

THE ART OF FAKING A SMILE:
A LAYERED ACCOUNT OF MENTAL ILLNESS AND/IN RELATING

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Dedication

I dedicate the words wrapped in these pages to those who have drawn a smile over their reflection in a mirror

For anyone struggling to focus on the words, the page, and/or the self

To all those who calm me when I shake,

Rein me in when I drift away,

Improvise songs of Lords & Ladybirds—always bringing me home.

I am the lucky one.

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Click, click, click...delete...click, click, click...delete. That has been the pattern. I shouldn't be surprised that writing the words to sufficiently express my gratitude to all those involved in this thesis project would be difficult. So I will start nice and easy...Thank you!

I would first like to take the time to thank my advisor, Derek Bolen. It is hard to be a depressed individual writing about depression when one receives as much support as you have given me. The smiley faces at the ends of paragraphs say it all. You swooped in like Batman...if Batman stopped punching crime in the face and started writing for social justice. Speaking of writing, importantly, you never made writing feel like a burden. It has been such a joy to read your comments—watching as, step-by-step, you related to stories and moments only fueling the fire to write more.

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hope that I can pass that forward to possible students of mine in the future. I have asked myself on several occasions, what teacher would I thank if I won an Academy Award for acting? I could never fill the space. I remember some cool teachers like Mrs. Riorden, who had a picture with Metallica, introduced me to Alice and Chains, and thumped me on the head shortly after I had taken the TAAS test. Apparently, writing about placing the Emancipation Proclamation in a time capsule for future generations was not the answer they were looking for...I should have gone with a football, I guess. I say all that, because I know who fills that slot in my awards speech now, you. You changed the ways I thought and wrote, and I can never repay you for that.

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ABSTRACT

In this thesis, I desire to give a relational account of my mental illness by exploring memories where I recall discovering symptoms and attempting to reach out for help. I inquire into how mental illness affects those around me and how others affect my mental illness. I vulnerably navigate the social interactions in which I have been silenced and silenced others. These moments are important spaces to consider engaging the discourse through efforts of interrogating stigma. By opening my “self” and “body” to others, I construct a space where mental illness is conceived of as a relational accomplishment. As stories of mental illness emerge from isolated experiences toward social ones, silenced voices are able to speak more loudly within a community of people who see themselves through/within each other.

Keywords: Depression, Anxiety, Mental Health, Relational, Autoethnography, Narrative

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CHAPTER 1

INTRODUCTION

I am pretty sure that God doesn't exist. I make this assumption based on the lack of moves made by the Devil. I gave you the opportunity to have my soul, but I don't hear one brimstonny peep. Is it because I am a teenager and not some buff holy warrior? Does my soul's credit score not rate high enough for some supreme entity to take notice? I feel like my request is simple enough and fits with a theme of debauchery that I figure the Devil would surely go for. I really thought I had this hook, line, and sinker. Well, the window for deus ex machina to occur has passed.

I sit and tie a plastic bag around my neck, and I imagine the faces of my family as they discover my body. Right now, I don't matter. This is how I will show people that they should have cared more about me and stick it to both God and the Devil for ignoring my screaming voice of pubescent desires.

Fortunately, my obsession with death is luckily balanced out with my anxiety for dying. As my heart begins to thump out of my chest, I rip a hole in the bag that wraps around my head, but I don't burst through exclaiming, "I want to live!" The only thing going through my head is that I am a fucking failure. I can't even orchestrate my own death properly. I am going to pretend that this never happened and wish for a chance to fall asleep tonight. I feel that, eventually, my eyelids are going to fall off.

*

I hate going to the doctor. I hate the antibacterial "clean" smell that always reminds me of my first visit with my father in the hospital—arriving just in time to learn what a tracheotomy is as yellow fluid ejects itself from a hole in my father's throat. I hate that every

time I shift my weight, there is an obnoxiously loud crinkle under my ass because of the long roll of magical seat-sanitizing tracing paper. I hate that I have to try describing how I feel emotionally to a stranger. I am afraid he might tell me what I have already heard him say a thousand times in my mind, “You are going crazy.”

My doctor is an older man. He opens the door cautiously and just peeks in with one eye. I smile at the sudden silliness with which the doctor chose to open the door. This is one of the first moments of relief when I genuinely feel compelled to crack a smile. It took a week to convince my mother that I needed to see a doctor and convince her that antidepressants are my key to getting over my issues. Something about this doctor makes me feel like I made the right decision.

*

The dinnertime catch-phrase has become “I’m just not hungry.” The 40 pounds I have lost in the last month says otherwise. When I try to put my mother’s mashed potatoes in my mouth, I instantly want to vomit. She doesn’t force the issue, mainly because I know she senses something is wrong. She has always felt guilty and responsible for my weight problems. She apologizes once more, and I want to scream out that I don’t give a fuck about my weight, that something else is wrong—something that no amount of mashed potatoes will fix. I just don’t know how to tell her I tried to kill myself.

*

This beard that I have grown is a badge of honor. Each tangled strand that stretches out from a follicle in my face is a marker. Like the rings on a tree, each strand contains the information that describes my history. These thick, uncooperative papyrus scrolls let the world know that I have achieved depression’s equivalent of Buddhist enlightenment. I am

one with the holy spirit of not giving a fuck. That is the dream, is that not? And to look in the mirror and see that this tuft of burly man-ness conveniently masks my double chin.

Every split-end is the end of a story, and every variation in the quality of the hair notes, beat for beat, my journey into the depths. This beard represents my depression as the furry security blanket hiding my double chin. The beard represents my deficit in attention because I can't focus long enough to watch a 4-minute video on how to groom myself. When I attempt to put scissor to beard, it knows and reacts accordingly. It smells my fear of fucking it up and responds by raising my heart rate and driving me to smoke a cigarette.

As I write this thesis project, it is my hope to bring the voices of mental illness out from their silence. Through (re)writing my past, I touch on my experiences living with depression, attention deficit disorder, and anxiety. Within each memory I probe, I extend my arms out and touch the others who have come to sculpt the shape of my mental illness narratives. This thesis navigates moments within my life where “disruptions” have occurred (Frank, 2000). These moments of disruption are prime spots to submerge myself within the reflexive process of doing autoethnography in order to better understand my own mental illnesses and how my mental illness has affected and been affected by my interactions with my family and others.

According to the National Institute for Mental Illness (NIMN) in 2012, it was estimated that 16 million adults aged 18 or older in the U.S. had experienced at least one major depressive episode in the previous year. They estimated that 40 million people suffer from anxiety disorder, and post-traumatic stress disorder affects 7.7 million people. These figures do not represent those suffering from attention deficit hyperactivity disorder, autism-

spectrum disorders, bipolar disorder, borderline personality disorder, eating disorder, obsessive-compulsive disorder, schizophrenia, and social phobia. The wide range of disorders is only complicated by the fact that many do not have a solid known cause—even diagnosis can be troublesome.

When a person is suffering from a mental illness, the communication process requires considerable resources in order to communicate effectively. Fisher et al. (2012) note, “when those resources are taxed by a clinical problem, in many cases people no longer have the wherewithal to encode and decode messages to their full potential” (p. 540). Young (2009) describes a person with mental illness as “someone who internalizes the cultural ideology about mental illness, and then expresses that ideology symptomatically” (p. 53). An experience is internalized by an individual. That individual must construct symptoms of what he/she is feeling. Those ideas must be interpreted by another social construction of terms to identify what the symptomatic experience of that person might be.

When a person suffering from mental illness attempts to seek support, the resulting support can be positive or negative (Fisher et al., 2012), and interpersonal interactions can be viewed as either positive or negative communication. Positive communication is the effort to focus on the good things, making an individual laugh, or the thought that things will eventually get better. Negative communication is characterized by offering support through talking about one’s own personal feelings of sadness and anger or the ability to disclose fears. This method has been shown to be effective in the discussion of depression. Although positive communication can have the effect of changing a person’s outlook to cope with mental distress, it also has the negative effect of forced positivity. Forcing positivity prevents the support-seeker from engaging emotions because it removes negative feelings from the

equation. When the process of engaging in negative communication is blocked, feelings are not validated and the voice is effectively silenced.

Depression often opens up ample opportunities for interference from partners (Balas, 2005). Those partners may not have enough knowledge about mental health conditions, including the causes, symptoms, or available treatment options, which can all lead to an increase in stress and depression. Unfortunately, there is not enough research about how communication creates or allows mental illness to become sustained (Rathburn, 2007). Lewis (as cited in Ridge, 2012) argues that the need for patient narratives is growing. Narratives not only need to describe the patient experience, but also the ways in which patients view and make sense of the worlds they navigate.

Bell et al. (2010) outlined the common barriers for an individual seeking help as (a) problems of understanding, (b) problems communicating with one's physician, and (c) problems of treatment acceptance. Due to strong social stigma surrounding mental illness, Smardon (2008) studied narratives about the stigma and commodification in antidepressant consumer narratives. Family members may keep antidepressant consumption a secret from one another until the moment that the individual feels another person may benefit from this information.

When the issue of mental health is portrayed within the media, people suffering from mental illness are often depicted as being unlikable, dangerous, aggressive, violent, asocial, untrustworthy, and incompetent (Padhy, Khatana, & Sarkar, 2014). The media's handling of homicides that have been attributed to mental health seems to be stigmatized as if to emphasize that they were different than homicides committed by others. The labeling of individuals living with mental illnesses as dangerous and violent further stigmatizes them and

reinforces the public view of fear and anxiety toward the mentally ill. Within various forms of media, the relationship between psychiatrist and patient is often portrayed as neurotic, unprofessional, substance abusive, rigid, controlling, ineffectual, uncaring, self-absorbed, and/or mentally unstable. As Padhy et al. (2014) point out, “depictions of people who are mentally ill act as symbols of mental illness as a whole and can also provide viewers with the virtual experience of what a person with mental illness must be like” and that these vicarious experiences “become reality to the viewer” (p. 164). Contemporary culture views health as the normative state in which people’s bodies must be restored (Frank, 1995).

Recently, mental illness reached a peak of coverage because of the high profile suicide of comedian Robin Williams. The media and chat boards were aflame with comments inquiring into how someone so funny could be so depressed that he would kill himself. Because the topic of mental illness is difficult to approach, the first line of defense in depression is most often the act of understanding one’s own disease and how to live with it, not without it.

Goals of Inquiry

Individuals with seemingly invisible illnesses have a harder time convincing others of the severity of their conditions. For that reason, my first goal for this thesis is to explore memories where I recall discovering symptoms and attempting to reach out for help. By recounting personal relationships, I inquire into how mental illness affects those around me and how others affect my mental illness. Like Boylorn and Orbe (2014) “[I] write as an Other, and for an Other” (p. 15). I desire to give a relational account of my mental illness.

My second goal for this thesis is to explore how interactions with culture and media have affected my perceptions of mental illness and how I participated in perpetuating the

negative social narrative of mental illness in instances of silence and speech. I vulnerably navigate the social interactions in which I have been silenced and silenced others. These moments are important spaces to consider engaging the discourse differently through efforts of interrogating stigma and empowering silenced voices to speak.

Finally, my third goal of this thesis is to construct a space where mental illness is conceived of as a relational accomplishment. Frank (1995) reminds us, “The act of telling is a dual reaffirmation. Relationships with others are reaffirmed, and the self is reaffirmed. Serious illness requires both reaffirmations” (p. 56). The dyadic body, according to Frank, places itself differently in relationship with others. The dyadic body chooses to be a body for others. By opening my “self” and “body” to others, I endeavor to create a space for my self and others to make meaning through/with mental illness narratives. As stories of mental illness emerge from isolated experiences toward social ones, silenced voices are able to speak more loudly within a community of people who see themselves through/within each other. The four remaining chapters of this thesis include (a) a review of literature, (b) my methodology for undertaking this thesis, (c) layered accounts of personal narrative, and (d) a discussion of the completed thesis, its implications, and potentials for the future.

In Chapter 2, I review literature pertinent to contemporary, dominant clinical understandings of mental illness along with how mental illness is engaged in society. In order to connect the personal experiences I story in Chapter 4 with extant research, I explain several mental illnesses that I, for lack of a better word, suffer from. My review of research also explores the effect of society’s stigma-laden views of mental illness—from depictions in news/entertainment media to how mental illness is treated in our justice system. After presenting clinical and social aspects of mental illness, I review a growing body of literature

that details the need for patient narratives to show where those voices are silenced and why personal accounts are integral for developing new discourses.

In Chapter 3, I articulate autoethnographic inquiry and my methodology for doing autoethnography in this thesis. Autoethnographers embrace creativity and aesthetic in their texts in order to show personal experiences in accessible ways (Adams, 2012). Through narrative, autoethnographers write to make meaning of culturally implicated personal experiences that are too often taken for granted (Bochner, 2002). Methodologically, autoethnographies live between a storyteller and a story listener (Bochner, 2012). Autoethnographic inquiry blurs the social sciences and humanities by offering evocatively descriptive texts of personal experience that are aware of—and often critique—extant research (Ellis, Adams, & Bochner, 2011). Narratives of personal experience, shown through words, voices, and bodies of autoethnographers, construct selves as they navigate the interrelations between self, other, language, culture, and history (Spry, 2011). Allowing stories of life experience to drift outward from the self—turning toward people or groups who then give those stories meaning and structure—autoethnography weaves intricate connections between life and art (Holman Jones, 2013). Autoethnographers must be observant and considerate of the ways in which others may share in similar experiences or realizations (Ellis, Adams, & Bochner, 2011). Through reflexivity, storytelling, and creativity, autoethnography investigates cultural phenomena embedded in our daily lives.

In Chapter 4, I present my narrative, my story. It is a story situated within postmodern ethnographic reporting, a layered account “embodies a theory of consciousness and a method of reporting in one stroke” (Rambo Ronai, 1995, p. 396). The process is an impressionistic sketch, allowing readers to interpret, reconstruct, and project themselves into the writer’s

narrative. This offers readers the chance to engage in the writer's accounts of lived experience. My layered account enables me to engage in theoretical thinking, introspection, emotional experience, fantasies, and dreams in order to offer many avenues of understanding for readers (Rambo Ronai, 1995). Within a multitude of reflexive voices, I examine my experience. Through this reflexive process, my hope is that others might make meaning from, engage with, and ultimately become part of the stories I tell. I use asterisks (as seen in the first three pages of the current chapter) to denote a changing shift in time, space, voice, or attitude (Rambo Ronai, 1992). Using layered accounts, the reflexive process of writing my past encourages readers to experience the lapses in focus, moments of despair, humorous reflections, and connections with others as I discover and grapple with understanding my own mental illness.

I embrace personal narratives through performative writing to “make writing/textuality speak to, of, and through pleasure, possibility, disappearance, and even pain” in an attempt “to make writing perform” (Pollock, 1998, p. 79). I seek to mark my body, its illness, and its position in relation to others. I seek to tell and show stories.

Finally, in Chapter 5, I conclude my thesis with a summary of Chapters 1 through 4. I then review my goals of inquiry, followed by the contributions my thesis makes toward relational communication, mental illness, and my self. Next, I write my way through methodological considerations. I end by exploring directions for the future.

Summary

The primary purpose for this autoethnographic inquiry is to address the discourse of mental illness within self, other, relationship, and society. Transforming discourses of mental illness requires understanding how others interact with individuals suffering from different

forms of mental illness. In part, my autoethnographic undertaking is the embodiment of emotionally, artistically, and academically engaging my relational self to make meaning of my own mental illness and the associated cultural implications. I offer my thesis as a contribution and response to the growing need for patient narratives (Ridge, 2012).

CHAPTER 2

LITERATURE REVIEW

According to the National Institute of Mental Health (NIMH, 2015), the cause of depression is a combination of genetic, biological, environmental, and psychological factors. Depressive disorders affect the parts of the brain that are involved with mood, thinking, sleep, appetite, and behavior. Genetics research has shown that several genes, when combined with environmental factors, such as trauma, loss, relationship difficulties, or any other stressful situation, have the ability to trigger depressive episodes. The possibility for a depressive episode to occur without an obvious trigger also exists. The NIMH (2015) lists a wide array of signs and symptoms that may accompany depression (i.e., feelings of sadness, anxiety, worthlessness, difficulty concentrating, making decisions, excessive or little sleep, overeating or appetite loss, and suicidal thoughts and/or attempts).

This literature review begins by exploring mental health and illness from the prevailing clinical perspective. After tracing a path for depression, mental illness, and substance abuse, social issues and mental illness are examined and a move toward social change is addressed. The next section focuses on relational aspects of mental health and illness in a variety of contexts. This relational turn offers possibilities for social solutions. The final section considers the call for our illness narratives. The chapter concludes with a brief summary.

Mental Health from the Prevailing Clinical Perspective

Mental illnesses, like depression, have a higher rate of co-morbidity (i.e., the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder) with other disorders (Sickel, Seacat, & Nabors, 2014). Anxiety disorders, in

particular, substantially increase the risk of developing a form of depression that is much more chronic and disabling (Beesdo et al., 2007). In addition to its co-morbidity with other mental illnesses, there are many potential causal links between mental and physical health including higher smoking rates, increased rates of diabetes, and developing forms of cardiovascular disease (Stevens & Sidlinger, 2015).

The co-morbidity between mental and other chronic illnesses also has a negative effect on an individual's adherence to treatment programs (Golden & Vail, 2014), which is troubling considering that recent research trends show individuals with mental illness already delay or avoid treatment altogether (Kessler et al., 2001). Although depression can be treated with drugs or psychotherapy, less than 25% of people receive treatment (Nimrod, 2013).

Depression is associated with the loss of 850,000 lives each year due to suicide (Nimrod, 2013). The widespread and potentially incapacitating nature of depression can have severe negative impacts upon individuals and their relationships (Knobloch & Delaney, 2012). As mental health problems often occur in conjunction with other health problems, it is important to integrate mental health into primary care and within community based treatment programs (Shen & Snowden, 2014). In the remainder of this section, I will trace a path for depression and mental illness from a clinical perspective and discuss the role of substance abuse in mental health.

Tracing a path for depression and mental illness. In a medical model for health care, the assumption is that the family doctor will provide specific illness care through an evidence-based treatment model, but this approach has been found to fail because young people, generally, do not seek professional help (Burns & Birrell, 2014). In the U.S., 10% to 20% of children exhibit signs of mental health disorders (Kataoka, Zhang, & Wells, 2002),

and approximately 75% of children do not receive any type of mental health services when exhibiting emotional disorders (Ringel & Strum, 2001).

The image of a typical American family no longer exists because of the growing shift in the diversity of American family dynamics (Goldenberg & Goldenberg, 2013). For example, approximately 1.7 million children in the U.S. are affected by the incarceration of a parent (Schirmer, Nellis, & Mauer, 2009). It is unknown how many mental health professionals know the data applying to the consequences of an incarcerated parent (Crespi & McNamara, 2015). Additionally, divorce continues to be a growing family dynamic that affects 21.8 million children who are raised by 13.7 million single parents. One in three Americans is a stepparent, stepchild, or stepsibling.

While taking into account social, cultural, and economic factors, children affected by stress and depression often have habitually poor diets (O'Neil, 2014). Poor nutrition has been independently linked to the development of attention deficit hyperactivity disorder (ADHD), and there is a possibility that children and adolescents with depressive symptoms develop poor diets as a way to self-medicate. Most children in the U.S. will experience a change in family structure once or more during their childhood, which is why children are an important area of study in mental health (Ryan & Claessens, 2013). The average American child spends approximately 6 hours a day in school, locating educational sites as the most functional access point to mental health services (Crespi & McNamara, 2015).

