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# MENTAL ILLNESS: THE MYTH OF FULL RECOVERY

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I know the way to the basement of Gasson all too well.

That familiar shame each time I walk through those semi-transparent glass doors, a shame that becomes just a little less noticeable with each visit but never truly goes away. Just like any other basement, this one makes my nose stuffy, my head dizzy, and my mind claustrophobic. But the urge to get out of this basement is so much more than to avoid the physical discomforts of my body.

It's shame.

It's a shame that as a Psychology major I know I should not feel, but I feel it every single time.

Most days, I can march across the upper floors of Gasson to my classes and pretend I don't know where those poorly lit stairs lead. Most days, I can pretend I'm only in the basement for the vending machines that only work half the time. But my nervousness and the familiarity with which I stroll through the oddly arranged floor as if it were my second home give me away.

Criminals are people with something to hide. I'm not a criminal. My suffering is not a crime.

So why am I hiding?

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In the historic debate between Dr. Albert Ellis and Dr. Thomas Szasz on the topic of whether mental illness is a fact or myth, Szasz argued that mental illness is a metaphor.

In the two and a half hour debate that occurred in 1977, Szasz stated, "The hysteric fakes illness, just like the psychiatrist fakes doctoring!" He argued against involuntary institutionalization, a medical model of psychiatry, and the use of diagnostic systems such as the *Diagnostic and Statistic Manual of Mental Disorders* (DSM) that is widely used today. Szasz claimed

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that naming a condition a "disease" implies that it will still be present after death. Yet at the time, there appeared to be no convincing biological trace of mental illness.

During the heated debate, his opponent Ellis called his ideas "crooked thinking." Ellis argued that there is a biological basis for mental illness. He supported the institutionalization of people with mental illness, warning the scientific field that the consequences of not doing so outweigh the costs.

One thing that both psychologists agreed on is that individuals labeled as having mental illness and the term "mental illness" itself have been abused.

To this day, an individual who has recovered and no longer exhibits enough symptoms to meet the criteria of a depression diagnosis is still labeled as having depression "in remission."

The stigma is permanent.

The prevailing clinical practice today anticipates that the mental illness will return.

It is this kind of practice that reinforces the underlying belief that having mental illness is a disadvantage.

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In "Three Spheres," the final essay of the extraordinary memoir *Welcome to My Country*, the psychologist and writer Lauren Slater describes the haunting presence of her history of schizophrenia: "*I am not* that girl any longer. I tell that to myself as I ride up the hospital's elevator. I *found* some sort of way into recovery. But I know, have always known, that I could go back. Mysterious neurons collide and break. The brain bruises. Memories you thought were buried rise up."

Slater expresses a fear of relapse that is common to even people who have fully recovered for years. Moreover, her honest narrative raises questions about the curability of mental illness.

The DSM-5, which was released in 2013, suggests that there is a magical number of symptoms that separates individuals with and without mental illness. Exhibit "five or more" and you're considered depressed.

But who teaches you how to deal with the aftermath of having been diagnosed with a mental illness?

How will you convince yourself that any subsequent happiness is real and not merely a high point on the unpredictable curve that represents the ups-and-downs of mental illness?

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Will you believe that the happiness you're experiencing is not just a temporary state of a good feeling that could be taken away at any moment?

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Some people, like the Nobel Prize-winning mathematician John Nash, have learned to live with their mental illness. Nash, whose struggles with mental illness are captured in the film *A Beautiful Mind*, suffered from paranoid schizophrenia for years before losing his life in a car accident in 2015.

In the artistic world, the public has long held a belief in the link between intelligence, creativity, and mental illness, although science is still in the process of proving its biochemical origin. Writers, painters, and musicians who have experienced episodes of mental breakdown have long been known for their extraordinary sense of creativity and imagination. At the same time, it is often their keen insight and sensitivity to the world around them, as well as their hyperawareness towards their inner mental lives, that troubles them in deeply disabling ways. It has been widely established that Emily Dickinson showed signs of manic depression, Vincent van Gogh committed suicide, and Beethoven likely suffered from bipolar disorder. Full recovery might have inhibited their ability to pursue and excel in their areas of passion. Mental illness becomes a double-edged sword—both a burden and an advantage.

The unexpected benefits of suffering from mental illness make it all the more difficult to fight a battle in which the victim is already on the losing side. Treating mental illness itself requires enormous levels of dedication and commitment. It is one thing to be unmotivated to treat an illness that is hard to overcome. But how do you begin to justify removing a part of yourself that is considered good?

If suffering becomes a sort of addiction, then mental illness is the drug.

The various forms through which mental illness compensates for its devilish acts—through granting creative imagination, through providing stimulation in otherwise dull mental lives—trick the victim into repeating or remaining in the worst of mental conditions.

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The American Psychological Association (APA) defines addiction as “a condition in which the body must have a drug to avoid physical and psychological withdrawal symptoms. Addiction's first stage is dependence, during which the search for a drug dominates an individual's life. An addict eventually develops tolerance, which forces the person to consume larger and larger doses of the drug to get the same effect.”

In the case of an attachment to suffering, the withdrawal symptoms would be a perceived loss of creativity and intellect.

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The stage of dependence would occur when the artist engages in self-injurious behavior that dramatizes or worsens the symptoms of the particular mental illness. The stage of tolerance would be resembled by the point in the course of the disease when the artist no longer recognizes the abnormality of his or her suffering and becomes comfortable with accepting it as a permanent part of his or her life.

Applying a different analogy, developing an addiction to mental illness would be like experiencing Stockholm syndrome.

