disorders develop can be found in Hornbacher's writing. Her debut, *Wasted. A Memoir of Anorexia and Bulimia* (1998), is a disturbingly honest and well-researched book. Looking for the causes of her nearly successful annihilation, Hornbacher looks at various psychological theories and blames the cultural tyranny of equating slim with sophisticated and sexy. Written a decade later, *Madness. A Bipolar Life* (2008) becomes more medical in character, while *Sane. Mental Illness, Addiction, and the 12 Steps* (2010) reads like a leaflet advocating the biomedical model as the only possible explanation of any mental distress. "Mental illness is a genetic brain disorder," writes Hornbacher with a conviction of a neophyte.<sup>32</sup> She further argues that "our brain chemistry can cause imbalance in our moods, thoughts, and lives [... which] can be stabilized and our moods, thoughts, and lives made core manageable by medications that science has produced."<sup>33</sup>

Although the book has been published (and in all likelihood, ordered and sponsored by) Hazelden, a rehabilitation centre for alcoholism and drug addictions, a reader might be surprised by Hornbacher's certainty and reductionism. Previously, she used to probe deeper and found complex, multi-faceted answers to equally complex questions. The fact that culture shapes human understanding of what constitutes an illness and symptoms of mental anguish are historically changeable is not mentioned even once, making the book simplistic in comparison to her previous, eclectic approach.

Generally speaking, books that are in any way sponsored or supported by pharmaceutical companies or medical establishment seem inauthentic. The best example can be provided by *Monochrome Days* (2007) co-authored by a depressed adolescent, Cait Irwin and two mental health specialists. Published by Oxford University Press within the Adolescent Mental Health Initiative, it is a well-meaning yet disappointing book intertwining a personal narrative by Cait with pieces of advice and scientific explanations supplied by a doctor and a clinical psychologist. First of all, it is very inconsistent stylistically, as the narrator combines her own account of the story with medical register taken straight from a psychiatry textbook. She advocates the biomedical model and always gives a medical interpretation of depression first. For instance, explaining why women are

<sup>31</sup> Ken Steele, *The Day the Voices Stopped. A Memoir of Madness and Hope* (New York: Basic Books, 2001), p. 15.

<sup>32</sup> Hornbacher, *Sane*, p. viii.

<sup>33</sup> *Ibid.*, p. 28.

much more likely to suffer from depression than men, she blames the sex hormones. She adds, reluctantly, that “some stresses – for example, rape, date violence, teen pregnancy, or social stereotypes – may be different for males and females, as a group.”<sup>34</sup> The modal verb “may” is truly baffling here – teen pregnancy in males is a phenomenon that has not yet occurred in nature, and men very seldom become victims of sexual violence. Ignoring socio-cultural origins of mental disorders, for the sake of a more optimistic and less stigmatising picture, falsifies medical knowledge. It is as if someone claimed diet and lifestyle plays no role in hypertension. Irwin gives a list of books worth reading at the end of her story. Curiously enough, it includes only “wholesome” books, which support the biomedical model and end on a happy note. She fails to include such classics as Sylvia Plath’s *The Bell Jar* or Elizabeth Wurtzel’s *Prozac Nation* (1995), a memoir that is not only much more contemporary, but also probably more appealing to a teen audience at which the book is directed. Obviously, their inclusion would diminish the uplifting message of the book, that depression is a highly curable disorder as long as you take your medication. Most readers, including adolescent ones, would probably value more honesty, even at the price of optimism.

One of the few memoirs that simultaneously supports the official standpoint of mainstream psychiatry and explores the issues of upbringing, personality, and life experiences, is Kay Redfield Jamison’s *An Unquiet Mind. A Memoir of Moods and Madness* (1996). Just as Slater, Jamison is a clinical psychologist and a gifted, lyrical writer. She not only suffers from bipolar disorder but has built an international reputation as a scholar of that illness. Interestingly, she has long denied the reality of her condition to herself:

Because my illness seemed at first simply to be an extension of myself – that is to say, of my ordinary changeable moods, energies, and enthusiasms – I perhaps gave it at times too much quarter. And because I thought I ought to be able to handle my increasingly violent mood swings by myself, for the first ten years I did not seek any kind of treatment. Even after my condition became a medical emergency, I still intermittently resisted the medications that both my training and clinical research expertise told me were the only sensible way to deal with the illness I had.<sup>35</sup>

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<sup>34</sup> Cait Irwin, Dwight L. Evans and Linda Wasmer Andrews, *Monochrome Days. A Firsthand Account of One Teenager’s Experience with Depression* (Oxford: OUP, 2007), p. 15.