Symptoms of depression are often exhibited in late adolescence, which, for many, coincides with the heavy social stresses of transitioning to college (Wright et al., 2013). College students who disclose mental health issues to faculty and staff at universities are often met by a lack of knowledge pertaining to mental health and insecurities as how to

respond (McAllister et al., 2014). Faculty and staff often have apprehension about the commitment that might be required of them if they want to provide the needed amount of support to students seeking help.

Students living with mental illness often experience discrimination or social isolation, leading to their feeling marginalized and reducing their overall sense of well-being (McAllister et al., 2014). Depression among students is linked to alcohol and substance abuse, increased tobacco consumption, anxiety, reduced immune system functioning, and the risk of suicide (Eisenberg, Gollust, Golberstein, & Hefner, 2007). Faculty and staff have an important role in the observation and response to the mental health of their students because they can ensure students are seeking/receiving help (McAllister et al., 2014). Practitioners must consider different ways that support can be offered, requiring that schools, communities, and universities find ways to enhance family treatment in regards to mental health (Crespi & McNamara, 2015).

As individuals living with mental illnesses leave academic settings, they enter the workforce only to encounter new stresses and forms of stigmatization (Baynton, 2014). Many individuals find that their employment needs are not met, resulting in a greater degree of mental health stigma that increases the possibility of psychological, emotional, and financial harm (Han, Compton, Gfroerer, & McKeon, 2014). Physical injuries are visible in the workplace and often require modifications to an individual's workload, but employees with mental illnesses are often perceived as "faking" it or receiving unfair perks, such as a flexible work schedule in order to keep stress under control (Baynton, 2014). Productive job-related behaviors, such as seeking new employment and/or adequate performance in the workplace,

are often affected by internalized stigma (Caltaux, 2003). One underlying current throughout depression and mental illness is the propensity toward substance abuse.

Substance abuse. Substance abuse is prevalent within many of the communities living with mental illness. As the leading cause of preventable death, smoking is responsible for 480,000 deaths annually (U.S. Department of Health and Human Services, 2014). Further, research indicates that people with a diagnosis of mental illness consume tobacco products at a much higher rate than people without mental illness (Rogers et al., 2014). Unique barriers to quitting make cessation extremely difficult (Mobascher & Winterer, 2008). People living with mental illnesses are more likely to self-medicate, and nicotine can increase arousal, working memory, and executive functioning. For those who quit smoking, higher anxiety sensitivity may result in a higher relapse rate. Smokers with mental health histories require specialized treatment that effectively focuses on behavioral management while also lengthening the follow-up treatment process in order to further prevent relapse (Rogers et al., 2014).

Often, substance abuse accompanies anxiety disorders. In particular, social anxiety disorder is one of the most consistent contributing factors to the development of a higher dependence on alcohol, cannabis, and/or nicotine (Iverach et al., 2010). Individuals suffering from schizophrenia and bipolar disorder have the highest smoking rates, followed by posttraumatic stress disorder and depression (Rogers et al., 2014). Those who had quit smoking often found high anxiety to be a contributing factor of relapse. Individuals with mental illness endure higher distress levels due to nicotine withdrawal symptoms (Smith, Homish, Giovino, & Kozlowski, 2014), which is why an individual's vulnerability to

tobacco, the risk of relapse, and difficulty finding or engaging in treatment programs makes mental health an important starting point for tobacco cessation (Rogers et al., 2014).

Chronic drug users are often a hard group to reach in order to provide health information and treatment options (Orrego Dunleavy, Crandall, & Metsch, 2005). Chronic drug users tend to engage in underground communities due to a systematic distrust of authority and fear of possible arrest. An individual who has already lost trust in the only system (e.g., medical system) prepared to deal with her or him is at risk of further isolation from possible sources of treatment information and often facilitates further drug abuse. Departing from the more clinical perspective, the following section examines social issues related to mental health and illness.

Social Issues and Mental Illness

Although there are many different barriers preventing an individual from seeking help, a particularly salient issue has been the effects of stigma toward mental health treatment (Sickel, Seacat, & Nabors, 2014). Stigma is dangerous because it is grounded in social prejudices and discrimination. Individuals with mental illness are often seen as unable to make their own life decisions, not trying hard enough to fight against their condition, or performing certain behaviors to manipulate a situation in their favor. In reality, stigmatized individuals are significantly more likely to be unemployed, less likely to have insurance, and/or financially unable to get treatment.

Although stigma's effect on treatment seeking is supported by evidence, the ways in which stigma affects different social groups is still not fully understood (Sickel, Seacat, & Nabors, 2014). As an individual becomes the focal point of treatment, the larger society that may be contributing to that individual's struggles is largely ignored and removed from

context and treatment (Esposito & Perez, 2014). This removal from social, economic, and/or political ideologies has enabled pharmaceutical intervention of illnesses—and their treatments as commodities/brand—to be bought and sold in the attempt to seek the cultural and/or social frame of normativity.

The perpetuation of stigma can occur in close interpersonal relationships, as well as from mental health practitioners who engage in the stigmatization of individuals with mental illness (Roeloff et al., 2003). Mental health patients with a high risk of suicide often feel unsupported and ostracized by health care providers who ask depressed individuals why they refuse to take care of themselves (Tognazzini et al., 2008). Unfortunately, physicians often avoid communicating with mental health patients, which results in negative feedback loops that limit opportunities for satisfying communication (Ryan & Butler, 1996). Some mental health professionals expressed that working in the mental health field influenced them to be more critical of patients with mental illnesses (Crowe & Averett, 2015). In some cases, they no longer wanted to work with individuals suffering from mental illnesses. Physicians are often unmotivated to engage with a patient's worries or emotional distress (Caplan, Haslett, & Burleson, 2005). Often perceiving patients' emotional heightened behavior as weak, physicians tend to blame patients for their own experiences of distress. At the provider level, patients with mental health issues are often perceived to be disruptive, non-adherent, and, ultimately, less likeable (Stevens & Sidlinger, 2015). Providers are often inadequately trained and lack the sufficient time in order to work through the complicated communication patterns of individuals suffering from severe mental disorders. Stigmatizing behavior is not limited to health care practitioners. The effects of friend-generated stigma often leaves depressed individuals with the feeling their mental health treatment needs are not being met, while

individuals affected by stigma from their health insurance company often reported scheduling more medical visits (Roeloff et al., 2003).

A bleak image is developing—more people are suffering from mental health issues than in the past, even though there has been a dramatic up-shift in the amount of individuals receiving various forms of pharmaceutical treatments (Esposito & Perez, 2014). The social forces impacting emotional distress and holistic options for the treatment of mental health have become discredited and marginalized through the successful commercial branding of depression, and mental duress, in general, as individually treatable with drugs. Anti-depressants generate unique fears concerning the performance of self-hood, and, for women, cause problematic conflict due to the relations of gender in their lives (Fullagar, 2009). Men express that it is inappropriate for men to seek help and fear that men diagnosed with depression are perceived as weak (Chuick et al., 2009). Many women acknowledge experiences of gender discrimination or abuse as children or adults and feel a tremendous pressure to perform the idealized concept of femininity resulting, often, in a sacrifice of identity (Fullagar, 2009). By participating within the culture of pharmaceutical adjustment, cultural values place an importance on being a “good” woman with the justification being that brain chemistry is the culprit, not social demands toward the normative or the organization of problematically gendered relations. There are many barriers preventing individuals from seeking/accessing traditional mental health treatment (Knapik & Heifner-Graor, 2013). Men are less likely to seek help than women (Brown et al., 2014), as depression is often seen as a more socially acceptable illness for women (Duggan, 2007). Research has consistently found that only a small portion of individuals living with diagnosable mental health problems ever sought formal help from mental health service

providers, despite the availability of effective treatments (Brown et al., 2014). While women are more likely to contemplate suicide, men are more likely to follow through with committing suicide (Bostwick et al., 2014). The proceeding section begins to address social stigma in meaningful ways toward change.

Toward Social Change

While mental health in a modern context is described through various medical diagnoses and terminology (e.g., mental illness, mental disorder, mental disease), historians in the field of psychology have been found to reify (i.e., re-establish) the old historical labels of madness, insanity, or lunacy by replacing those words with their modern contextual equivalents (Gomory, Cohen, & Kirk, 2013). It is important to recognize the distinction that mental health concepts are social constructions (Esposito & Perez, 2014). The classification of mental disorders is influenced by political and/or profit-driven objectives directly associated with the corporatization of medicine, not through a scientific classification process. In an effort to not reify the use of such problematic language, it is important for historians to employ ontologically neutral language equivalents (Gomory, Cohen, & Kirk, 2013). Through the use of more descriptive terms (e.g., aggression, agitation, anguish, behavioral, disorderliness, defiance, demoralization, derangement, distraction, hopelessness, sadness, severe emotional duress, and stress), the belief is that these neutral terms will provide deeper context into what a patient was actually written to be experiencing—to call emotions what they are, rather than making a label to categorize them.

We must address the old historical labels because, in society, people living with mental illness are stereotyped into the discriminatory social belief that those individuals are dangerous (Sickel, Seacat, & Nabors, 2014). Since madness and lunacy are no longer

considered appropriate scientific or medical language, we must not wrap these old metaphors with new ones—to do so discredits the legitimate symptoms a patient may have felt. Mental health and illness representations also contribute to social issues.

Self-help TV shows overrepresent obsessive-compulsive disorder and the lifetime prevalence of eating disorders (Rasmussen & Ewoldsen, 2013). At the same time, they underrepresent other mental health issues, such as attention deficit hyperactivity disorder, dysthymic disorder, bipolar disorder, panic disorder, posttraumatic stress disorder, social phobias, and other specific phobias individuals encounter. Ideologies about mental health, human potential, and self-identity are deeply embedded within the power of explanatory psychotherapeutic discourses (Thompson, 2012). Self-help shows do provide a consistent source of information regarding the diagnosis of depression. However, it is also possible that depression and its treatment are so highlighted during daytime TV due to the profitability of the anti-depressant pharmaceutical market and the target audience—women (Rasmussen & Ewoldsen, 2013). In the following section, I move from the social to more relational aspects of mental health and illness.

Relational Aspects of Mental Health and Illness

When individuals with depression enter into romantic relationships, their romantic relationships are marked by depression (Knobloch & Delaney, 2012). Relational uncertainty is described as the degree of confidence that individuals have when engaging in interpersonal relationships. To simplify further, relational uncertainty examines how sure or unsure partners are about the definition of their relationship. Stemming from relational uncertainty, interference occurs in a relationship when a non-depressed partner is insensitive to treatment seeking challenges, engagement with physical and psychological symptoms, and respecting a

partner's privacy (Cramer, 2004). Romantic partners face diminished relationship satisfaction, increased stress rates, and the possibility to encounter more hostile communication patterns when partners encounter relational uncertainty or interference (Knobloch & Delaney, 2012). Non-depressed partners' competing goals of comforting and controlling serve as a paradox in which a partner's attempt to control dysfunctional behavior in a relationship means that the partner loses the ability to control the relationship (Duggan, 2007).

Romantic partners can help to avoid interference if they have a realistic understanding of the relational uncertainty that partners can possibly encounter and both seek to maintain a dyadic idea of well-being when experiencing periods of depression (Knobloch & Delaney, 2012). Men often attempt to help partners recover more after the labeling of problematic behavior has occurred, but men often resort to a combination of punishment and/or reinforcement of their partner, whereas women decrease their overall attempts using the labeling of behavior, and instead, frequently encourage their partners to discover alternative emotional outlets (Duggan, 2007). Research on the associations between depression and the levels of satisfaction in a relationship has not been consistent. Research should explore the association between levels of relationship satisfaction and support and how those two may be affected by the operationalization of social support (Cramer, 2004). Relational support also emerges in virtual and mediated interactions.

The internet is increasingly becoming a space for communities to come together. Online depression communities are an alternative for individuals unable to seek other forms of treatment (Nimrod, 2013; Burns & Birrell, 2014). The use of the internet to deliver mental health interventions by providing a space where young people feel in control gives them the

confidence to engage in discussing complex and delicate issues (Burns & Birrell, 2014). Online communities operate through many diverse avenues including e-mail, chat rooms, and forums. The emergence of online journaling/blogging practices within mental health communities has provided significant strategies for individuals to come to identify themselves as “sick” (Thompson, 2012). Importantly, these individuals publically vocalize that the self is suffering, thus accepting, to himself or herself, a need for care in order to create a stabilized face in the presence of the disorder mental health issues can cause. Online communities have several advantages over alternatives, such as telephone or face-to-face support groups (Burns & Birrell, 2014). The advantages include greater accessibility, anonymity, status neutralization, control over the time and space of service interactions, and the opportunity to access archival research (Barak, 2007; Barak, Boniel-Nassim, & Suler, 2008). Less interaction-based, individuals relate to/with others regarding mental health and illness through parasocial relationships mediated by TV.

TV shows, such as *Dr. Phil* and *Oprah*, as well as the individuals who share stories on the programs, are not neutral (Thompson, 2012). Self-help media, such as *Dr. Phil* and *Psychology Today*, have a negative effect on individuals living with mental illness (Rasmussen & Ewoldsen, 2013). Individuals often attempt to only manage their disorder through following the advice of various media psychologists, which means that those individuals are less likely to receive personalized treatment from a physical health care professional. Aside from more personal and private forms of support, individuals also seek informal help from a wide range of people.

Informal help is made up of the support networks provided by family, friends, religious leaders, or other non-medical individuals (Brown et al., 2014). Women living with

depression are more likely to encourage a partner's support with various social interactions, while depressed men are more likely to withdraw from support networks (Troisi & Moles, 1999). The social requirements of masculinity severely impact men who are living with depression, which propagates reluctance to talk about or to seek help for their depression (Chuick et al., 2009). Studies on informal help are limited due to the spontaneous nature of informal assistance, which makes it difficult to accurately evaluate.

Individuals who have exhibited suicidal tendencies are the least likely to seek informal treatment for their mental health care and are far more likely to engage with formal options for treatment (Brown et al., 2014). Possible triggers for seeking help may be family support, which may also depend on how severe the symptoms are to begin with (Woodward et al., 2008). The efficacy of informal help from family or friends is rated more favorably than formal help, which makes sense in terms of the relational comfort level family and friends provide (Bostwick et al., 2014).

Because formal services (e.g., therapy, hospitalization) are not always available, informal help has the ability to serve as an early intervention toward treatment (Jorm, 2012). It is important to find those pathways from informal to formal help because individuals living with mental illness who have someone to talk with are more likely to seek informal help (Brown et al., 2014). However, individuals with no one to talk to tend to directly seek formal help. Although evidence does show that the transfer from informal to formal help is not guaranteed (Brown et al., 2014), the possibility exists for informal help to act as a bridge for an individual seeking help (Stanton & Randal, 2011).

By engaging in collaborative practices, individuals with co-morbid conditions and/or substance abuse problems allow family members to walk alongside them (Ness, Borg, Semb,

& Karlsson, 2014). The collaborations are described as negotiated dialogues toward a mutually chosen destination. When establishing a collaborative view to services, the focus is moved toward understanding the patient's life situation, which enables mental health providers to walk alongside their patients. Understanding a service user's perception of the treatment they are receiving may help to identify areas that should seriously be considered when developing possible interventions, as predefined responses often do not capture a service user's actual view on their care (Brownell, Schrank, Jakaite, Larkin, & Slade, 2015). The relationship between service users and their practitioner is one of the most important foundational sites for collaborative practice and dialogical conversation in mental health (Ness, Borg, Semb, & Karlsson, 2014).

Many individuals refrain from seeking treatment—either because of difficulties scheduling appointments or the preference of an individualistic approach that allows the patient to independently explore avenues of coping (Barak & Grohol, 2011). A mental health practitioner who is recovery-orientated is much more likely to walk alongside and support an individual's life processes through helping to improve conversations and relationships. In understanding mental health, it is important to realize that relationships and conversations are inseparable and influence one another (Ness, Borg, Semb, & Karlsson, 2014)—a thoughtful move, considering the relational, back toward the social offers some possible solutions for social issues.

Social Solutions

The various forms of mental health stigma relate differently to the outcomes of mental health treatment (Tognazzini et al., 2008). One path outlined to reduce stigma is to increase contact with those individuals currently living and suffering with mental illness

(Tognazzini et al., 2008). By communicating with that community directly, health care providers are better able to understand and grasp a patient's lived experience and, in turn, provide significantly better care to that individual. In environments where mental health is de-stigmatized, patients reported higher comfort levels, resulting in higher satisfaction with a practitioner's services (Stevens & Sidlinger, 2015). Early education on mental health shows some promise for health professionals to be more tolerant, empathetic, person-centered, and likely to think critically about the process of mental health, altogether (Crowe & Averett, 2015). Medical students who learn about serious mental illnesses and think critically about the concept are better able to understand various marginalized populations.

Stigma represents a heavy burden that could be alleviated if more individuals understood how societal, political, environmental, and relational factors contribute to the increased likelihood an individual may develop a form of mental illness (Sickel, Seacat, & Nabors, 2014). Individuals, family members, researchers, clinicians, and policymakers have only positive consequences to gain through the early detection and consistent treatment of mental illness. Until stigmatizing discourses are reduced, mental illness will never be eliminated.

The identification of mental health and substance abuse treatments is 1 of the 10 essential health benefits of the Affordable Care Act (ACA) that all health insurance plans must provide (Golden & Vail, 2014). This is the first time in American history that federal law has gone so far as to mandate mental health and substance abuse treatment coverage. This marks a move for the American health care system to be focused on a whole person philosophy. By taking this stance, providers take a responsibility for a patient's overall mental and physical well-being. This is representative of a move for higher quality care and

better health outcomes to be incentivized, rather than rewarding a provider for the quantity of interventions or procedures they have performed.

As a cautionary voice to the addiction of pharmaceutical interventions, Esposito and Perez (2014) stress that it is important to understand the irony within the pharmaceutical market. An individual receives drug treatment to alleviate distress, receiving brief and fleeting satisfaction that can only be treated by consuming more, thus establishing a cycle of dependence upon the pharmaceutical market. Because there are many different modes and ways that patient/services interact, mental health and patient involvement must not be viewed as a one-size-fits-all (Tambuyzer, Pieters, & Audenhove, 2011).

As the voices of patients rise, the concept that a patient is an expert because of lived experience grows in strength (Tambuyzer, Pieters, & Audenhove, 2011). Criticized as biased and the weakest form of evidence, “expertise by experience” is a valid form of knowledge. Promoting it enables a different perspective in the advancement of knowledge. This type of knowledge must be distinguished from academic knowledge where the researcher has no lived experience.