According to APA, Stockholm syndrome occurs when “hostage survivors often develop an unconscious bond to their captors and experience grief if their captors are harmed. They may also feel guilty for developing a bond.” Thus, like the hostage who falls in love with his captor, the patient falls in love with his or her mental illness.

This love for a source of pain is reminiscent of Sigmund Freud's writings on masochism and repetition compulsion. An illusion is created in which the victim believes that if he or she could only experience the pain again, he or she can relive the ecstasy that is recovery. It is what draws the victim back into the dark cages of mental illness time and time again.

It is for the highs that come with the lows.

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Some researchers have attempted to outline the benefits of having depression. In a 2009 *Scientific American* article “Depression's Evolutionary Roots,” evolutionary psychologists Paul W. Andrews and J. Anderson Thomson describe depression as an evolutionary adaptation. They write, “Analysis requires a lot of uninterrupted thought, and depression coordinates many changes in the body to help people analyze their problems without getting distracted.” In line with better analytical skills, Andrews and Thomson also highlight a stronger ability at solving social problems in people under more depressed states.

From a more medical perspective, in a 2012 *Atlantic* article “The Evolutionary Advantage of Depression,” author Brian Gabriel summarizes physicians Andrew Miller and Charles Raison's proposal of a “smoke-detector principle” which allows the body to prepare the immune system for acute stress. Miller and Raison hypothesize that “some of the alleles (forms of genes) that increase one's risk for depression also enhance immune response to infections.”

Thus, when the body detects signs of acute stress, the accompanying depressive symptoms such as “social withdrawal, lack of energy, and a loss of interest in once enjoyable activities” serve to reduce the harmful consequences of the infection. These evolutionary benefits of depression provide an explanation for why depression can be a positive and adaptive response to physiological and psychological stress.

These studies suggest that like the sickle cell gene that provides immunity against malaria, mental illness has its perks.

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Adjusting back to “normal life” can be difficult. It can often involve seemingly perpetual cycles of recovery and relapse. Especially for those who have come to identify the positive effects of their mental illness, letting go of those desirable mental states can be a challenging process of constant self-reassurance and logical reasoning.

In her autobiographical novel, Slater exemplifies the kind of complexities found in people’s relationships with their mental illness. Her struggle to maintain a healthy balance of understanding the patient but not relating too much, of using her experience but not appearing so insightful as to betray her own history reveals an inherent flaw, if not hypocrisy, in psychotherapy and clinical psychology.

In the same essay cited above, Slater writes:

But of course I won’t say such a thing, wouldn’t dare, for I would lose my credibility. But the funny thing is, I’m supposedly in a profession that values honesty and self-revelation. Freud himself claimed you couldn’t do good analytic work until you’d “come clean” with yourself in the presence of another... At the same time, though, another more subtle yet powerful message gets transmitted to practitioners in the field. This message says, Admit your pain, but only to a point. *Admit it but keep it clean. Go into therapy, but don’t call yourself one of us if you’re anything more than nicely neurotic.* The field transmits this message by perpetuating so strongly an *us* versus *them* mind-set, by consistently placing a rift between practitioners and patients, a rift it intends to keep deep.

This rejection of the very values she attempts to teach her patients and the gap between theory and reality in both research psychology and psychotherapy contributes to the failure of modern society to de-stigmatize mental illness.

On a separate note, Slater’s incredible insight into mental illness also suggests that a history of treatment or a high level of understanding of the self and the anxieties of daily life—verging on self-analysis—can be beneficial to the profession of psychotherapy.

Slater excels in her communication of the experience of schizophrenia because she has experienced it firsthand. Moreover, it is her ability to understand what her patients are going through that allows her to show empathy, which is crucial to the therapeutic relationship.

To deny Slater’s professional judgement because of her history of schizophrenia is to stigmatize all professionals who have struggled with mental illness. This denouncement suggests that there is nothing to be gained from different perspectives,

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and suggests an inherent flaw in the judgment of individuals who have experienced mental illness—even those who have recovered. This stigmatization contributes to the list of reasons many people hide this part of themselves.

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In the final scene of director François Truffaut’s 1959 French film *The 400 Blows*, the young protagonist Antoine Doinel runs to the ocean, a place he has always wanted to visit. At this point, he had been sent away to a center for delinquent adolescents after a series of emotional setbacks. The psychologist at the center proves to be unhelpful.

Like Antoine’s ocean, the social construct of mental illness is similarly fluid. While pain and suffering are real, the categories, symptoms, and prognoses of mental illnesses are less clearly visible and defined, despite what the DSM-5 might suggest.

Perhaps it is foolish to even speak about full recovery. Perhaps it is best to imagine the development of mental life—in spite of the flashbacks and pauses and dreams—as a tape you cannot unwind.

Knowledge cannot be reversed. Treatment, medication, and therapy may remove the symptoms of mental illness to an un-diagnosable degree, yet the impact that going through that kind of suffering creates cannot be forgotten. It is as if a new neural pathway has been created in the brain to commemorate the survival and mourn the suffering.

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Gasson 001 isn’t the most pleasant place to be, but it feels familiar.

The way we compose ourselves is almost an art. We greet the receptionist’s sympathy with a professional smile that says, “I’m okay. No really, I’m fine.” We greet the other clients with a silent, half-complete smile that shows that we recognize each other’s pain. Then we proceed to avoid eye contact with everyone altogether until our name is called all too loudly, the sound waves bouncing off the narrow walls to provide us no protection as we make our way towards the doctor. This is a universal art that, like riding a bike, you never forget.

We’re all a little mad in our own peculiar ways.

It is our discontent with our lives and the realization of the human condition that drives creativity, change, and yes, sometimes mental illness.

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