<sup>35</sup> Kay Redfield Jamison, *An Unquiet Mind. A Memoir of Moods and Madness* (New York: Vintage Books, 1996), p. 5.

There is great humility in that admission as it helps to understand that even experts often do not do as they preach. It is one thing to insist on the one and only course of action when it concerns other people. The perspective changes dramatically when one realises how dependant human identity, individuality and consciousness are on mere biochemistry.

The works of writers expressing a multifaceted interpretation of psychiatric disorders are probably most convincing. They tend to combine their own personal narratives with theories about mental illness, history of psychiatry, interviews with other sufferers or medical staff as well as a painful analysis of modern values, gender roles and cultural scripts. Curiously enough, authors of such accounts are usually journalists. Books that belong to that group include Elizabeth Wurzel's *Prozac Nation*, Norah Vincent's *Voluntary Madness* and Andrew Solomon's *Noonday Demon* (2001). Although their works cannot be classified as expressing support for anti-psychiatric ideas, they tend to search for more complex roots of mental distress and seldom attempt to explain the brain chemistry. Vincent does not want to be seen as a "set of chemicals" since the doctors

were dealing with my brain as an organ, palpation it with categories, forgetting of course that, unlike its illustrious sister discipline, neurology, psychiatry is not just the science of the brain as brain, but brain as organ of thought, seat of incandescent function, impalpable, the only organ in my body that can answer back.<sup>36</sup>

She accepts the fact that due to her biochemical construction she might be more prone to dark moods, yet she sees her descent into melancholy as explicable. In her late twenties, she realised that the life she had supposed she would be living never materialised. Vincent explains: "I had gotten to the age when all well-loved children of the upper middle class parents begin to discover that the world is not made for them, that all meaningful questions are rhetorical, and that the term 'soul mate' is, at best, a figure of speech."<sup>37</sup> Individuals living in the contemporary Western culture – used to comfortable wealth and security hardly any generation before them has ever enjoyed and hardly any other part of the globe has the privilege to enjoy even now – find it difficult to accept that the constant pursuit of happiness must, sooner or later, lead to disappointment they are not prepared to handle. Human misery, which used to be treated as an unavoidable part of life, became medicalised in prosperous societies. Although clinical depres-

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<sup>36</sup> Vincent, *Voluntary Madness*, p. 34.

<sup>37</sup> *Ibid.*, p. 6.

sion may be seen as an illness, according to Vincent, Wurtzel and Solomon, it is connected with a loss of resilience to random and painful incidents in which life abounds.

Although they accept scientific arguments, they ridicule the idea that neurology and chemistry can explain everything. Solomon finds the formula given in a psychiatric textbook hilarious:

A depression score is equivalent to the level of 3-methoxy-4-hydroxyphenylglycol (a compound found in the urine of all people and not apparently affected by depression); minus the level of 3-methoxy-4-hydroxymandelic acid; plus the level of norepinephrine; minus the level of normetanephrine plus the level of metanepherine, the sum of those divided by the level of 3-methoxy-4-hydroxymandelic acid.<sup>38</sup>

Thus, a urine sample should tell the doctor about the depths of our misery, pangs of unrequited love, and general existential angst. If the result is between one and zero, we might qualify for a sick leave. In a similar manner, Wurtzel accepts that she is ill, but refuses to see her illness solely through biological lenses. Her parents' agonising divorce, difficult relationship with overprotective mother and absent father, superficiality of pop culture, sense of uprootedness and unbelonging, love for Bob Dylan, Bruce Springsteen and Lou Reed, lack of the concept of unconditional love in Judaism – all of it, and many more, have contributed to the forging of her demanding, self-absorbed and addictive personality.