The Call for Our Stories

Beyond the national health care system, there is still a growing need for narratives on how patients interact on an interpersonal level. Scholars continue to call for patient narratives in the field of interpersonal communication and point to a history of others doing so too (Caplan, Haslett, & Burleson, 2005; Knobloch & Delaney, 2012; Nimrod, 2013; Ness, Borg, Semb, & Karlsson, 2014). More research is needed examining the greater contributions of the interpersonal context of depression (Knobloch & Delaney, 2012), insight into the effects of integrating service users and their families into the process of creating narratives (Ness,

Borg, Semb, & Karlsson, 2014), and how patients may benefit from organizing past trauma with a beginning, middle, and end (Caplan, Haslett, & Burleson, 2005). Although telling personal narratives might not heal physical wounds, it does work toward reducing stigma by possibly healing one's self-image (Bochner, 2001)

The dominant paradigm of mental health and medical research is dependent largely on clinical observation, surveys and/or interviews (Ellis & Bochner, 1999). Although the prevailing empirical approaches may produce some useful information, medical and personal epiphanies are reduced and essentialized through modes of analysis that neglect emotional and bodily experience. Emotions and bodies dominate medicine, illness, death, and dying, but this knowledge is eclipsed by the purely scientific view of knowledge. As narrators, individuals assign symbolic meaning to experiences, thus, creating a sense of self and how we view the world in a greater socio-cultural context and the creation of the natural, necessary, and appropriate sensibilities gain a footing (Harter & Bochner, 2009). The move toward an evocatively narrative medical sociology realizes control and predication as illusory, opening space for personal narratives of sense making by individuals with illness and death experiences (Ellis & Bochner, 1999). “The struggle is personal, cultural, and political” (Bochner, 2001, p. 147), and, in order to give narrative the room it needs, notions of researcher neutrality and objectivity must be re-evaluated so that the self is written along with others (Ellis & Bochner, 1999).

In most orthodox social science texts, the particular and personal disappear (Ellis & Bochner, 1999). These narrative accounts of mental illness often encounter clashes in reality when individuals experience academic texts that do not represent their experiences (Douglas & Carless, 2013). Historical truths that emphasize accuracy are used to ask how events “truly

happened” (Ellis & Bochner, 1999). Stories that show complexity and ambiguity toward the emotional, bodily, moral, and spiritual experiences are more truthful in their embodiment of metaphor and imagery to show others talking, thinking, coping, holding onto and altering their perceptions of routine life (Ellis & Bochner, 1999). Writing illness narrative aids the journey for authenticity (Bochner, 2001).

When individuals worked through trauma narratively, narratives “clearly reflected the process by which respondents made sense of loss and adapted to it” (Caplan, Haslett, & Burleson, 2005, p. 247). The discourse of mental health, recovery, and productivity are supported by individuals engaging in narrative exploration as a process—rewriting a self that is often perceived as screwed up or broken. Engaging in narrative writing processes offers individuals the possibility to discover personal causation through the organization of distressful personal experiences (Thompson, 2012). Health care providers, friends, and family may come to better understandings through narrative, which makes the narrative process important as the basis for interpersonal interactions (Coupland, Coupland, Giles, Henwood, & Wiemann, 1988).

The exclusion of personal narrative from the social sciences over the past century, in favor of methods mirroring the natural sciences, created a feeling that something had been missing (Douglas & Carless, 2013). Personal narrative driven autoethnography offers a response. In writing narratives and putting the self at risk, locations of vulnerability open opportunities for the significant reworking of thought and action (Denshire, 2014). Readers must continue the conversation through academic journals, classrooms, and personal interactions with medical professionals (Harter & Bochner, 2009).

Summary

In this review of literature, I presented images of mental illness as they are constructed from clinical, social, and relational perspectives. As the research repeatedly suggests, there is still much work to do in terms of mental health care and how that care functions when it actually reaches those in need of its services. Considerable effort must still be made to reduce individual levels of stigma and, in general, lessen society's marginalizing gaze toward those individuals suffering from conditions that society has helped to induce. For as much as recent technological advancement has moved us forward as a people, access to things like the internet has only illustrated the staggering array of areas we have barely garnered a surface understanding of. The research reviewed here supports the need for further inquiry into the narrative process and the benefit that the process may yield for people living with various forms of mental illness.

In the following chapter, Chapter 3, I will discuss my autoethnographic methodology. Autoethnographic inquiry offers a fitting response to functionally address the persistent calls for deeper inquiry into the lived experiences of mental illness. Doing autoethnography involves writing self, other, and society through a reflexively creative text. Autoethnographic inquiry can be focused on expanding clinical knowledge on mental health while drawing attention to spaces where social justice can be realized in communication scholarship.

CHAPTER 3

METHODOLOGY

Walter Fisher (1984, 1987) was convinced that storytelling is central to our lives, so he dubbed our species “homo narrans.” We like stories, and that is a good thing because we need stories (Bochner, 1994). Our proclivity for storytelling has been described as, among other things, a “narrative urge” (Myerhoff, 2007, p. 18) and a “narrative impulse” (Fisher, 1984, p. 8). Richardson (1990) offers, “people make sense of their lives through the stories that are available to them, and they attempt to fit their lives into the available stories” (p. 129). As a result, Bochner and Riggs (2014) observe,

Whether we like it or not, our lives are rooted in narratives and narrative practices.

We depend on stories almost as much as we depend on the air we breathe. Air keeps us alive; stories give meaning to our lives. (p. 196)

Storytelling and personal narrative are central to my thesis. One narrative practice that communication scholars engage in is doing autoethnography. This project is an endeavor in autoethnographic inquiry.

In this chapter, I explore autoethnographic inquiry and forward my methodology for doing autoethnography. Ellis and Bochner (2000) characterize autoethnography as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (p. 739). Autoethnography is also commonly defined by examining the three morphemes that constitute the word, therefore, autoethnography is writing (“graphy”) about culture (“ethno”) through personal experience (“auto”) (e.g., Reed-Danahay, 1997). Often described as a postmodern approach (e.g., Richardson, 2000), autoethnography resists being pinned down because there are potentially as many

autoethnographic methodologies as there are autoethnographies. While some have made efforts to distill autoethnography into a reproducible method (e.g., Chang, 2008), others have criticized and cautioned against practices that could foster boilerplate autoethnographies (e.g., Gingrich-Philbrook, 2005).

The remainder of this chapter is dedicated to articulating the autoethnographic methodology that animates my thesis. Positioning personal narrative as essential to my thesis, I begin by examining narrative. Subsequently, I distinguish autoethnographic inquiry from traditional forms of research. In the section that follows, I discuss six tenets of autoethnography that I regard as foundational to my autoethnographic inquiry. Next, I offer ethical considerations for doing autoethnography, and then I address criticisms of autoethnography. Finally, I review the genres of writing that I embody and engage in Chapter 4 (i.e., vignettes, layered accounts, and messy text) and offer criteria with which I would like my writing evaluated. I conclude the chapter with a brief summary.

Narrative

Narrative turns away from the singular conception of social science in which facts, abstracted thought, categorical ideology, and master narratives are placed above all else (Bochner, 2001). In a move to develop new models for interpersonal representation, narratives emerge out of the need for inquiry that would be understandable and relatable to a reader (Bochner, 2002). Narratives embrace and recognize the value of irony, emotionality, and activism—leaning toward meanings, the cultivation of stories on the local level, and promoting multiple forms of representation.

Approaching inquiry narratively places the focus on the stories people tell in order to understand how lives and relationships operate through communication and how the process becomes legitimized through the attempt to position narrative inquiry outside of the discipline's normative ideology that places importance on abstractions, stability, or graphs (Bochner, 2002). Traditional scientific methods are not necessarily the problem. But idealized perceptions of science as placing itself above language and historical/cultural contexts are troublesome. The presence of the author should be seen, felt, and respected through the use of first person voice in order to avoid the representation of the author as "a voice of nobody (in particular) from nowhere (in particular)" (p. 76). We should consider ourselves as an important part of the "data" needing to be "analyzed."

In order to give a voice to the body, telling stories about illness is a personal issue (Frank, 1995). Making the body personal in this way allows it to be a body for others. The author and the author's life significantly influence the particular groups or events being studied. When research is turned into text, we narrate particular stories of ourselves. In this way, Frank (1995) reminds us,

People telling illness stories do not simply describe their sick bodies; their bodies give their stories their particular shape and direction. People certainly talk about their bodies in illness stories; what is harder to hear in the story is the body creating the person. (p. 27)

Engaging in methodologies of narrative inquiry enable breaks from traditional boundaries of how research is conducted between researchers, subjects, authors, and readers (Bochner, 2002).

Distinguishing Autoethnographic Inquiry from Traditional Forms of Research

It is important to note the ways in which doing autoethnography opens a window into personal and interpersonal experiences produced through aesthetically pleasing and evocatively written descriptions (Ellis, Adams, & Bochner, 2011) that are self and other focused (Hernandez & Ngunjiri, 2013). Autoethnography can show how we are shaped by experiences in our lives because the multitudes of life's complexities render experiences difficult to translate onto a survey or experiment (Adams, Holman Jones, and Ellis, 2014).

We utilize personal relationships and situations as a movement of experiencing and observing the vulnerable stories of our selves (Ellis, 2007), deepening our dependence on our relational others in stories (Hernandez & Ngunjiri, 2013). When an author experiences and reflects on an epiphany, that author writes to illuminate cultural phenomena through that experience. I strive to show how experiences reduce or eliminate silence through writing, through my process of doing autoethnography (Holman Jones, Adams, & Ellis, 2013). As a result, my autoethnography is both process and product.

Through the use of short stories, fictional novels, layered accounts, poetry, memoirs, diaries, songs, dance, photos, and performances, autoethnographers do autoethnography in a variety of ways (Douglas & Carless, 2013). Autoethnography, as academic scholarship, embraces the collection of past research, contributes to that research, and writes, dances, paints, and performs stories grounded in the basis of personal experience. I open my autoethnography up to criticisms that other ways of knowing are unable to accomplish (Holman Jones, Adams, & Ellis, 2013).

The variety of tools informing my autoethnographic endeavor (and all others) continuously reflects upon and is shaped by the autoethnographic processes that have come

before them, enabling autoethnographers the freedom to experiment and take chances as if every “process we each traverse feels to be simultaneously a refining in the fire and stumbling in the dark” (Douglas & Carless, 2013, p. 99). Thus, I embrace a *doing* of autoethnography that relies on an active discussion of autoethnographic endeavors that have come before my own—considering the unique relationships between my autoethnographic writing and that of others. Through methodologies of autoethnographic inquiry that have come before my own, I have derived six tenets of autoethnographic inquiry that guide my doing autoethnography here.

Tenets of Autoethnography Foundational to My Autoethnographic Inquiry

In this section, I look to Adams, Holman Jones, and Ellis (2014) and discuss six tenets that are foundational to my autoethnographic inquiry. First, I endeavor to embed my personal experience in my research and writing. Second, I seek to illustrate my sense-making processes. Third, I aspire for reflexivity to not only be used but also shown. Fourth, I strive to relate my particular insider knowledge to a cultural experience and/or phenomenon. Fifth, I venture to describe/critique the normative perceptions of a particular cultural experience. Finally, sixth, I desire to open myself to the ways in which an audience will respond.

Embedding personal experience. My personal experience is, necessarily, the foundational undergirding of my autoethnographic inquiry. My memories form the basis for the “data” that grounds this autoethnographic text, and thus, informs of my epistemologies and methodologies through this process (Giorgio, 2013). I dig into my personal experiences to unfold, discover, and let my selves be displayed (Pelias, 2013). I write through epiphanies that emerge through the marking of my position within a culture/identity (Ellis, Adams, & Bochner, 2011).

The concern for self and social of my autoethnography is what separates it from autobiography (Holman Jones, Adams, & Ellis, 2013). In doing autoethnography, I open a window into my personal and interpersonal experiences produced through aesthetically pleasing and evocatively written texts (Ellis, Adams, & Bochner, 2011). My autoethnography works to make sense of how marginalized identities of mental illness influence what is seen, said, and done—embracing uncertainty and emotionality to release the silences that are embedded within traditional research (Holman Jones, Adams, & Ellis, 2013). My autoethnography is simultaneously a methodology of inquiry as well as a methodology of relating (Poulos, 2013). Further, it makes an argument for relational autoethnographic subjectivity, every relationship we have ever had is laid down upon the author's page (whether we intend it or not), assuring that we never write or read from a neutral space (Gannon, 2013). It is only through embedding the personal in a text that I am able to recognize, not only my self upon the page, but the ways I relate to others through my sense-making processes.

The sense-making process. In the recognition of not only my self, but the relational, this autoethnographic thesis illustrates self in process, self in the process of sense-making. Autoethnographic accounts illustrate understandings of cultural life (Holman Jones, Adams, & Ellis, 2013). Autoethnography is a way of life where we make the acknowledgment that stories are about encounters with Otherness.

My autoethnography seeks the ways in which life can be made better through the meaning-making process of painful or uncertain cultural experiences (Holman Jones, Adams, & Ellis, 2013), which provide a story to *live with* rather than a story to just *think about* (Bochner, 2001). In this way, readers have the potential to enter a life and story through the

author's lived moments, vicariously (Humphreys, 2005). The reader may experience my pain in the hopes my autoethnographic account elicits understanding and a level of emotional identification. When I begin to layer my pain into the text, it is through this process that reflexivity, my third tenet of autoethnography, shows and tells.

Reflexivity. It is important to note that verifiable facts do not provide meaning or emotional feeling in an autoethnography (Bochner, 2013). If accuracy of memory is held accountable as historical truth (i.e., what “actually” happened), my truth becomes impossible and fatally flawed (Tullis Owens, McRae, Adams, & Vitale, 2009). The burden falls upon my autoethnography to make meaning of memory through making-sense of how events felt and how they currently feel—how my perspective of (and relationship with) experiences grows and changes alongside my aging body (Bochner, 2013). It is about listening to and for the silences that I may or may not be able to tell in my stories (Adams, Holman Jones, & Ellis, 2014). I recount the experiences of my past. In that process, I convey an essence of experience through seeking narrative truth (opposed to historical truth)—considering what is gained or lost through my “linguistic hindsight inherent in the writing process” (Tullis Owens et al., 2009, p. 186). I aspire to tell *truthful* accounts (Ellis, 2007), and I hope the story is, at the same time, unique and universal for identification by others (Ellis, 1993).

A critical turn of ethnographic research occurred the moment inquiry began engaging texts with self-critical modes of reflexivity (Marcus, 1994b). Reflexivity requires careful thought into the dynamics of how experiences, identities, and relationships confluence to influence an author's current work through an intimate knowledge only gained by lived experience with others (Pelias, 2013). I guide my autoethnography to offer a way of thinking that functionally leads to ethical research practices (Guillemin & Gillam, 2004). Bochner and

Riggs (2014) note, “Reflection is the heart of personal narrative and autoethnography” (Bochner & Riggs, 2014, p. 209). As my autoethnography reflects back on experiences, I move into writing my fourth tenet of autoethnographic inquiry—insider knowledge.

Insider knowledge. Insider knowledge refers to a consideration for the ways that insider experiences can provide specific knowledge to outsiders of cultural phenomena, which are frequently discouraged, often missed, and ultimately never fully achieve insight (Holman Jones, Adams, & Ellis, 2013). Further articulating an insider’s act of autoethnography, I look to the words of Bochner and Ellis (2003):

Our goal has been to produce stories that create the effect of reality, showing characters embedded in the complexities of lived moments of struggle, resisting the intrusions of chaos, disconnection, fragmentation, marginalization, and incoherence, trying to preserve or restore the continuity and coherence of life’s unity in the face of unexpected blows of fate that call one’s meaning and values into question. The kind of stories we embrace move away from the world of brute facts toward the realm of human meanings. (p. 509)

Autoethnography is said to have emerged to take into account how the personal is understood through cultural life and how culture is understood through personal life (Holman Jones, Adams, & Ellis, 2013). My autoethnography exists in dynamic tensions with others and never remains static or problem free (Adams, 2006). Stories, relationships, and autoethnographers exist in the middle—always situated between miscommunication and harmony, past and future, between birth and death. I offer my body to research that has not yet reached the end of its physical life—my engagement in future action is always possible in this middle existence. I write myself into mundane aesthetic moments and embrace their lack

of transformative power or epiphanies for what is still gained by lived moments (Bolen, 2014). I write my insider knowledge upon the page so that I may better see the cultural systems around me, which enables a critique of culture.

Critiquing culture. My fifth tenet of autoethnography is concerned with the description and critique of cultural norms, experiences, and practices. In a seminar, Ellis (2007) instructs her students to,

Strive to leave the communities, participants, and yourselves better off at the end of the research than they were at the beginning. ... In the best of worlds, all of those involved in our studies will feel better. But sometimes they won't; you won't. ... I tell [my students] to hold relational concerns as high as research. I tell [my students] when possible to research from an ethic of care. That's the best we can do. (p. 25)

The autoethnographer controls our stories through the power of authorship, making it all the more necessary to be relationally responsive when writing those stories. Our autoethnographic narratives must never cost more than how ourselves, others, and the communities we write about benefit from autoethnography (Hernandez & Ngunjiri, 2013).

My autoethnographic account reaches toward cultures and cultural practices—embedding itself in the need to break silences that far too often encapsulate experiences (Holman Jones, Adams, & Ellis, 2013). Humans are uniquely positioned as “beings capable of altering inhumanities in which we are asked—and forced—to live” (Tullis Owens et al., 2009, p. 194). The act of telling my story matters as I work to make confessional disclosures perform as political acts to release those communities suffering under hegemonic discourses (Holman Jones, Adams, & Ellis, 2013). Storytelling is a particular way of knowing, sharing,

and valuing that makes inquiry more accessible and fulfills autoethnographers' desire for cultural critique and social justice, which opens the door for response from readers.

Reader response. I do autoethnography for its relational ability to connect with multiple audiences—seeking to develop relationships and encourage participation from others in my inquiry (Gannon, 2013). When I write about another living individual, the possibility for complications in communication occurs when I choose to discuss with an intimate other just how I will tell his or her story (Ellis, 2007). Rarely are we completely transparent with others, never revealing how we see the fine details that make up an intimate other. We exist in a realm of fearing the unknown, as we can never predict how an intimate other will react to what we write. The disclosure of the personal leaves the author open to the critical evaluations of others, and the author should remain available to the many different ways others may construct the meaning of our personal disclosures (Pelias, 2013). Reminding the self of its desire to be seen and understood on the basis of its own understanding of the self, “we do not want to live a hidden life” (p. 389). If I only engage in predictable and comfortable modes of disclosure and/or non-disclosure, I rest safely on the incorrect assumption that the intimate other will not understand the point of the inquiry I do (Ellis, 2007).

I invite others to openly engage with life in the commitment to “alleviate the narrative situation; in short, to make happiness more probable” (Bochner, 2013, p. 55). This can be achieved by turning the autoethnographies we write away from inaccessible, esoteric, and jargon-laden texts (Holman Jones, Adams, & Ellis, 2013; Richardson, 2000) toward a more artistic mode of narrative inquiry (Bochner & Ellis, 2003). When art is used for inquiry, articles, graphs, poems, stories, theatrical plays, dances, or paintings stop being something an

individual receives, and, instead, become a tool for transgressive action. I write evocatively while letting my tenets of autoethnographic inquiry guide the writing of my self and acknowledge the ethical considerations of how others are implicated by my self-narratives.

Ethical Considerations

To be best prepared for the criticism from others and self, I look to the ethical considerations that guide my autoethnographic account to protect those that engage in and are affected by my autoethnography. My goal for engaging with interpersonal communication is the moral goal of deepening the sense of community felt (Bochner, 2002). When characters in the stories I tell are pulled from intimate others, there is a predicament in autoethnography (Ellis, 2007). Autoethnography often sounds like an easy solution to voice various social, political, and regulatory bureaucratic problems, but the use of narrating the self possibly complicates and implicates many in ethically problematic ways (Tullis, 2013). I must remain critically reflexive about the ways individuals are presented and consider the im/possibility of consent (Hernandez & Ngunjiri, 2013).

The notion of engaging in acquiring informed consent early in the process of inquiry stems out of a need to let others properly choose their involvement and to prevent the possible denial of publication because of a last minute need to get consent. Bolen and Adams (in press) noted, “we might not even realize the relational ethics of a narrative until we publish it, which may then require us to later write a revision of, or a response to, the earlier publication” (para. 9). Retrospective consent possibly undermines other participants involved (Hernandez & Ngunjiri, 2013) and is problematic in that it coerces participants to volunteer their involvement as obligation (Tolich, 2010, as cited in Hernandez & Ngunjiri, 2013).

Although many embrace the need for informed consent forms, “signed consent forms do not constitute informed consent, they merely provide evidence” (Guillemin & Gillam, 2004, p. 272). Additionally, many Institutional Review Boards (IRBs) exempt autoethnographic inquiry from review, including the IRB of Angelo State University. To consider narrative ethics, I must acknowledge narrative privilege in the ways I write stories about the self that involve others (Bolen & Adams, in press). Others are not always able to provide consent for various reasons and as such we must “reflexively probe ourselves to consider how our expectations of and ethical stances toward a story may alter its crafting and reception” (Adams, 2008, p. 185; Bolen & Adams, in press). The act of choosing not to share traumatic experience may cause more harm to the self if I require informed consent out of the responsibility to others (Adams, 2008). I consider the ethical ways others are implicated in my stories and in doing so I make decisions to create composite characters, change names, and fictionalize aspects of my stories to protect those who are implicated (Bolen & Adams, in press; Ellis, 2007).

Criticisms of Autoethnography

By calling for the response of others, I open myself up to the gaze that might criticize the inquiry I engage in. I recognize and understand that my truth changes with the genre of writing, that memory is fallible, and that it is impossible to recall events in a way that is an exact representation of my lived experience (Ellis, Adams, & Bochner, 2011). Ellis (2007) reminds her students to “ask questions and talk about their research with others, constantly reflecting critically on ethical practices at every step” she tells them “to have back up plans” and “include multiple voices and multiple interpretations in their studies when they can” (pp.

23-24). Writers of autoethnography may experience the same event, but tell entirely different stories about that situation (Ellis, Adams, & Bochner, 2011).

Through their scripted dialogue, Atkinson and Delamont (2010) write a performance detailing their frustration of being characters in someone else's narrative, yet silenced. They feel that their silencing in the show is ironic and that, engaging in an emotional response, it feels strange to them because everyone knows that they are capable of being vocal. They both come to the conclusion that, because they would rather be instructing classes, disputes of epistemology, methods, or textual genres of research are not satisfying to them. The two individuals refuse to possibly reflect on why they are being silenced.

The epistemological viewpoints of critics often lead them to refuse autoethnography as a form of scholarship because, according to their beliefs, autoethnographic work must not be evaluated for its insight into scholarship or socially cultivated change (Adams, Holman Jones, & Ellis, 2014). Autoethnography acknowledges subjectivity, emotionality, and the author's influence on inquiry. There is an unattainable assumption that autoethnography can be done from a position of objective and impersonal neutrality, such as the standpoint of Atkinson and Delamont (Ellis, Adams, & Bochner, 2011). This view is predicated on the usefulness of personal narrative as a critique on culture only "when it is theorized, categorized, and analyzed" (Bochner, 2001, p. 133). When faced with these types of criticisms, I remember that to expose my most unattractive features is a demand of autoethnography—I must remain open to these types of criticisms in order to learn from them (Ellis, 2007). By embracing criticism, Ellis asks,

What can I learn from your responses about your identity, socialization, moral community, and alternate constructions of a relational world? Most of the time, that

strategy protects me from taking criticism personally, it moves me away from any absorption with self, and toward a sociological understanding of what is going on. (p. 17)

I should not view these criticisms as doors closing or an end to my stories, but as an avenue wide open to the possibilities of new beginnings (Bochner, 2002).

In his response to critics, such as Atkinson (1997), Bochner (2001) embraces the possibilities that a response to their criticism affords. Atkinson does not renounce all narrative speech as they consider their narrative research as exemplary. Bochner notes, “Knowledge doesn’t pertain only to the academy but to all realms of our lived existence; and knowing isn’t something that’s tested only against the standards of scientific inquiry” (pp. 134-135). To reduce narratives to the purely methodological appears as a desperate attempt to privilege the monolithic scientific voice over all others. Although inarticulate, the body is not mute (Frank, 1995). My body speaks through stories to become a body of others. *I* exist in a particular time and space, and as such, principles that remain consistent until the end of time are not principles *I* can act on (Frank, 2004).

My Embodiment and Engagement in/of Autoethnographic Writing

In this final section, I explore the three genres of writing that I embody and engage in Chapter 4. I inquire into the ways that narrative vignettes, layered accounts, and messy texts come together to construct the ways in which my mental illness is seen as a relational accomplishment. I end this section by offering some criteria with which I would like my writing to be evaluated.

Narrative vignettes. Narrative vignettes use representation and reflexivity as an alternative approach to qualitative research (Humphreys, 2005). I attempt to create a window

in my autoethnography where the reader can view my pleasure and pain—connecting me to the reader as both writer and subject. In this way, the reader has access to my raw—in the moment—reactions connecting me, as author, directly to the text. Through narrative vignettes, my autoethnography becomes a text with multiple layers allowing a wealth of insight by reflexively looking back on myself as other. Embedding vignettes, short personal narratives, in this way creates a space where the reader vicariously experiences my memories as if they had been there in the moment. Narrative vignettes comprise the spaces, the layers of the layered account—strengthening each as they build upon or against each other.

Layered accounts. My autoethnographic approach engages a layered account (Rambo Ronai, 1992, 1995; Rambo, 2005) to show a reader the blurred lines and intertwined voices that occur within the communication of lived experiences (Bochner, 2002). Layered accounts often rotate between conventional forms of reporting social science and emotionally subjective research (Bochner, 2002). By layering accounts into my autoethnography, they allow data, abstract analysis, and research to simultaneously engage with personal experience (Ellis, Adams, & Bochner, 2011) and unite the voices of personal experience and the academy in unobtrusive ways (Bochner, 2002). Through my layered account, I endeavor to symbiotically move autoethnography past the autobiographical in the effort to comment on the social and cultural (Jago, 2011) and seek readers to contribute their own layers (Rath, 2012).

The process of my layering of accounts allows reflexivity into how I leave and take impressions of others, developing and changing identity formation because “every identity we have experienced is neither fully present nor fully erased” (Rambo, 2005, p. 567).

Layered accounts challenge the telling of my life from only one viewpoint by opening up the

future to the proliferation of juxtaposed multi-voiced narratives (Denshire, 2014). Adding to this ensemble of voices, I locate my writing in one final genre—messy texts.

Messy texts. Messy texts are often systemic modes for writing against hegemonic discourses (Marcus, 2007). I use the license messy texts offers in order to write through reflexive tales. I use messy texts not as a model to follow, but as a way to represent substantive personal styles of thought and writing (Marcus, 1994b). When I write into my messy text, I bring out the “experiential, interpretive, dialogical, and polyphonic process at work” (Marcus, 2007, p. 1128). The result of messy texts on my work opens up traditional tropes of “being there”—opening new ways of seeing the world for different others. My messy text struggles with normative forms in order for the text to provide new cognitive avenues (Marcus, 1994a). These texts have a sense of whole, but lack the “evocation of totality that emerges from the research process itself” (p. 391). Messy texts provide new understandings of old concepts through theoretical influences and sensibilities that refuse to be uniform. I place my words on the page, messily layering narratives. Layers of narrative vignettes may not easily read like canonical stories that have clearly delimited beginnings, middles, and ends. Instead, messy texts present stories as they come to writers through memory—scattered, interwoven, and fragmented. Messy texts ask for readers to read their authors’ experiences the way that the authors experience and re-experience their memories—messily.

Offering criteria. When evaluating how I do autoethnography, there are several questions that I raise for the reader to consider. I look to Ellis (1998) in the ways she considers if a piece contributes to an understanding of social life. Does my autoethnography demonstrate world understanding or perspective? Is it a substantive contribution? When the

reader engages my text do they find aesthetic merit (Richardson, 2000)? I ask readers to consider the ways in which my narratives affect emotions, motivations to write, or the construction of questions. Lastly, I ask readers to evaluate my narrative work in its expression of reality. Does my autoethnographic account embody a sense of lived experience through cultural, social, individual and/or a communal sense what is “true”?

Summary

The purpose of my inquiry is to address the discourse of mental illness within society. It is important to understand how others interact with individuals suffering from different forms of mental illness—contributing to the growing need for patient narratives (Ridge, 2012). As I do autoethnography by remembering the past through vignettes, layered accounts, and messy texts, I employ three asterisks to denote a different shift in the examinational perspective, and one asterisk in order to represent a narrative vignette related to the previous story (Rambo Ronai, 1992). This offers readers a sign to follow my shifts in thoughts and memories as they layer over each other through the writing process.

CHAPTER 4

THE ART OF FAKING A SMILE

It's 5:30 a.m. in the morning as I park and open my car door to a burst of cold air that helps me wake up. As I work my way around the building to the entrance, I observe the "No Smoking" signs posted on every table, chair, and window—politely telling me, with a big red line through it, to take my habit off the premises. I let the smoke billow out of my lungs as I speak aloud with a Cockney accent, "If yew fink dats stoppin' me, good fuwkin' luck, mate!" I quickly look around to make sure no one saw or heard me talking to myself. It's hard enough explaining to another persona when you talk to yourself. It's even harder when your impulse is to do it in a variety of non-native dialects.

I open the door and the smell of coffee is like being hugged by a trusted friend. Good morning to you too, sweet smelling espresso. I order and set up my computer, headphones, and plug in my phone. My phone powers up while I power through the "sleepies" (i.e., the name I give to that feeling when you start yawning, your legs get a little wobbly, and your fingers fight the urge to obey your simplest command). This is the critical moment, and the secret to staying up for 24 hours or longer. If you get through feeling like your eyelids are made of concrete, then you have powered through the sleepies.

My name is called, and I grab my cup. I promptly pull out the long green stick, placed to prevent your coffee from prematurely evacuating your cup. I lick the stick. Then I spend the next few hours trying to lick the soymilk from the edges of my moustache where the hairs were making sure I didn't miss a drop. How kind of them. I take a sip from my coffee, put on my headphones, and walk outside for a cigarette.

I light my Camel Menthol Silver and try desperately to think of what to write. The fire station across the street is buzzing with activity. Every single truck in the place has its lights on as they begin to drive down the street. I reminisce drag queen emcees yelling, “party lights!” into the microphone when emergency vehicles would pass during gigs I played. I think about writing various stories and come to the conclusion, one way or another, they are not relevant to my thesis process.

I turn to my old friend Facebook, knowing full well that the Adderall I took might lead me down a rabbit hole that could lose me for an hour or more. I begin scrolling: I “like” Kim’s post about *Avengers: Age of Ultron*, Kevin “likes” pizza rolls, and I “like” Ariel’s updated profile picture.

I come across the post of someone I haven’t talked to in twelve years...maybe. She is pleading for support because she just had her first panic attack—so scared she had to call an ambulance because she thought she was dying. I feel for her. The first panic attack is the worst. When a body is responding to something in a way that can, in my experience, only be interpreted as the machine breaking down. The body panics. For the first time, you actually comprehend what it means to embody that word.

I put out my smoke, tingling from the mix of nicotine, coffee, and Adderall. I rest at the table watching the baristas fill drive through orders. I wonder if they enjoy the chaos of the morning shift as much as I did during my time as a barista. My contacts begin to dry. I blink several times and begin to type the memories as fast as they are hitting me.

Chad is riding shotgun as I drive down the steep hill that put me through my paces when I was learning to drive my manual stick shift. We just left rehearsal for William

Shakespeare's *Taming of the Shrew*. Chad is the dramaturge on the show, so his job is to research basically everything the actors will need or want to know. He is telling me how his character is going to hold his money bag at his crotch, swinging it back and forth because "it looks like a wrinkly old nut sack. It's so commedia dell'arte. Everything was about cock and balls," he lets out a chuckle. I stare at the road, but not really paying attention, the drive is muscle memory by this point. My ex-girlfriend's face is running through my head as the street lines blur and drift away. My heart pumps faster and faster. I feel like I am running at full sprint. Except, I am not breathing. I begin to gasp for air. I have never felt my body lose control like this. I feel like I'm dying and the last thing I see is her face.

Breathe in: At the very top of my head, I feel a numbing sensation begin to radiate from my skull.

Breathe out: I feel the creature pulling my essence out. I can feel the energy leaving my fingertips, which are wrapped tightly around the steering wheel. All I can think about is how numb my fingers are becoming, to the point that they feel like they are swelling. My mouth begins to feel like it was shot with Novocain, and I move my jaw around to get feeling back. I want desperately to keep my cool.

Breathe in:

I no longer have feeling in my feet, and I feel like my chest is seizing. The seat belt feels as if someone is attempting to squeeze me from behind. I can no longer focus my eyes on the road. Traffic pushes its way past me on my left. I have no idea how to express to Chad what I am experiencing. All I know is that for some reason, I am dying.

Exhale:

I am unable to describe what is happening. No one ever told me things like *this* could happen. I want to tell him that I am worried about my safety, yet completely unobservant of his danger in this situation. I don't have the words that I need right now.

No breath:

The lights go out. I am driving 30 miles per hour down the road, and I can no longer see or breathe. All of my senses are screaming at once in confusion. The only action I can think is to pull the car to the right and hope I don't fall into some ditch hidden in the tall grass.

"Take deep breaths," Chad is telling me.

"I can't breathe, I am dying," I yell back at him.

My hand is slapping the car window and then reaching down to the manual window crank. The humid Texas air fills the car. I breathe a little slower, and the vision slowly begins to return. The blur fades, and the front of my car is just feet from a telephone pole. I wipe the snot from my nose and try to stop the flow of tears.

"I think you had a panic attack," Chad says, his hand on my shoulder.

We never talked about it again. Why has no one warned me that this could happen?

*

Having glanced away, I return my eyes to the rear view mirror. I only have a brief second to brace myself when the drunk driver hits us going an estimated speed of 40 miles per hour. I think about warning my Bitter Twin (self-given nicknames) when I finally confirm that the headlights behind us aren't slowing down for my truck and the two-door sedan stopped in front of me at the red light. These things really do happen in slow motion.

I hear the back window break as I am thrust forward and then violently tossed back when my truck slams into the car in front of me. My head slams into the headrest and the chair gives out, its momentum stopped by the now absent back window. I tried to warn my friend, to let her know something was going to happen, but I didn't have enough time. We both lie back, motionless.

I think I may have lost consciousness.

She stirs, responding that she thinks she is OK. I look in the cracked rear view mirror only to watch the behemoth truck backing up. Smoke escapes from his hood as his wheels turn to the left. He drives past us and through the red light. I hear a screech to my left and see a Pontiac peel out to follow the piece of shit. The Pontiac is Batman. The Pontiac got a license plate number and even the general area that they eventually ran off to. I don't blame Batman for not following them into a dark wooded area.

I never panic.

I back up from the table, letting my chair make a noise that resonates throughout the tiny tiled Starbucks. The door barely closes behind me before I light my cigarette. I take a picture of the sun rising on a factory or some kind of grain mill. I take a drag from my smoke and breathe in the quiet isolation that is Starbucks at six in the morning.

I have always enjoyed being alone. Much of it has to do with the anxiety of having to interact with people. I feel pressured to say the right thing, when often what comes out of my mouth can be an incoherent mess because my thoughts move too fast for my mouth to catch up. Conversation frustrates me because it's usually so hard for me to keep up with what

people are saying. I focus on simple details or find myself connecting a word spoken to some sort of popular culture artifact.

I smoke peacefully while the cars pass by. Occasionally, I wonder about the drivers' lives. Where they might be driving to this early. How their lives compare to mine. Do they have the "perfect life" or are they screwed up like me? My counselor identified one of my ADHD symptoms as remaining overly curious about a person's life after they have left my view. It was comforting knowing that there were aspects of my life I considered non-normative, and that they were excused with a diagnosis.

I put out my smoke as a flurry of thoughts hit my brain. My head is trying to make sense of my isolationist memories. I decide I like the term *lone wolf* better than isolationist. When you are depressed, you often don't feel like you have a pack—a family of like-minded animals all helping each other to survive.

Often, the lone wolf is separated for so long that it can turn on those it once recognized as family.

"Go out and meet people, ma. You have to leave this house in order to meet a rich old man that will take care of you for the rest of your life...like you want," I say.

"It's just not that easy," she reminds me.

I feel like it's my job to motivate my mother to do things. I recommend actions that I know, full well, I should be taking myself. It's always easier said than done.

*

She stands there staring at me, knowing what she did. I return my gaze deeply back into her hazel eyes. Just as she is about to speak, I say, in a thick cockney accent,

What's wrong wiff yew, puppy? I just told you not to pee-pee in the apartment, and what did you do? You tinkled! Oy! Look at me... focus...focus. Look at me. You're not the ADHD one, I am. No more pee-pee in the communal living space.

I move to cross into the kitchen to grab paper towels to soak up the urine and continue,

There are rules, you see, I don't come into your kennel and just "wee" everywhere.

So no more, ok....Boo-Boo?...Pookie?...I don't know if I can't keep you, so you get place holder names for a while. Okay, Pookie?

She proceeds to run around the room. Jumping on the broken futon I call a bed, jumping off, then, taking a bite of her tennis ball. Squeezing it within the little hypodermic needle-like baby teeth of hers, then tosses it in the air. I watch her thought process as she decides to not pursue the ball she has just flung, and she decides to burrow underneath her blanket in the kennel.

"Oy! Dog. What are you doing? You trying to burrow a cave?" I say, in another dialect.

The blanket wrestles as if it has trapped the red haired Muppet, Animal, underneath. I see the little gremlin as her long pointy ears peek out of the blanket. We lock eyes. Quickly, like a sprinter out of the gate, I run toward my bed. As I run by, I can see her butt in the air, swaying uncontrollably from the counterweight of her tail. She waits till I have passed her cage before going crazy cuckoo bananas and rockets out of her cage. I brace for impact from this tiny, yet dense, German Shepherd puppy.

I worry she is coming for my face when the rocket diverts, slipping snugly between my left arm as she pushes her hardest to get behind me. She promptly gives up and rests her head across my lap. Her head tilts up toward me, and I see her body slowly begin to rotate.

Just as her legs are about to tip over, they stop and stick straight up in the air. I look at the dirt on her belly, then back into her eyes. As her legs relax spread eagle, I say, in an Irish accent, “You’re a fuckin’ mess, dag.”

Switching to a motherly, Midwestern accent, I continue, “Close your legs! I can see your hoo-ha spread out to the world like a puppy porn star.”

She makes the most adorable, heart-melting, and expressive little howl. She struggles, thrashing her head left to right, but the quick sand effect of my memory foam mattress is too much. Her little uncoordinated body has been practically swallowed by bedding and blanket.

Looking into her eyes, once again, I observe the expressive little face of my mattress captive. The trust that this dog is placing in me. Why? Why me? Of all the people you could have found, it was my jacket that you began nuzzling in. Digging your nose into my armpit, and butting your head into me as if you were the reincarnated version of my childhood dog, Hootie. You are everything I have been fighting to keep myself away from in my depression...happy things.

I speak to her, impersonating Humphrey Bogart, paraphrasing *Casablanca*, “Of all the gin joints, in all the apartments, in all the San Angelo, you walked into mine. Here’s lookin’ at you, pup.”