One can observe a certain pattern in the way writers interpret their illness. Women, artists and journalists, as well as people from economically underprivileged or marginalised groups, such as non-heterosexual individuals, look for social and psychological causes of madness. It does not necessarily mean they oppose its biological element or refuse psychiatric treatment or the benefits of medication. They only suggest that their traumatic experiences (like sexual violence or discrimination) contributed to their illness making its symptoms more severe and lasting. Frequently, they do not experience psychosis at all, but suffer from mood disorders, especially depression. The borderline between sadness, misery, grief and mourning and clinical depression is more fluid than between psychosis and ordinary experience. Moreover, manic states can be perceived as extremely pleasant, as they give one a feeling of omnipotence, increase creativity and sharpen the senses. Bipolar patients abhor their depressions but often find mild manias beneficial. No wonder they do not want to see their condition as

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<sup>38</sup> Solomon, *Noonday Demon*, p. 21.

pathological. On the other hand, people who support the biomedical model are frequently those whose symptoms were more debilitating and who responded well to medication, which immediately alleviated the disturbing aspects of illness. This is the case provided by the story of Lori Schiller recorded in *The Quiet Room. A Journey out of the Torment of Madness* (1996). Her symptoms are so incomprehensible, behaviour so shockingly out of character, that all her friends and family accept the biological origin of her schizo-affective disorder without any dispute. Her mother also realises that she recalls from her childhood a few relatives who exhibited similar vacant look, bizarre habits and helplessness, which makes Lori's illness explicable in terms of genetics. Those who believe in the official psychiatric model also tend to be professionally connected to medicine and psychology, frequently working as academics. This is the case of Kay Jamison, Lauren Slater and Elyn Saks. Also men are more likely to accept the medical model as introspection, discussion of feelings and expression of emotions is not encouraged within traditional notions of heterosexual masculinity.

What is madness? A mere brain disease or a complex reaction, involving biology, to life experiences and cultural pressures? Is the brain just like any other organ or is it different? Vincent argues:

[g]iven what it is capable of doing, the brain is like no other organ, and does not submit, at least in the lived experience of the patient, to anatomy and chemistry alone. How can we treat it the way we treat, for example, a kidney? There is the brain, whose business it thought and feeling and judgement and even mystical experience. And then there is the kidney, whose business is piss.<sup>39</sup>

Vincent might have forgotten that when the kidney fails to filter and produce urine properly, insanity is likely to follow. Our bodies respond to what happens to us at a psychological level, as well as cause various mental and emotional reactions. The brain, however mysterious, is no exception here. Even if we cast away supernatural explanations and accept that what we call consciousness, self, identity, soul or mind, is a function of the brain, we must admit that what happens to our brains has much more profound consequences to our perceptions of ourselves than what happens to our lungs or kidneys.

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<sup>39</sup> Vincent, *Voluntary Madness*, p. 87.

Katarzyna Szmigiero

**“No amount of serotonin will bring Darcy to the door.” Understanding mental illness in contemporary autobiographical writing in English**

Autobiographic writing about the experience of illness is becoming increasingly popular in English-language literature. Among many subjects addressed in patographies, the origin and treatment of mental disorders is a recurrent theme. Authors who have received a psychiatric diagnosis analyse the nature of their mental suffering, attributing it to biology, upbringing, traumatic life events or cultural stressors. Their opinions make an important contribution to contemporary discussions about mental health issues, gender roles and medicalisation of everyday life.

The aim of this article is to present various approaches to mental illness and the brain-mind dichotomy voiced in many narratives. Although contemporary psychiatry tends to see mental disorders as brain diseases, some patients find this view reductionist as it robs them of agency. Others, on the other hand, support the biomedical model of madness and seem fascinated with neurological and biochemical explanations of their own moods and emotions. The third group comprises individuals who try to find an eclectic explanation, combining biology and socio-cultural factors.

**Key words:** mental illness, patography, biomedical model, patients, disorder explanation