It’s this moment something begins to happen that hasn’t happened in a long time. Water is pouring out of my eyes. I point to the tears forming and blurring my vision, and I say to her, impersonating Michael Caine—my voice cracking, “Look what you’ve done. I bring some un-tagged, mystery dog in from the cold, and what do I get? Sad, leaky face, that’s what I get.”

The tears continue rolling down my cheeks, and I realize just how fucking alone I have felt for a long time and how alone this dog must have felt abandoned on the street. When I am depressed, I retreat into my hermit hole of an efficiency apartment and spend an exorbitant amount of time blankly staring at the Netflix menu. I forget how nice it's to say something and have a response—aside from the white noise of my air conditioner and fridge.

Talking to her comes so easy and natural. It's nice not worrying if she is going to judge me when my mouth gets ahead of my thoughts and I end sentences with an incongruent word or phrase that makes no damn sense. This usually happens when my focus shoots away. I forget whatever linguistic game plan I had originally planned for myself, finishing my sentence with whatever word comes into my head first. The first things that usually come to mind tend to be related to the arts, and farts, and crafts. Because, you know, I never bothered growing up and leaving Never-Neverland.

When I talk to her, she notches her head to the side. I can see that she is listening to me. I guess that's what makes it so easy to fill in the gaps of dialogue with a voice I create for her. I engage with her as if a camera were filming a medium frame shot and each line is an opportunity to be nominated for the Oscars—a Razzie at the very least. I look at it as keeping myself fresh. I make sure to use all of my super powers of acting so that this little dog and I have more honest and genuine acting beats than a *House of Cards* episode.

Wiping the tears from my cheek, I lean my head down toward her face, sniffing snot loosened by my previous leaking episode.

“I fuckin’ love you, Boo-Boo,” I say, in my own voice.

It's then that she decides she's waited long enough and can suppress her teething urges no longer. She bites my finger.

“Ow! I’m trying to have a moment with you, dammit!” I whimper.

To which she responds with a series of chirps and howls.

“Listen, I know you lurrve me, but...”

She interrupts me with a bark.

“Yes, I know, acting is reacting, and I think you are forcing just a bit. Give me a little more (dog noise).”

She stretches her front paws out, forming an acute angle at her ass end, twisting her head as she growls and howls some more.

“I know. You’re going to be a star. Your name is gonna light up Broadway, kid!” I exclaim—extending my arms like a ringleader under the big top and dramatically spinning around to look at my newfound starlet. I understand now what she was clearly trying to tell me:

“Hey, Human! Look at me...focus...focus...I have to pee, remember?”

I grab the hair on the top of my head with one hand and wrap my fingers around the thick of my beard, lightly tugging on it like a train conductor. I turn to grab paper towels, hoping to at least soak up some of the puppy puddle. I stand holding the roll of paper towels in my hand, standing in a dramatic pose like Indiana Jones holding the Holy Grail. My pose of dashing rogue-ness is buckled by the realization that I am standing in a puddle. The puddle I originally was distracted from cleaning up in the first place.

*

We stand around thousands of tombstones at the military cemetery. My mother hands me a hammer.

“You have to do it, and you should hurry,” she says.

“Why do I have to do it?” I ask.

“Because...I don't know. Just hurry,” she responds.

“So let me get this straight, I get to be the one to anger thousands of ghosts by desecrating hallowed ground?” I counter.

“And it might be a felony,” she adds.

“Great!” I sarcastically acknowledge.

I kneel, feeling the morning dew dampening my jeans. I look at her tombstone and wonder where the stereotypical curved cement tombstone you see in old horror movies...wait... I think I may have just answered my own question. I stare down at my grandfather and grandmother's names—hers freshly etched. I begin to use the claw end of the hammer to dig a little hole into the ground just in front of their tombstone. I make the best guess as to centralize where their bodies are so that I can lay to rest the ashes of my grandmothers Cockatoo. Her name was Trouble, and I hated this fucking bird.

I open the hole some more with my fingers and realize the lid of this 5-inch blue urn is glued shut, so I have to break it. I try to break it apart—respectfully—until I have to give it one solid whack. As it finally gives way and little ceramic chunks spread upon the grass, I look at the contents and laugh.

“What's so funny?” she asks, expressing genuine curiosity.

“Nothing, I just expected it to be full of ashes for how big it was, not Styrofoam,” I respond.

“Are you fucking kidding me? There aren't any ashes?” She says, half mad, but laughing.

I look closer and see the smallest baggie, maybe an inch deep, packed with grey ashes. I place the bag and its contents in the hole, then cover it up.

I'm glad I heard my mother laugh.

I let my fingers rest as I step out for another smoke. After smoking three cigarettes, I return to my seat in Starbucks. I begin whistling, not realizing what I am doing. I am just improvising notes along with the music. Still whistling, I take my headphones off. The tune has changed to Bobby McFerrin's "Don't worry, be happy." Each member of the Starbucks morning crew is shifting weight and bobbing their heads.

The barista begins beat boxing.

I sing aloud, "Here's a little song I wrote. You might want to sing it note for note."

The rest of the crew drops their various coffee making tools to dance and sing, "Don't worry, be happy!"

I shake my head to wake up, realizing I just envisioned a dance number while typing. This is not the first time musical numbers have played out in my head while watching life move about. It's easier to picture a world where people—when so overcome with emotion—have to sing it out. I take another Adderall and have a few more cigarettes.

When I return to the table, I open my Spotify app on my iPhone and press play on a cover of "You're the one that I want" by Lo-Fang, originally from the musical *Grease*. It's a slowed down and somber version of the song that immediately places me on stage during my undergrad production. I laugh thinking of a photo we took. The five Greasers standing at urinals with our greaser jackets, pants at our ankles, letting our bare asses shine pasty white

light. Mine is the odd looking, square-ish, fuzzy one. We presented the photo to our director because theatre kids do shit like that.

I played Roger and she played Jan. They were the odd balls of the Greasers and the Pink Ladies. When I finish reliving the show, I know what to write.

I call her, becoming increasingly upset. She has errands to run and feels it might help me to get my mind off things for a bit. It sounds like the best plan I have heard so far. When she arrives, I cry into her shoulder—realizing I don't want to make things awkward since we recently broke up. I apologize for leaving wet spots on her shirtsleeve, wipe my eyes, and am finally able to articulate what is wrong. My grandmother had called to tell me she was with my father at the hospital. He has had an attack from his multiple sclerosis (i.e., a disease that damages the ability of parts of the nervous system to communicate).

We arrive at Walmart and walk through the isles not really talking. I watch people go about their shopping, checking off lists. Watch kids run amok, but I feel they are on to something. Without thinking, I leave her not saying a word. I follow the footsteps of the children to a place that I am bound to find something, the toy isle. I can't go wrong finding happiness here.

I rummage through the baskets filled with squishy, indefinable toys. These baskets are filled with the misfit toys, the ones that don't fit any other category. The toys squeezed for their texture, fiddled with, and then placed back in the bin because no one ever really wants to buy this shit. Sometimes I feel like these toys. People don't want the misfits.

I stare deeply at the higher shelf toys. The action figures, Ninja Turtle flashlights, the extremely ripped wrestler wearing nothing but tiny black undies and multi-colored neon arm

ribbons. I stare and think of my father lying in the hospital bed. He is a broken toy, and I might not see him ever again because I can't afford to fly to California. I get angry thinking about the art he never sent me, even though I ask every time I visit him.

I look at the newest generation of Power Rangers action figures.

*

A small child offers God his favorite Power Ranger. He holds the figure up, crossing his heart to throw in the Green Ranger's knife with the deal. In the TV show, the knife, when played as a flute, calls the most powerful Dragonzord (i.e., a giant pilothable robot that looks like a dinosaur) to protect a young boy. I offer God my most prized possessions in exchange for my father to wake up perfectly healthy tomorrow.

*

I never tell that story to people. It usually leads to how I stopped believing in God before I was 12 years old. In Texas, that's not a conversation I want to bother with. I usually work my way around it—telling of the time at the hospital when my brother picked a scabbed mosquito bite, bled, then passed out in the hallway. I use him to laugh, to make others laugh, *schadenfreude* (i.e., happiness derived from the misfortune of others). I learned of this word from a Broadway musical with puppets called *Avenue Q*. I have learned that this is not a positive humorous coping mechanism.

*

I am aimlessly adrift in toy land when I hear a voice, but it sounds faint or muffled. The pictures in my mind become wavy as the static starts to consume everything. I open my eyes, and I am standing back in the toy aisle—I look left, then right. Just as I lock my eyes

onto her, she lets out two small whistles, points to the ground by her feet and hollers, “C’mon.”

She takes the little bit of steam I’ve mustered. My shoulders slump, and I slowly shuffle my body in her direction. “I’m not a fucking dog,” I say as I pass her.

“Then stop looking like a sad dog that knows it peed on the carpet,” she chides.

I feel insulted and reduced to something lower than shit. I want to respond with something smart/cold/hurtful, but there are too many thoughts rushing through my head to focus. I choose to say nothing as I drag behind her. Now I am just becoming more depressed because, all of a sudden, I feel like nothing but a burden.

I want to show this doggy’s teeth. I want to bite her so hard that I feel the warm iron taste of blood in my mouth. I refuse to let my emotions get the best of me the way they did in high school.

I stop writing. I remember this feeling as my ears fold back in submission. Although my fingers feel that it’s time to tell a certain story, a particular person’s inclusion in my story. I give my fingers nicotine instead.

After smoking, I decide it’s time to relocate. I grab another cup of coffee and head home. It’s still cool enough to sit on the apartment balcony and write before the sun starts to bake me. Driving home, I stay on the right most lane so that I have less of a chance of being spotted by a cop because my registration is expired, and I don’t have the \$75 right now to pay it.

I chain smoke on my balcony, lost down a rabbit hole of app clicking that lasts an hour. Returning inside, I allow myself some time to rest my fingers and brain, so I watch

A&E's *Hoarders*. I feel like maybe it will make me feel better to watch someone else who has clearly lost it worse than I. The crew, clad in HAZMAT suits, makes their way through the house, finding items that were once fresh, now blackened by mold and decomposition. The owner of the house has a hard time justifying throwing things out because they might be of use to them one day.

I look around my apartment. There are only a few spots where you can actually see the floor. Most of the areas where piles begin to form began with the good intentioned placement of grad school articles. Other loose-leaf papers strewn about. Notebooks completely used up with mostly worthless notes from class. Notes too vague to ever understand their meaning as I rushed to write and process as much information as I could. On top of the papers are the layers of garbage. Used paper plates still showing the greasy signs of the pizza that came before—some with the hardened cheese still visible. There is something about baked cheese, it doesn't ever seem to change its state. The next layers are the winter jackets, clothes (clean and dirty), really mostly dirty socks thrown about. Mixed in with the clothes are guitar and microphone cables, sometimes the guitar case, and several different guitars rested on top.

I walk into the kitchen to make some coffee. I toss the molded coffee grounds into a used microwave dinner container and prepare to do some washing, but none of the dishes that really need to be cleaned—the ones that have been in the sink for 6 months. I clean the plastic coffee filter for my single cup coffee maker and reach for my mug. As the opening of the mug meets the stream of hot water, I hear a funny noise. Not the noise of water sloshing around a ceramic mug, no. I hear what sounds more like stepping into a foot of fresh snow.

Curious, I look into the mug as billions of mold spores fly into every hole in my face. I choke and gag, thinking, “I should really clean this place.”

When I finally feel like I can breathe again, I notice a pile of papers and graphic novels. One of novels is bent down the middle of half the pages. This happened the last time I drank. When placed within popular culture, I don’t drink because I become the Incredible Hulk. I begin to think about how I hate to drink because I hate seeing my mother drunk. It also heightens any depressed feelings in me.

I point my hands in the direction of the keyboard and click away.

We all sit down to eat now that my birthday meal has arrived. One BBQ chicken pizza from Papa Johns. It’s my favorite and I am more excited than a Ninja Turtle. I sit down licking my lips and feeling my stomach grumble. We all grab slices and bite in.

Immediately, we all spit our food out realizing my mother had been pouring citronella candle oil over the pizza thinking it was a salt shaker. I begin to despise the taste in my mouth. I remember the way this tastes and connect the bitter taste directly to my mother. I stare her down as if she were even cognizant how much I was giving her the fourteen-year-old “stink eye.”

I shout at her—damning her for ruining my birthday.

*

It has been three months since my grandmother died, and I am not really able to process why my mother isn’t done with her grieving. I blame her for only hurting herself by drinking all the time. When I walk through the house from my room to the back door, I stop

to see how my mother is doing. She gives standard responses as she keeps her face tucked in a book. I lean down to give her a hug, hoping it might cheer her up.

When I reach my arms over her, I can smell the booze all around her. She is hiding her alcohol from me, which makes me absolutely furious. She is becoming an alcoholic right before my eyes, and I make it my mission to stop it by telling my brother. When we talk, he patiently listens as I go on and on about how she is hiding a bottle somewhere and that she buries them at the bottom of the trash. I can't calm my blood pressure because I just can't figure out how she is doing it.

I storm back into the room wanting to say something, but I stay silent and go to my room. I grab my weed and one hitter pipe, huffing and puffing as I walk out into the backyard where it's pitch black. I flick the lighter, igniting the end of my metal one hit pipe. I exhale the smoke, easing into my high, still furious that she will not just be honest with me. I think I see a shadow. With a burst of speed, I hide my pipe. Am I just imagining this alcohol problem?

*

The midnight premier for *The Dark Knight* is tonight, and I just finished a school related show. At the bar, a woman who is clearly upset about how school is going for her offers me shots. She continues to buy me shot after shot. Because I have been single and hoping someone would want to mingle, I keep drinking. This is a bad idea. I am only feeling tipsy, but I am upset that the girl rejects me mid-kiss. So in terms of emotional control, I might as well be wasted when my depression gets a taste. She moved on, and I decided to leave the bar.

I have been stressed about money, so my friend took it upon himself to purchase my ticket, which infuriates me. I didn't ask for his help. I told him *maybe* I would go. As those two statements play through my head, I become increasingly upset about the kiss. My blood boils under the pressure, and the alcohol only fuels my rage centers. As the anger fills my body, I can feel my eyes turn a shade of emerald.

I rip open my shirt, exposing a chest being consumed with muscles and a green tint. My pants rip, and I begin throwing things around the apartment.

"Hulk didn't ask for help," I grumble, throwing a stack of books to the floor, bending one of them. I am angered by my inability to keep my cool. Nothing good will come of this evening, so I lie down on my bed and shrink back down to my normal size. I sleep the rage off.

Stretching my arms out, forming the letter "Y," I yawn and feel the need to push through the sleepies. I step over clothes, papers, a dinosaur toy, and cross to the back of my apartment where the sink is. The counter is completely consumed by junk: Whataburger cups, tool box, baggies, wrappers, hairs galore, and a sink that is filthy. Underneath the junk it's covered in marijuana resin stains, which I am not worried about because Mr. Clean's Magic Erasers work wonders. I look into the mirror and blink myself into focus.

This beard that I am growing is a badge of honor. Each tangled strand that stretches out from the pores of my face is a marker. Like the rings on a tree, each strand contains the information that describes my history. These thick, uncooperative papyrus scrolls let the world know that I have achieved depression enlightenment. I am one with the holy spirit of

not giving a fuck. That is the dream, is that not? And to look in the mirror and see that this tuft of burly man-ness conveniently masks my double chin.

Let us start with the split ends. In a nervous tick that I have developed, I enjoy pulling individual strands of hair from my beard. As if the shedding wasn't enough, I volunteer one brave soldier to be studied. I search for the perfect test subject. Grabbing the thick of the beard between two fingers, I flatten the bunch out and observe the grouping closely. I can't quite extend the strands out far enough, so my eye muscles strain to keep my eyes steady in a locked-down and cross-eyed position. If I am unlucky finding the holy grail of hairs, this process can take up to an hour. My eyes are crossed and starting to vibrate as if I am forcibly inducing a migraine. In a burst of luck, I find a prime candidate.

I take a brief break, allowing my eyes to rest and hopefully readjust their focus. Preparing them, and myself, for what could be a long a process. I take a breath and begin isolating the split end. One by one, I pull strands away and slowly thumb my way to the hair. Upon reaching it, my body begins to build an intensity. This energy fills my head, shoulders, knees, and toes and it's similar to the feeling I would get waking up at 4:00 a.m. Christmas morning. I can't contain myself and the orgasmic release of pulling the hair follicle out.

Upon observing the split ends, each arches back so delicately to the origin point—right where the hair is splitting. It's now that I envision Robin Hood splitting the arrow down the middle, and I pull the strands apart. The subtle vibration that is made while I pull the strands apart makes my brain interpret this as a slightly violent act. Now, to the good part, interpreting my hair.

As I observe the rest of the strand, I can see the hair and its growth. The likelihood that this hair has been with me from the start of the beard makes me feel guilty that I pulled it

out. It lasted so long, and, like a George R. R. Martin (i.e., the author of the book series that HBO's *Game of Thrones* is based upon) character, I deprived it of life before it could finish its story.

The hair is thick at its base, where clearly it has developed a solid foundation. As the hair goes on, I can almost see the points in time in which I have been starving myself, over-eating, stressing out, calming down, then the hair gets healthy again for a bit, then another patch of the same events. The 2-inch hair on my face is an intricate narrative of the reality of life over the last 8 months. The reality that I can't escape from. Even when I don't acknowledge my own issues, the beard lets me know that my shit has been fucked up, and I need to do something to change my state of being. I would like to think that this beard was a choice to be more masculine or an attempt to jump on a current fashion trend for the thrill of its rarity. The truth is, my beard is showing the world that my life is about as messy as the tangled nest of nerves that make up the soft fluff on my face.

I brush my beard until my face feels scratched. I have spent too long looking at myself and need to get back to work. I gather my things and set out for campus. Luckily, a cold front has swept through—my hero. Any chance to cover my belly with a jacket is a good day for me.

I arrive at the library, get my soy latte, and sit down with my laptop. I observe students in various states of stalling or being productive. I watch the person I have a slight crush on work at a computer. We smiled to each other once, but no way in hell am I going to talk. What would I say? I haven't slept, probably look greasy, and at the rate I have been smoking all night and day, I am sure nothing but ash will pour out my tartar-toothed mouth.

It's best if I stay quiet and keep working. I think I might want to begin writing about intimate relationships when I look at my phone and consciously refuse to answer the 877 number.

I know it's about either my Capital One card, my Discover card, or my sarcastically favorite, Chase Visa card. I stop my phone from ringing by denying the call. I laugh out loud mumbling, "No way am I answering that any time soon." I wish my voicemail was completely filled up. I wish they didn't call me every hour on the hour (and sometimes in between for good measure). Not very much escape from anxiety when you're reminded of the 30% interest on every card. I tell my fingers they don't have a choice. We are writing. I press play on my Hip Hop study break playlist on Spotify and write in rhythm to the beats. I dare say "this...sick...beat," but I think I read somewhere that Taylor Swift copyrighted it. I do know her legs are insured for 40 million dollars. I begin writing by commenting on the page.

*

That is absurd.

It's 3:00 a.m. in the morning, and my few weeks in Milwaukee have been overwhelming. There are so many people talking about writers and directors who I have never heard of. I wish I absorbed names in the theatre world as well as I do the useless information of IMDB. It amazes me—all the names, faces, films, and impersonations that I retain without ever trying, but I can't remember to take down the trash when my mother asks me.

While resting back in my room at the Plaza Hotel, I stare, half asleep, at the TV. Turning the channel from *Looney Tunes*, I turn to one of the many channels that stops airing

original programming after 11:00 p.m. An advertisement for an abdominal exercise belt is playing. I watch the show, and I am just depressed enough about my body image that every persuasive piece of information the sales person spits out, I soak right up. I think of the movie *Dragon: The Bruce Lee Story*. At one point, the actor portraying the famous actor/martial artist is sitting in a small sterile looking room. His wife walks in and sees her husband attached to tiny electrodes stuck to his body. You see his biceps, abs, and pecks flexing to the pulse.

“Call Now!” the TV tells me. I tell the TV, “Hold your buttons.” I would be stupid not to take this deal. Like Bruce Lee says in the movie, “It’s like doing one hundred pushup every minute.” I would be stupid not to order. I pull the Discover card from my wallet and charge the eight easy payments of \$49.99.

*

I got the Discover card in undergrad when they offered me a free T-shirt and voucher for a Little Caesar’s Pizza—back before they served Hot-N-Ready. The stringy cheese in my mouth that evening felt worth a credit card I had no intent of ever using.

*

The belt arrives, and I use it for a week before discovering it’s a hunk o’ junk, worthless. I have the red spots on my belly to prove it. They only give you enough gel for a few days. They don’t tell you that when you don’t use the gel between your furry belly fat and the electrode, you can feel every little electrical bolt enter into your body. Two hundred pulses of painful shocks per second doing absolutely nothing to make me feel better about my body image. I paid for this, so I painfully wear it till the end of *Scooby-Doo* so that it doesn’t happen again.

When I leave Chase Bank, I have a new checking account. Mission number one accomplished. I also leave with a \$12,000 limit credit card, which I told the account manager I didn't want. I know nothing about interest. My parents have talked about it, but when I get frustrated or confused, I tune out, look somewhere else, and think about a whole lot of stuff not related to important life lessons. The account manager confused me, and I gave up paying attention. So now, I am a 25-year-old with a license to spend \$12,000 on a Visa credit card.

*

I am in Chicago by the time of Senator Obama's Presidential acceptance speech. Everything is going to change. Life as I know it would be forever different. Everyone in the room hugs each other crying. We all interned in Milwaukee, and now we get to share this incredible historic event in the city that our new President is from.

"Holy shit! We did it!" I say, feeling like we actually had a hand in getting him elected President.

*

They may have, but my absentee ballot went to Texas. My flatulence has more effect on political outcomes.

*

December is in full Chicago swing. I am alone in the apartment, as per usual, and I stick my head out of my bedroom window. I collect the snow from my windowsill, rolling the individually unique snowflakes in large groups to form three snowballs. Each snowball is significantly smaller than the previous one. I place one on top of the other, and I have made my first snowman. I place ketchup on his neck and proceed to take a series of pictures

depicting me in an epic struggle for survival against this viciously chilly snow beast. I take a hit from the pipe, smoking the weed that my dealer delivers in a pound bag of ground Starbucks coffee. My magic coffee weed begins to fill in my grey matter a shade of green, as I take picture after picture, stabbing, being stabbed, and generally having a tough time taking this snow man out.

My fingers throb from the snow as I answer my ringing phone. I talk to the hushed voice and assure that things will be okay.

“I just want to burn things. I want to burn everything to the ground,” he says.

I have never heard him sound like this. He sounds crazy. You are supposed to have your shit together. I have problems: no job, no money, and no friends. All you lost was a girlfriend. My struggle is greater than yours.

*

I watch a man talk to himself on the bus. He is filthy and smells like urine. The urine smell might just be the Chicago bus, though. I watch him have a deep conversation with himself. Something I also particularly enjoy. I wonder if he does it in dialects or impersonations like I do. I wonder how he got where he is. I notice people staring and commenting about him, as he obliviously remains a chatterbox unto himself. I see the future me hiding underneath his ragged beard and missing teeth. I see myself as the person walking with him through the day, telling him all the things he can't do because he is not normal.

I press play on the song “Another man’s shoes” by Drew Holcomb while in the campus library, “Everyone’s got their own set of troubles. Everyone’s got their own set of

blues. Everyone's got their own set of struggles. Walk a mile in another man's shoes." I return to writing.

I reach my finger in and pull out a little chunk of something. It looks like a rock. My mouth doesn't hurt, so what could it be? I tongue around and make the realization that it's a piece of my tooth. Over the previous year, I had wondered why I got a sharp sensation when I bit into white cheddar Cheez-Its. It felt like taking a big bite of tin foil.

I freak out. My body is falling apart as I take my early steps into adulthood.

*

They ask for my insurance. I let her know I don't have any. She walks me to a different side of the counter to show me finance options. I tell her I don't have a job yet, which she says will affect the type of payment plan I can use. I pull the light blue Chase Visa from my wallet and hand it to her. She grabs it with three fingers, and slides the magnetic strip through the machine. It slides smoothly through the machine as it captures \$3,500. I have a few months before I get to appreciate the full weight of my first big decision as an adult in the big city. My stomach is queasy, my mouth is numb, and my lips feel like they stick out a foot in front of me. I hope I am not drooling on myself as I ride the Brown Line back to the Kedzie Station.

*

"Well, that was stupid" my father tells me through the speaker of my Motorola Rumor.

*

My mother calls me. She opened a letter sent to me from Chase Bank and I am beyond furious that she would open my mail. The next words I hear sound like an adult talking to Charlie Brown. Just a series of “Wah-Wah’s” at varying pitches and levels. I tune in after she finishes scolding me because she is letting me know that my bank lowered the limit to \$9,000 due to the speed in which I have been spending the money that only actually exists at the end of the month when I get a statement from Chase—which I never open.

*

I return home, unlocking the first door and walking up the dark narrow stairway to the second level. I walk in, and it’s silent in the house. No one is home, and I feel my way to the back where my room is. Jon stays with his girlfriend most nights. And if I had a girlfriend, and her parents were doctors, and she was becoming a doctor herself, I would sleep at the apartment that that life affords as well.

I turn on the hall light near my room. There is a hastily written note on the door from my roommate, Greg. Our landlord, whom I have never met, e-mailed Greg about our rent. It seems the checks we have been writing our third roommate, who we were specifically instructed to give them to, hasn’t been paying. Later, that roommate would tell us people stole the money, on several occasions, when she fell asleep on the train. That supposedly happened three times. Other sources would tell us she was buying cocaine—more believable. Either way, Greg and I now must come up with \$1,900 by the end of the week.

*

I pull the \$2,000 in cash off the bank’s counter and walk out. The bank teller can’t stop me from taking this money out, but she tried to talk me out of it. When I leave the money in my landlord’s mailbox, I think about the bank teller letting me know that it’s going

to be 30% interest on the amount used for “Fast Cash.” I should know what that means, but trying to do the math frustrates every bone in my body. I can imagine my parents saying something, but the words aren’t what I remember, only the scolding tone. A vocal tone that my brain instantly switches channels on the TV in my head.

*

The wind chill is sub-zero in Chicago today. I have been walking door to door through neighborhoods on Chicago’s east side. I make the desperate attempt to close a deal for U.S. Energy & Savings. I sell a fixed-rate natural gas plan to as many strangers as possible. Basically, you sign up for a period of five years at a fixed-rate gas price. I tell you that you pay a higher rate now, locked in, with the hope that the fluctuation of the gas market will save you money in the long run. I am pretty sure our figures are made up for predicting the trend of gas prices. Even our uniform is meant to deceive you by looking like official Chicago utility services.

*

I listen to him try and shove his bullshit pyramid scheme down my throat. Steve is at least 6 foot 2 inches, and his face naturally tints red. He is incredibly lanky with a short buzz cut, pencil line goatee, and bleach white teeth. There is a slight lisp when he talks and his front teeth rest over his bottom. The only thing we have in common is our overbite. This guy often puts the “used car salesman” stereotype to shame. Watching the young teenager’s eyes light up as he talks, you understand why people join cults. The end results sound so good and achievable with a voice that sounds as confident as his does. We meet every morning for his motivational sales pitch.

Right now I want to tighten the tie around his neck by standing on his shoulders and pulling up. He is telling me I am not working hard enough. He acknowledges everyone else in the room that is contributing to the top office goals. I watch David Mamet's *Glengarry Glen Ross* in my mind while he talks because he reminds me of Alec Baldwin's character who says, "A-B-C. A-Always, B-Be, C-Closing. Always be closing!"

Before letting us leave the office to bring more money back to the hive, he makes sure to make an announcement in front of everyone.

"This hundred dollar check"—he lowers his hand as if he's going to give the envelope to me—"gets sent back to corporate. You didn't earn it. This is why you have to close your deals."

I doubt there was even a check to send back in that envelope. I feel my hands shaking as they are clenching to fists. I am so furious that my eyeballs feel like they are vibrating. He knows he got under my skin. He thinks this is how he will control me and make me a successful drone.

*

You make this sale. I don't give a fuck what you have to do. You get them to sign, or you stay out all night until you do. I don't care if they speak Spanish, Russian, or a language they made up. You get them to sign the fucking form, do you hear me? You left the house with a filled out form and no signature. All you have to do is knock on their door, make them sign, then we have them. That is your job! Do you want to survive? Because it sure doesn't look like you do. You don't want this. You don't want to stay here, because, boo-hoo, you're too nervous to knock on a door. Stop being worthless, make some fucking money, and be an

adult. You want to have to call your mother and tell her you are a failure? That is what you are if you get on that train. A failure.

*

I stay out a little while longer not expecting much to happen. The night is particularly cold. The chill has cut through my waterproof insulated boots. It has penetrated three layers of socks, which enables the cold to slip past the protective layer of thermal underwear. I have placed “Hot-Hands” into my gloves resting on my palm. They are little packets of chemicals or some other magic substance that, when agitated, get extremely warm. They are a lifesaver when the temperature is negative zero, but they are unbearable after fifteen minutes. You feel like you are burning your hands with a hot light. So the gloves come on/off with the predictability of how I toss and turn at night.

My face peeks out from my hoodie, with my ears snugly warm underneath my earmuffs. I have been growing a beard, and a fascinating thing happens in the cold when you have a beard and moustache. You see, when it’s cold, your nose runs. That snot rolls out of your nose like a leaky faucet. Now, before the snot can get to the end of your moustache, it freezes. As the snot freezes, it begins to politely collect snow.

*

I transfer from the Blue Line to the Brown Line and ride the train to the Kedzie Station. I am bundled up and just looking forward to getting back to my place to finally rest when my phone rings. My grandmother has been diagnosed with cancer and has months, maybe only weeks, left to live. I am faced with the prospect of death, something I have been sheltered from most my life. I didn’t attend my grandfather’s funeral because my mom felt I was young enough that if I wanted to stay home I could. I did. When our cat, Tao, got cancer,

she had a massive tumor that had grown in between her shoulder blades. The tumor had broken out of the skin. It was covered by a large grouping of scabs that I would pick at as a small child, all the while scolding our other cat, Zeus, to be more like her. Nice, that is. I would bite the back of Zeus' neck when he bit me. I would bite him and say, "Be nice like her." I would bite him, leaving a slobbery mystery for my family to try and figure out. When she died, I was told she ran away. I didn't put two and two together until much later in life.

When I wake up, I don't go back to work. Steve calls me trying to motivate me in the most half assed way—really just blaming my laziness. He also wanted to remind me that I still owe him for my uniform. I hang up on him. This job has cost me what little money I have left. Taken away because I "didn't earn it." I am frustrated and upset because I haven't earned it. I wasted my time when I got here—just pissed it away. Lied to everybody.

Later that night, I call my mother to ask for help getting home. I know that I can no longer make it in this city on my own and don't know what else to do. I'm sure if she couldn't understand what I was saying, she would know what I needed just based on emotion. Mom knows that things are bad, but the only answer she ever gets out of me is "I could never find a job." Because I had a hard time working up the courage to find a job after U.S. Energy & Savings and then quitting another job after two weeks of standing on Chicago's busiest street corners trying to get people to sponsor a child in Africa. I wasn't really trying to get them to sponsor one of those children; I wanted them to sponsor me. I quit after two weeks because that was the only period they would pay me for. After that, it went to 100% commission. I felt too proud to be doing that. I had a college degree, dammit. I was too good for those jobs. I also felt I was too good to apply to gas stations, convenience stores, McDonalds, or any one of the many other restaurants. I did try to apply at Starbucks, but I

didn't want to make the commute at 3:00 a.m. in the morning like my roommate does. They never called me anyway.

I spend the flight home removing any point of culpability from my brain. The financial collapse, landlord/roommate, Steve, and that not even Targets in the city were hiring, all must bear the burden of my choices. They have to if I am to survive.

I deny another debt collector on my cell phone while in my school's library, finally resorting to turning the damn thing off. I look around—just watching other students. A sea of others watched by the 30-year-old, bearded, and likely stinky, former children's theatre actor who hasn't slept in 36 hours.

I pull one headphone ear cup and place it behind my ear. Eavesdropping on the conversations of others makes it easier to ignore the ones in my head. I listen to hushed voices complain about the Korean exchange students. The ethnocentricity is bubbling over when I hear a girl explain how she hates public speaking because she panics. I let her know she can come to the speech lab where I work, that I am a former performer, and I may be able to help her relieve some anxiety with some theatre techniques. I don't tell students who come to the speech lab that, sometimes, you never get over fear. I return to typing.

You don't seem worried. Why should you? It's just doing what you enjoy. Before you go up on stage, think about how cool you are going to look; how people are going to see you in this moment later in life. This feels really fucking cool, huh? They could have chosen that Green Day song, but they didn't. For the first time, you can't be spoken over because you are the loudest voice in the room. This is your moment, relish it.

Careful. One step at a time. Remember to breathe, and as you walk forward to the mic, just play it cool. Grab your pick, set your guitar, and begin to play...nice. You are off to a good start. I mean, will you listen to that echo? Hear each note 100 different ways as it travels through every individual and out into the cosmos. This is how it sounds when you sing in a stairwell or tiled bathroom. This is why you love to hear your voice reflected back to you; the seduction is empowering. Feed on their energy, and enjoy the texture of this delicacy.

Now, ease into the chorus on the downbeat...now.

*

One Mississippi.

My heart stops as I catch the guitar around my knees. Time distorts and this is unfamiliar. Throughout my body, it just feels uncomfortable. I am hunched over, desperately holding on to my guitar as it's the only safety net I have.

Two Mississippi.

Holding my guitar with the strap hanging limp, my heart feels like it makes twenty beats between every second. My eyes adjust to the lights, and I look out among an absolutely silent crowd. An ocean of blue caps and gowns unmoving—completely still waters.

Three Mississippi.

There are 506 graduates holding their breath and fighting the uncomfortable urge to squirm in their seats while they watch your train wreck. People can't turn their head away from smoldering wreckage and bright emergency lights. We love disaster when it's someone else. This is fucked! You are fucked. Each student brought family, friends, and any other

yokel with a blow horn to the Freeman Coliseum for this ceremony. Two thousand people, possibly more, just watched your guitar drop off your shoulder. This will be your legacy.

Four Mississippi.

*

When I look back on high school graduation, I am thankful that smart phones were invented several years later.

*

I close my eyes and take a deep breath as I begin to shake. My fingers feel like they are locking up. I can form one chord but switching to another feels like my fingers are trying to move through half dried cement. The tremble finds its way to my diaphragm and vocal chords, and I don't know if I have enough physical strength to keep my voice on pitch, remember all the words, and play guitar all at once.

My body physically rejects the choice I've made to play. The desperate struggle to keep rhythm by bouncing and switching my weight left and right. I am conscious not to keep my knees locked, and it's probably the only thing keeping me from crumbling to the floor. Nothing feels like the feeling when your body deceives you, especially in front of others.

I miss having my Ladybird on my left shoulder to ease the nerves.

I decide to change scenery again. I need to be somewhere that I can chain smoke if I plan on writing anything productive. I pull a Camel from my pack, light it, and sit down to write on a bench underneath a tree that is lightly spitting sap everywhere. I watch people walking by while listening to Amy Winehouse. I think about the honesty in her lyrics and

vocals. I also wonder if that guy in the red shirt has thought about his life as much as I have today.

I notice a kid sitting to the left of me on some steps. He is telling someone over the phone that he needs some help.

“You and me both, brother,” I think aloud, impersonating Christopher Walken. I keep listening to what he is saying:

Well, my check bounced because I didn't want to pay late, so I gave them a hot check thinking my money would go through in time. I have to pay it by the end of the week according to the eviction notice. I am using a co-workers phone to call you because mine has been shut off all summer, oh, and also, I am not making enough at work to pay all my bills and keep smoking weed. The thing that set me off was when I was told all of this was my fault. I didn't really handle it well, so I had a panic attack. And the icing on the cake is that I need help paying my electric bill because it shut off this morning...Really? Thanks, dad...Love you too.

I am flabbergasted by the honesty of this kid. I had practically the same conversation with my father months back, and I spent the entire time removing myself from all of those issues by placing the blame on other systems. A frequent tactic that is my knee-jerk reaction to claiming responsibility. Sometimes I even catch it while I am saying it and still let the lies slip out.

I start a Google search of depression and sift through seemingly endless search results. In this moment, I feel anxiety swimming through the pool of my body as it leaves Baby Ruth bars in all my extremities without an internal Bill Murray from *Caddyshack* to

pick up the “doodie.” In a moment of genius frustration, I remember the articles I have been saving for months—conveniently for my thesis project.

I open the iMessage thread on my iPhone that I sent to myself. It has a collection of news articles about depression. I sent them to myself in case I needed inspiration to write. *Diet may be as important to mental health as it is to physical health (2/24/2015)*, *Water fluoridation linked to higher ADHD rates (3/14/2015)*, *Workplace suicide on the rise (3/17/2015)*, *Why lying to my doctor is like online dating (3/23/2015)*, *College student who went missing for weeks says she was stressed (3/17/2015)*, and *Five important mental health reminders as we talk about the Germanwings tragedy (3/27/2015)*. It’s the last article that I think about the most.

At several points in my life, I feel like I snapped—completely lost control of my conscience and ran full speed on gut feeling. I don’t want to, but know I have no choice—I have to write these stories. It may have been the difference of one word, one person, or one mistake that could have placed me in the same shoes as the pilot who locked the cockpit doors and crashed a plane killing all those on board. Something stopped me from making a list in junior high. Well, what stopped me in junior high was the kid that made a list before me, and I told on him. I heard he is a comic now.

I begin writing the moments of which I am least proud. The ones I keep closest to my chest. These are the memories that form the bulletproof vest protecting me from my self.

She turns around swiftly, clasping her overalls with tightly clinched fists. I see her back and soon see nothing but rage. She told me to stop acting like a child, and my body is

thinking. My right leg swings out, my foot is arched, and my foot charges forward with the ball of my heel. Exactly how I was taught to kick in Tae Kwan Do.

My leg misses, only clipping the loose butt of her pants. I hear my martial arts instructors telling me, “Indomitable spirit, honor, and respect.”

I shush them in my mind and charge forward, screaming, “You fucking bitch! You hurt me so bad, and now you play the victim. You are a slut, a cunt!”

I scream those words with enough volume that at least the three surrounding rooms must have heard every theatrically over-articulated consonant. Everything in me wants to hit her and make her hurt as much as she hurt me.

It doesn't take much for our teacher, Mr. A, to pick me up and rush me out of the room into the theatre. The lights are dim and shining over our *Taming of the Shrew* set. He is a stratospherically tall former football coach, so my 130-pound frame is nothing for him to move. He lets me go onto the stage. I howl with all the pain in my heart, hearing it hit the back wall and return to me. I want to die, and I don't care who gets in the way.

Mr. A yells for me to calm down and breathe. As I circle around staring at him, my eyes watch every move he makes. I am a tiger, and he just entered my cage.

“Sit,” he commands.

I continue to go feral because that is how my favorite X-Man, Wolverine, handles situations. I just wish I had claws that extended 3 feet from my hands.

“I said SIT!” he barks.

Never being one to deal with authority, my attempt to dominate over his masculinity fails, and I begin to cry while sitting down. I feel ashamed, out of control...crazy. I am afraid of myself.

“You can’t act like that, bud,” he says.

I just nod in agreement. How ashamed my mother would be if she found out. She would look at me like I am a monster. I am a monster. This is something I hate more than the girl who broke my heart. I am about to speak, but Mr. A stops me, “Look, it’s always going to be hard. It took me five years to get over a girl, and I lost it plenty of times. You can’t act like that. Trust me, I’ve been there and bought the T-shirt.”

I try to let that phrase fall in sync with my brain waves. I’ve been there and bought the T-shirt.

I am not a cutter, but I think about it. I fantasize my death scene frequently during my senior year of high school. The voice in my head likes to remind me that, if using a razor, I need to cut vertically and not horizontally across my wrist. I search the junk drawer for anything resembling a razor—only finding old batteries, chip bag clips, and a plug adapter. None of the knives I have in the kitchen seem right, and I fear that people would criticize my use of a steak knife as not artistic enough.

Having grabbed a plastic bag, I return to my room and quietly close the door. I sit and begin to tie the bag around my neck. I imagine the faces of my family as they discover my body. Right now, I don’t matter and this is how I will show people that they should have cared more about me. Fortunately, my obsession with death is luckily balanced out with my anxiety for dying. With every breath I take, the bag rushes into my mouth. As my oxygen begins to deplete, I panic. I rip a hole in the bag that wraps around my head, but I don’t burst through exclaiming, “I want to live!” The only thing going through my head is that I am

a fucking failure. I can't even orchestrate my own death properly. I hide the ripped bag under my bed and agree with myself not to tell anyone.

*

The teacher is lecturing about something, but I wouldn't know it. I finish writing "death is the greatest adventure" on my textbook cover and begin slowly turning a freshly sharpened pencil on my wrist. The teacher talks and talks, and I just keep the pencil turning. I can feel it slowly working its way through my epidermis. There is the slightest feeling of relief with every turn. I turn the pencil faster now, in semi-circles, and realize that blood has started to flow from the newly excavated hole. The tip of the pencil is completely buried, and I am not completely sure how or why it started. All I know is that I feel a sense of accomplishment.

*

It had been a month since we broke up, and things only get worse. I don't sleep much because every time I close my eyes, I imagine her somewhere with someone else. The images of sex acts roll through my head. I desire desperately to be able to count sheep to fall asleep, knowing I need to be up for school in two hours. Once my eyes close, the projector kicks on in my mind and then my heart begins to feel like it's going to explode.

*

I haven't eaten a full meal in a week. The dinner time mantra has become "I'm just not hungry." The 40 pounds I have lost in the last month says otherwise, but the smell of all food repulses me. When I try to put my mother's mashed potatoes in my mouth, I instantly want to vomit. I don't know how to explain it to my mother because I love her mashed potatoes, but I just don't want to eat anything. She doesn't force the issue, mainly because I

know she senses something is wrong. She has always felt guilty and responsible for my weight problems. She apologizes once more, and I want to scream out that I don't give a fuck about my weight, that something else is wrong—something that no amount of mashed potatoes will fix. I just don't know how to tell her I tried to kill myself.

*

I look into her eyes, and she doesn't recognize who I am. She looks at me unblinking, as I am sure she is trying to process why I would drop this on her now. The movie *The Tao of Steve* is playing in the background as the characters describe what makes a man who embodies the essence of the actor Steve McQueen. My friends sit on the couch staring intently at the TV trying to not acknowledge the awkward situation I have unleashed upon the living room.

"I'm not doing this now!" she says.

"I tried to fucking kill myself!" I shout with all of the strength in my lungs.

The silence makes the moment feel like it lasts hours, as she finally turns, lights her swisher sweet cigar, and exits to the back porch. Later that evening, she agrees to make an appointment for the first of several trips to doctors for anti-depressants.

*

When I invited them over to watch *The Tao of Steve*, I don't think they expected me to lose it. I didn't expect to lose it. Sometimes all it takes is one word, one action, one insignificant comment from a background character in a movie to set me off.

*

I endlessly Google "depression, anxiety, and mental illness." I pop in to forum discussions and quickly overwhelm myself with the information anonymously place into this

digital filing cabinet. After an hour of falling down Google's rabbit hole of symptomatic possibilities, I place my phone on standby and stress about the various other disorders that I feel I may now have. I hate the anonymous voices on the internet.

*

I hate going to the doctor. I hate the antibacterial "clean" smell that always reminds me of my first visit with my father in the hospital—arriving just in time to learn what a tracheotomy is as yellow fluid ejects itself from a hole in my father's throat. I hate that every direction I turn, I stare down some factoid sheet of a disease I hope I never get. I hate that every time I shift my weight, there is an obnoxiously loud crinkle under my ass because of the long roll of magical seat-sanitizing tracing paper. I hate that I have to try and describe how I feel emotionally to a stranger. I am afraid he might tell me what I have already heard him say a thousand times in my mind: You are going crazy. I remember how people talked about the girl that was admitted in junior high. She was placed on suicide watch because she was a cutter. They said she was crazy and that's what they will say about me.

The door makes a creaking noise as it opens. My doctor slowly pushes his head through the narrow space between the door and frame. He reminds me of a turtle as I chuckle. He makes me feel comfortable, and I am genuinely surprised when he brings himself to my level. He frequently makes moves to relate and comfort me so I don't feel so alone. I say that I can't sleep, and he tells me his experience. I tell him that I am not eating, and he tells me a story of depression eating till his pants wouldn't fit.

"What do you want to do with life?" he inquires.

I tell him that I was cut from the baseball team because of my long hair. I wanted to be a comic book artist since I was a kid, but I am not really good at drawing original things.

“Lately,” I tell him, “I have been acting for a couple years and I enjoy being a part of shows.”

He surprises me and tells me he was a part of the film *Tora! Tora! Tora!* He is the coolest doctor I have ever met.

I leave the office with my first prescription of anti-depressants and Xanax. I start treatment on Lexapro. After a short period of time, I start forgetting to take it. I feel like I am over it.

Having a nicotine fit, I smoke a cigarette before I write anything else. Most of those stories I have never spoken about, and I remember why I am afraid of myself most times. I isolate myself so often to protect me, but I do it to protect others from me. The less someone comes into my cave, the less chance I have to hurt someone else in my life. I smoke several more cigarettes outside, understanding that I have written those words down. Although they may be rewritten, they will not be erased. Others will read those words, and I have to let them.

I receive a text from my neighbor because she wants to watch *Game of Thrones*. I use every positive descriptor to sell her on the show. I am most amazed at the show’s ability to always subvert my expectations. In that way, this show makes me think about life and the fact that sometimes, people don’t get to finish their stories.

I smoke a bowl of weed to calm my nerves as the sun is beginning to set. I want to sleep, but I feel like I have to push through—I have to finish this thesis—because it’s the one thing I said I wanted for myself in grad school. I never set goals, long or short, because I have lean-on impulses. The kind of impulses that result in getting rushed tattoos, spending

stupid amounts of money on junk, or never finishing one artistic process before I have started four others. It's the defining piece that I can look back on and be proud of in a world that is usually kicking me down. I saw this an unclimbable 700-foot wall of ice—even fell down once—but I was grabbed at the last minute. I have to finish this for me, as an example of what my mental illnesses won't keep me from doing, but also so all the words of support—the occasional “I believe in you”—won't be wasted.

I power through, hoping to write a few pages before my neighbor comes over.

I have had an itch behind my ear all damn day. I feel like it's going to bleed soon if I don't stop scratching it. Mosquito? Possibly. I am sitting slouched in the desk/chair combo. It's impossible to sit up straight for several reasons. First off, if I sit up straight, my back begins to act as if it has never done it before, and it's physically impossible to sit still. It begins with a twitch in my lower back and before I know it, the only thing I can focus on is how much my butt cheeks hurt. Left begins to annoy, so I shift my weight to the right. The law of diminishing returns is in full effect, as I am able to keep one position for less and less time. The second reason that it's impossible to sit up straight is the fact that the designer of said “chair” decided to manufacture it with the most frictionless material known to man.

As I shift my weight back onto the left side, I scratch my ear some more. I am sure that I felt skin collect under my nail. I need to stop. I impatiently sit and listen to Jack lecture about playwriting. The dude writes for Broadway, I should really pay attention...but this fucking chair! He has to see me squirming like I have ants in the pants. Either that or a small child that clearly didn't wipe well enough. The sun catches his shiny bald head, and I lose myself in the glorious reflection of the fastest stuff in the universe.

I move my right hand to my calf to scratch a new born itch. Looking up toward Jack, I pan my head around the room. Why am I the only one in class? I have started going to class stoned, but I am pretty sure I am not baked enough to just lose my class like the rapture. Jack is still talking, so things must not be that off. I continue to shift, left...right... scratch my ear, scold myself for doing so, and then I reach down again to my calf. It's then that I notice that something is up. As I turn my head down and desperately hope to keep my cool, I realize my fingers are not so much scratching as they are probing a black hole in my calf. I can feel the sweat just barreling out of my forehead as I turn my gaze to my leg. Like a quick moving, tingly blanket, the spiders crawl their itsy-bitsy-selves up my forearm as I can feel myself going into shock.

I begin to feel an incredible amount of pressure building in my calf like it's going to explode. Reaching for my leg, screaming, at the top of my lungs as I abruptly wake from my nightmare with a muscle cramp forming. I wrap my hands around the front of my shin as I push my thumbs into the calf muscle as hard as I can. I am having trouble breathing. I am not a prime example of physical health, so my heart rate being up is already scary. Combine the sweating, the screaming, the searing pain, my borderline arachnophobia, and that I just awoke from the most viscerally vivid dreamlike state I have ever been in, and, all things considered, I am freaking the fuck out.

As my breathing still hasn't slowed, I can feel my head getting tingly as I know a panic attack is coming on. I turn to look at her, and she is just looking at me. She looks absolutely furious as if I had destroyed her first edition clamshell VHS of *The Little Mermaid*. The one with a penis sneakily drawn in the center of the castle.

To be honest, I think she has been getting tired of me for a while now. That is why I have tried harder and harder to make her fall in love with me again. I wish at this moment, I hadn't begged my way into her bed.

I stop writing to kill a spider that is resting on my shoulder. I get goose bumps, shaking my hand violently. Brushing off my back, chest, and shoulders just in case there are any other arachnoid freeloaders. I pack up my stuff, walking as quickly as my tar filled lungs will carry me. My knees are wobbly, and I am halfway through the cross walk when I realize I didn't even look to see if cars were stopped at the red light. There is no traffic, and I am thankful as I continue walking to my apartment.

Leaning back in my broken chair, I bob my head to John Mayer's *Continuum* album. This album got me through three break-ups with the same person. It's my go to "I'm gonna find someone better than you" musical experience. Something about the blues crying through Mayer's Fender Strat that just makes me feel right as I write—and periodically swipe at the bugs I feel are crawling on me, though I have no visual confirmation.

I have been sitting on my balcony for an hour chain smoking. She is running through my mind and every single desirable feature that I wanted presents itself in my mind. I stand and decide that I can sit idle no longer. I make my way down the steps of my apartment, attempting to be as silent as possible. Taking each step and halting if I hear my shoe squeak. Hunched over and looking like I am clearly doing something I shouldn't be, I slowly glide my way up the stairs at her apartment. I softly rest my head against her wall, and I try to shut

out all the noise except the ones going into my ear pressed against her wall. I hear two people inside and know that it's her and Johnny.

My mind immediately jumps to visions of them having sex. It's impossible to clearly tell what is going on in that room, but I know something is happening. As I hear a noise, my mind immediately begins placing images to the sound. Noise after noise, my mind paints a picture. After about fifteen minutes, I convince myself that they are having a pillow fight, and that is enough to pull me away from the wall and back to my apartment.

As I sit on the balcony of my apartment, once again, I light up a smoke, and my mind once again, tries to fill in the visions to the noises I had heard. I keep trying to pacify my mind with pleasant thoughts. Each time my mind drifts to them having sex, I replace the image with them hitting each other with pillows. Each time I see the pillow strike in my mind, a brief flash of them embraced in sexual pleasure occurs. It's kind of like the scene in *Fight Club* where Tyler Durden is splicing 1 frame of porn into Disney films:

So when the snooty cat and the courageous dog with celebrity voices meet for the first time in reel three, that's when you catch a flash of Tyler's contribution to the film. Nobody knows that they saw it, but they did.

Each strike of the pillow = 1 frame of an explicit sex act in my brain.

Now, with as fast as thoughts can speed in and out of your mind coupled with the fact that I haven't slept in several days, I am thinking a lot about this pillow fight. Over and over and over again. By the time I decide to go inside and sleep, the sun is coming up and my fingers are a yellow-ish brown from the two packs of cigarettes I chain smoked. I go to bed jealous because he is having sex with her and I am not.

I wake up in the evening with images of her red-tinted Saran Wrap mini-dress that she wore. I keep tossing that picture out when an image of us having sex appears. I throw that image out, but it's promptly replaced by something else that just inflates my infatuation and heartache. I go to the grocery store, and I have to rush past anything related to Disney or the color orange. I hate that everything in this town reminds me of her, and I want her back so I don't hurt anymore.

*

She asked me to watch over her cat, Mickey, while she was gone for the weekend. That night, I fed the cat and promptly read her journal. She writes what I had speculated in my mind—that she was in a love triangle with me and my best-stoner-friend. I keep reading the sentence over and over and over. I am beyond furious and beyond embarrassed. There is no way I can use this information to win future arguments. I just did a crazy thing. I won't admit to crazy with her because she is the crazy one. I hold the information to myself.

*

I sit in playwriting class, ready to hear my scene acted out. I spent several weeks writing this scene, and, like most art, it was inspired by actual events. I have lost 50 pounds, rarely bathe, and have waited for a month for this moment. I hand my script out to the actors in the class, and I hand the lead actor's role to Johnny.

I watch as Johnny performs the script becoming more uncomfortable as he reads on, clearly catching on that this play is about him playing me the night he fought with pillows. I sit back and smile with all my heart. I feel justified. I feel like I have achieved ultimate artistic payback. Ultimate artistic pay back that resulted in a "C" grade for the scene due to terrible dialogue, but a "C" grade was worth it to see Johnny squirm.

I stop typing and think of Johnny. If he still harbors bad feelings toward me. I wish I had calmed sooner to apologize. I can't just...

There is a knock at the door and my neighbor has arrived for *Game of Thrones*. We talk for a while before starting the episode and she starts expressing how she feels off lately. I listen to the things she says and how she says them, and I tell her I feel that she is an "old soul." I just get the feeling that we have been through similarly rough experiences, but I am making assumptions. What I am really latching onto is how she feels distant, emotionally disconnected from friends. I see myself through her eyes in that way.

We talk through the evening, forgetting about the episode we wanted to watch. We trade stories back and forth—confirming ourselves in the other, time and again. I feel genuinely attracted to someone, which hasn't happened in two years, and I am cognizant of why while it's happening. I feel attracted to her because she is depressed as well and has been dealing with it for so long. I tell her how so many different experiences build up until they can't be contained anymore.

I tell her how I used to get migraines as a child because I never talked about my father getting sick and my parent's subsequent divorce. I tell her how I left Chicago, worked shitty jobs while collecting more weight. I tell her as much of my story as I can before feeling guilty putting my work off for so long. It's 1:00 a.m., and I still haven't slept. I press play on the show and put my computer in my lap. My fingers are no longer accurate when I type, leaving a blaze of red underneath many sentences. No need to worry, through time travel, you will never know anything was different.

I have put it off long enough, and I must write about a mother and son.

I push my fork into my smothered Chuy's burrito, cutting it up and moving it around my plate. I look up and get lost in the various hubcaps, license plates, and general car stuff adorning the ceiling and walls. I avoid eye contact with my mother as I move my head looking around. I am silent while my mother and brother talk in between eating chips and dip.

I wish I had stayed home. Had I stayed home, I could be smoking weed, cuddling with the dogs, and, in general, not feeling as bad for not being able to afford a gift for my mother. Out of sight-out of mind. I lock eyes briefly and watch tears start gathering at the bottom of her eyes. One tear escapes the rest.

"I just wish I knew how to help you," she says, crunching a chip in her mouth.

I can't tell her about the things that have been going wrong this summer. I can't tell her about the eviction notices, electric bill, or bounced check. She already knows that my phone is shut off, so that is all she will know. I periodically get angry that she hasn't offered to help me get out of my debt. I need to remember that my parents can't solve my problems, even though dad usually does by helping my bills.

I am ruining her birthday because she blames herself for my depression issues. I am ruining her birthday because I let her think she is to blame by never speaking up. Too often, I fake a smile and continue going about life as if nothing is wrong. I had to do that when my grandmother died. I had to be the strong one in the house.

*

I watch my mother with confusion. She is overwhelmed with emotion—upset to tears because Jack in the Box didn't put mayo on her burger. This is unnecessary.

“Why are you so upset over this little issue? Just let it go!” I say, ignoring the amount of pieces that my mother has been building up. She has collected every bit of misery and bottled it up when her lack of mayo popped the cork. This isn’t about mayo. It’s about the fight we had, my grandmother’s death. It’s about the four pets we lost in the last year. It’s about being single and alone. It’s about not knowing what’s going on. It’s about the world pressing her down to the point that she has no strength left to hold the weight of her world and mine.

Often, when depressed, I can’t be around others who are depressed. Sadness is a contagion, and some days that’s too much to risk.

*

You run from everything. You run and run until you feel the problem has fallen too far behind you. Like Jason after a Crystal Lake camper, no matter how slow you think the enemy is, they will always find a way to tear you down when least expected. The thing you are getting away from is your burden—your beast. You see its face and cower in fear. You feed it shit, piss, and emotion, and it spits nothing but vitriol back—right when you least expect it.

You gather up the beastly bile—choking it down as self-flagellation—only to be thrown back at someone else. You look for everything you can to prevent your stomach from hurting, but the ulcers bubble the acid up and each time. A little bit of the beast stays on the bitter half of your palate. You chew antacids to stop the burn, but it waits. It waits until the day you forgot how much the burn hurt. Then it boils back up even easier.

But every once in a while, you see another wrestling with his or her own beast. You exchange tips in keeping the beast at bay. Just a little interaction with another's beast will calm it. You just have to choke down the beast that prevents you from reaching out.

The episode of *Game of Thrones* ends, and the credits roll to The National singing “The rains of castamere.” My neighbor and I sit silently processing the unexpected events in the show. When the screen goes black, I give her a shirt I bought a while ago. Because Daenerys Targaryen is my neighbor's favorite character, I give her a shirt that I bought, thinking I would have slimmed down to fit in it. I haven't slimmed down and look like an overstuffed sausage in it. The shirt says “Fire and Blood. House Targaryen.” I really wanted to keep this shirt, but I think she will get more from it than I will.

She shuts the door, and I write a few last memories that have been prompted by our discussions. I write my exhausted words to the page.

We stay up chatting the night away in a blaze of smoke filled glory, fueled by an amphetamine salt combo (i.e., the generic name for Adderall). She tells me her story. Her experiences. Lies, truths, but those definitions don't matter when truth is as slippery at every step. It's not so much the truth that interests me. I just like the way she tells stories.

At 4:00 a.m. I see myself in her chain smoke. I see myself in her because she is fucked up. Broken. Damaged goods. And so am I. It hurts when she forgets that. As she tells me about cutting herself, and I feel a piece of myself fall in love—but it's not really love. It's the desire to connect with someone that sees things as delightfully fucked as I do. It makes me feel connected—not alone.

When I thought she saw me at my most bare, vulnerable, with my rib cage wide open—a heart exposed. The point when I had no strength left to hold up my walls, letting them fall and break into more pieces than a bucket full of Legos. When I stepped over the rubble waiting for her to burst through her wall with a sledgehammer. She reinforced. That is why it hurt. There isn't enough gauze and medical tape to stop the blood from your hands as you rebuild that wall. Piece by piece, I curse her name into the mortar.

The funny thing is that every time I rebuild it, I see the bricks from before. I reconstruct the wall differently as I remove the previous mortar. Pull out their names as I fill the bricks and mortar of another. I remember to put a window so I can see who is coming in. One day, I'll have an open door. But for now, it's sealed tight.

I walk up the steps house right (right side of the theater) and sit down avoiding popcorn butter and soda stains while I stretch my neck to look at the screen of his Nintendo 3DS. Earlier in the week, I had stopped the other kids from making fun of him because they called him different, weird, crazy, cuckoo, and funny (not in the ha-ha way).

“Whatcha playin’, buuuuddy?” I ask, recognizing that clearly the Pauly Shore-esque way I sounded flies over his head. It’s for the better.

“Hello Mr. Devin. Just playing Mario Bros.,” he says.

His voice is nasally, and a perfect match for *Family Matters*’ Steve Urkel. I nostalgically talk about my time at his age, playing the same game, relating how difficult I found the game. I feel like it’s important to tell him how much better he is at it than I was.

“I really like Sonic. Do you like Sonic, Mr. Devin?” he asks.

“I love Sonic. How you can make him run super-fast, turn him into a ball, and then plow through a wall. That blew my mind when I was little!” I remark.

He leans his head to the side. I can’t tell by his face whether he might have taken “blowing my mind” to be literal and isn’t quite sure how I could be talking when my head should look like Gallagher’s sledgehammered watermelons.

“Yeah, that’s fun,” he quietly responds as he returns to mashing his buttons.

“Ok, buddy. Do you have your script to work on over the weekend?” I ask.

He responds immediately, “No, I’m not coming back next week.” He says it as if his mother had already let me know and it was common information.

“What do you mean you aren’t coming back next week? We start rehearsals. You have been working all week on your monologue. What is happening?” I frantically ask.

He sits silently.

“Buddy, I need to know if I have to change the show. How come you won’t be coming back?” I ask desperately. I really don’t want to have to rearrange things. It’s annoying, and that word sums up summer camp for me. He doesn’t look up from his 3DS as he clicks away on the buttons.

“Hmm,” he vocalizes, as if he’s thinking hard about how he will respond. His lips begin to move, “Well...it’s probably because I will be dead by then, so it doesn’t matter.”

*

I never get to speak with his mother face-to-face. I want to tell her how serious this is. How she shouldn’t ignore it. Depression is awful when you’re that age. I know because I remember it. I remember not knowing anything about what is wrong—just knowing that I am

different from everyone else. Like him, video games were my escape. Those friends didn't make fun of me. If they did, I usually had the opportunity to shoot their faces off.

I play video games because by placing myself in the character, I become important and feel like I have a reason to push through difficult situations or levels. To be exceptional. When I see him, I see myself escaping.

She looks at me with a smile of empathy as her blue eyes tell me she has seen more than I know. She grabs a cocktail napkin, scribbling the lyrics, "You desire my attention, but deny my affection." She barely knows me, but she understands how to handle me. She looks back up at me, staring into my eyes while she thinks of what to say next.

*

I open up the frame that holds a picture of three men, in their undies, holding a little baby after receiving haircuts at the theatre. Our response to the picture was, "Why not?" I look at a few of the people I called my family, people who are responsible for keeping me alive in various ways. I notice that I am genuinely smiling in the photo. I flip the frame over and place a cocktail napkin underneath the glass.

The note reads, "Dev, don't be an idiot by making life harder than it needs to be." It's signed, "-R."

I close my laptop, shut my eyes, and clear my mind. After 42 hours of no sleep, I stop (re)writing myself at every step and embrace the honest rough draft.

CHAPTER 5

DISCUSSION

I have a rare case of ADHD—one of the rarest. What makes this brain malfunction the junction of a Center for Disease Control outbreak larger than AMC’s *The Walking Dead*? My ADHD is as contagious as the bite from a resurrected walking corpse. Now, don’t worry—you don’t need to be quarantined. But I can’t guarantee you won’t be infected.

When I speak, the contagion rides the vibration produced by my vocal chords, travels over my tongue, shaped by my lips, and spoken into the air. These vibrations bounce off the walls, reverberating off heads and then into ears. It’s then that you’ll be “earwormed.”

The earworm, viewed under a microscope, looks like the singing lips in *Rocky Horror Picture Show* as it sings sweet nothings of half-verses, repetitive choruses, and a lifetime of misheard lyrics into your ear. My particular genus of earworm has been contained in the warm embrace of theatrical performance where it has done nothing but become, in the words of Daft Punk, “harder, faster, better, stronger.”

In this final chapter of my thesis, I will (a) provide a summary of the first four chapters, (b) review the goals for inquiry that I set in Chapter 1, (c) offer potential contributions that my thesis makes to the field of relational communication, mental health/illness, and my self, (d) consider my methodology, and (e) conclude with directions for the future.

Summary

I started the journey of emotionally, artistically, and academically embodying my relational self in Chapter 1 of this thesis. I charted a pathway for meaning making that I

would venture along in order to better understand my mental illness and the cultural implications of having mental disorders. I write myself open for others to read/see—and in doing so—this thesis is my contribution and response to the need for patient narratives (Ridge, 2012). This first chapter places the beginning layers of my thesis, providing a foundation for the new relationship that I desire to form with my readers. We begin our relational walk alongside each other—hand in hand—toward understanding (Ness, Borg, Semb, & Karlsson, 2014).

In Chapter 2, I offer readers a journey down a hallway lined with paintings of mental illness—brush strokes influenced by clinical, social, and relational perspectives. We walk alongside each other and add what knowledge is necessary from each painting in the effort to discover the layers of blood, sweat, and emotion that bind together—coagulating into the pigments used to illustrate an individual with mental illness. In this chapter I offer my primary vulnerabilities to be mixed—painting my story of self with readers, further outlining their own image.

In Chapter 3, I offer readers my plan of inquiry into discourses of mental illness. I add the complex, personal layer to my thesis through my autoethnographic methodology, which uncovers the types of tools I will use to paint my images, to tell my stories. I explore how my brush strokes will come together in order for this picture of mental illness to be completed. Like *The Joys of Painting* with Bob Ross, I show readers how to paint my/their happy trees so that, together, we weave ourselves in art and life through autoethnography (Holman Jones, 2013).

I write stories, personal narratives, in Chapter 4. I write the self, other, and society so that life's curtain opens up and the paintings hanging on the walls of previous chapters come

to life. I do what I have done most of my life—share stories. Only, the important difference is that it is my writing. I have come to find comfort through performing the words of others. I have seen myself in the stories others have written down. I have embodied those words and carry them with me, from the stage to this day, but nothing comes close to the experience of sharing my story. I write myself into being with confidence to tell my stories. I present myself through my storied experiences to the reader where text is messy (Marcus, 1994a), accounts are layered (Rambo Ronai, 1992), and reflexivity occurs through narrative vignettes (Humphreys, 2005). I perform the relational through writing the self for an audience I will not hear clap when the curtain closes, but I hope to hear them speak back as I leave the stage.

Reviewing the Goals of this Thesis Project

In Chapter 1, I began this thesis by outlining three goals to guide my inquiry. My first goal was to give an account of mental illness by showing/telling a story, my story. Second, this project sought to explore how my interactions with culture and media have affected my perceptions of mental illness and how I participated in perpetuating the negative societal narrative of mental illness through instances of silence or speech. My third and final goal was to construct a space where mental illness is conceived as a relational accomplishment.

An account of mental illness. By showing/telling personal stories of mental illness, my layered narratives present an image of living with mental disorders. While it is tempting to just accept that mental illness is simply a neurochemical issue, medical narratives (i.e., the stories of medicine) do not provide a full story (Frank, 1995). In showing/telling my story, I write my experiences, interactions, and influences—the social and cultural.

I have found my importance of reaching for this goal, whereas, when the project began I wrote what seemed to be a goal representing the best choice—academically. I typed

my words in digital ink, slowly beginning to see my newly conceptualized sense of self. For the first time, I was not the entertainer talking his way out of awkward social interactions with a funny voice. I was the storyteller infusing self and other in ways of knowing so that others might understand why I employ funny voices, and maybe another will be inclined to set their funny voice free—finding value in my stories (Goodall, 2004). My physical scars will remain, but in many ways, my invisible cuts, bruises, and deformities to my self-image fade in/out of existence (Bochner, 2001).

I write to see a storyteller understanding a world that had been breathed into for years, but only visited in the briefest flashes of memory. The struggles of mental illness are every bit as personal as they are cultural or political (Bochner, 2001) and my narrative mirror image was layering together a life with multiple beginnings, middles, and ends to experienced trauma (Caplan, Haslett, & Burlison, 2005).

I give my narratives as a way to return the body and emotions to what should be an image making up a medical narrative, not just the presentation of clinical observation, survey, or interview (Ellis & Bochner, 1999). The clinical story is only aided by knowing my symbolic meanings to experience (Harter & Bochner, 2009). In writing about my illness, I provide another layer to my journey for authenticity (Bochner, 2001) as I move toward personal causation (Thompson, 2012). I write my account so that my voice of mental illness is one of the many voices freed from silence—enabled to contribute personal concepts of mental illness that are already socially constructed (Esposito & Perez, 2014).

Interactions with culture, media, mental illness, silence, and speech. My second goal for this thesis was concerned with the ways in which my own mental disorders are affected by specific social and cultural interactions. I sought to make sense of the role media

(e.g., music, TV, movies, internet) play within my stories of mental illness. In writing through this goal, I engage or perpetuate stigmatized identities either through silence or speech. In the narrative vignettes I layer, I exhibit my constant desire to identify with a particular community only to remove the self from another.

I write my thesis with the privilege of having an advisor who observes and responds to my needs as a student with depression, anxiety, and ADHD (McAllister et al., 2014)—something I have not always been afforded in school and work. I write through a period while stuck in a negative feedback loop trying to communicate with my own health provider on campus (Ryan & Butler, 1996). I write this thesis so that I might understand the ways I prevent satisfying communication from occurring. I write with a desire to continue writing about my experiences in an effort to see myself as less of a burden on systems and others—to see myself as likeable (Stevens & Sidlinger, 2015). I write myself so others with mental illness are not seen as dangerous (Sickel, Seacat, & Nabors, 2014) or crazy, but seen as being made up of many different emotional descriptions—refusing the reification of problematic terms (Gomory, Cohen, & Kirk, 2013).

I navigate this thesis through moments in relationships—layering the ways communication can be hostile when there is uncertainty or interference (Knobloch & Delaney, 2012). My narratives expose to me my missteps in relationships. I hope that, in reading my narratives, partners of depressed individuals gain an understanding to realize a dyadic concept needed for the well-being of another (Frank, 1995). My words fidget on the page waiting for the day they are called upon, through another's voice, to better navigate the operationalization of social support (Cramer, 2004).

I hope that my layered accounts open a window to experiences with ADHD—allowing readers to see how my thoughts move in and out of continuity and actively showing how those thoughts stay dis/connected. Just as my narratives shift to memories that seem to relate to a stimulus, when moving through life, my mind drifts in the same way in school, work, conversation, and isolation. They exemplify my difficulty of focusing in a world where I am bombarded with media representations of mental illness that live in shades of grey (Rasmussen & Ewoldsen, 2013). I demand to be seen in Technicolor.

Mental illness as a relational accomplishment. My third goal for this project was to tell/show stories of relating. Through my narratives, I recount a desire to connect and understand. I scribble the ways the self is seen by others and how the self is seen in others (Frank, 1995). I rewrite the ways in which I see myself as living with mental illness—engaging in creative acts of storytelling that help reveal myself to my self (Ellis & Bochner, 2006). In the ways I work through my autoethnographic narratives, I creatively show my self my life at work (Goodall, 2004).

Every written act of isolation, communication, seeking/not seeking help, or understanding others marks a way in which my mental illness is seen as a relational accomplishment—stories and relationships are inseparable (LaRossa, 1995). The relational work of this thesis cannot be measured by a sample size, but in the ways my stories are given value by the people reading and using them (Goodall, 2004). Just the act of recognizing a relationship is, in and of itself, a social activity (Duck, 1995).

I articulate how I find artistic value in daily life. In doing so, I show a life at work and a life in work—layering the ways that they interplay (Goodall, 2004). My mental illness is seen as a relational accomplishment because my stories are a means of knowing and telling

about the social world we engage in (Richardson, 1990). My mental illness rests in the corners of every word I do and do not type.

Contributions of this Thesis

I write this section in order to write the ways my stories come into being—where my words, shaped into stories, show/tell their importance. I organize my words to show discoveries of the self that extend their arms in order to help another write or share their voice. By examining relational communication, mental health/illness, and my self, I add another layer to this thesis through its contributions.

Relational communication. This thesis is an act of giving my body's voice equal importance where it too often has not had the privilege of speech. My contribution to relational communication is the addition of my dyadic body—a body that gives itself up to others (Frank, 2000). By embracing myself as a storyteller, a space is created where the construction of the self is navigated—weaving itself through interrelated others, languages, cultures, and histories (Spry, 2011).

My narrative layers present an image of my mental illness that will not translate to a survey or experiment (Ellis, Adams, & Bochner, 2011) because to do so would remove the relational support columns that make my authorship a voice of somebody (in particular) from somewhere (in particular) (Bochner, 2002). I construct my thesis aware that I am standing on the shoulders of those who wrote before me (Ellis, Adams, & Bochner, 2011)—informing the ways that I write, paint, dance, or perform my self through personal experience (Douglas & Carless, 2013). I use their toolsets to creatively show personal experience in ways an audience will find accessible (Adams, 2012). This thesis process enables my personal narratives to drift outward from the self (Holman Jones, 2013), making writing perform

(Pollock, 1998). Every relationship I have experienced is unavoidably embedded in my written text. As I sprawl my written self upon the page, my sense making process directly contributes to the relational essence of communication (Gannon, 2013). I place life on a stage where I perform and speak to and for others (Richardson, 1992). I use the privilege of authorship to choose the character motivations of others—annunciating their values.

I write my stories so that they may be applied to an understanding of how mental illness is a relational accomplishment. I hope that my stories help to open a doorway into providing insight through the possibilities mental illness and the body communicate in relationships. I provide my layers to the collected research so that future navigations in relationships may be better understood.

Mental health/illness. I come to write an understanding of how my thesis contributes to mental health/illness. The clinical narrative climaxes with the reduction of the personal into a statistical representation. One hundred percent of people living with depression have stories that inform their decision to seek or not seek treatment, but you will never know when the personal is removed in order to generalize the body into the statistic—25% of people receive treatment for depression (Nimrod, 2013). Although there is significance in recognizing the statistical presentation of those seeking treatment, questions of “why?” are never addressed. My thesis contributes to those statistics because I allow my reduction into a generalized numerical body, but only after I write my body through an unorganized mess of memories leading to my choice of *why*. I layer the storied steps necessary for my personal seeking of treatment so others may open up their own understandings or possibilities into ways of thinking (Coupland, Coupland, Giles, Henwood, & Wiemann, 1988).

The ways in which social, cultural, economic, or political ideologies influence those suffering from mental illness are generally removed from the clinical/medical narrative (Esposito & Perez, 2014). Those influences complicate medical narratives because control and predication become seen as illusory—refusing easy sterilization. My thesis embraces a space where my hands are not washed. Instead, the outside germs are embraced to bolster an emotionally storied immune system. My personal represents data that should be valued just as highly as statistics, graphs, or abstractions (Bochner, 2002)—not a sugar pill placebo. I conceptualize a setting where written *experiences* are shared as *expertise*—medicine advancing social understandings of mental illness (Tambuyzer, Pieters, & Audenhove, 2011).

My self. I write to show moments I have experienced where the body exists in relation to the self and others. I move through continuous acts of reaching out only to reach back in. The results of those attempts to create or negate community are realized in their contextually lived ways. I write through memories of which I can make sense. I leave out those I have not made sense of—actively rewriting myself at every moment—considering how I am implicated along with others.

My narratives discuss the self and its vulnerabilities, cutting open my chest to expose my culpability to the reader in the hopes that the reader will recognize the similarities in size, shape, and color of our bloody beating hearts. Every page, layer, sentence, and word of this thesis offers insight into the ways I am a richer human being—better able to describe experience so that another might grow with my newly realized ways to describe and define myself. I make my body a vessel for others.

My understandings of self have reached a transformative intersection where I see many different possibilities through my newly developed conceptualizations of the clinical,

personal, social, and relational self. This thesis has helped to develop new vocabularies—removing lengthy and unnecessary steps between a self recognizing the conceptualization of the other. With that, I turn my gaze up from my fuzzy navel toward methodological considerations for this thesis project.

Methodological Considerations

The sun is beating down and the 10 little piglets at the end of my feet have begun to sizzle. I write myself as I consider writing myself and feel like what I am writing is just stringing together the writing of nonsense. When I can't even make sense of my own words, it makes me want to curl up and die next to nostalgia at the bottom of an overly long BuzzFeed article. My words mattered enough to put my drifting thoughts down in the first place, so should they stay? Do I answer myself out loud or on paper? Am I spending an exorbitant amount of time considering how I should physically respond to myself?

“Yes,” I say, resting myself in an answer, but not.

If I had not vomited the contents of my brain onto the page in this moment, there is the possibility that I wouldn't be able to articulate to you that I am simply trying to relate a story about telling stories—telling my writing into being. If you would allow me to pause the click-clack of my typing fingers to smoke a cigarette and step outside with me, I'll tell you about the hours of playing guitar, video games, thumbed internet browsing, Facebook status updates, and the two packs of cigarettes smoked in order just to write the sentence that started this written story of writing stories in the first place.

I choose to tell my stories in the hope that others might find and attempt to fit their lives with my stories (Richardson, 1990). I make the choice to write about culture through

the personal. In doing so, I develop a methodology comprised of layers of others, but organized into its own personal identity. My methodology shows where the author is felt, seen, and respected (Bochner, 2002).

I *do* autoethnography to break from the traditional ways that research is conducted. I become, through autoethnography, self and other focused (Hernandez & Ngunkiri, 2013) to show how lives are shaped by experiences (Adams, Holman Jones, & Ellis, 2014). By showing experienced life, I tell how experiences reduce stigma and eliminate silence through acts of writing (Homan Jones, Adams, & Ellis, 2013).

I embed personal experience through aesthetically pleasing and relational experiences written through stories (Ellis, Adams, & Bochner, 2011)—embracing uncertainty and emotionality to release silences at work (Holman Jones, Adams, & Ellis, 2013). I write to acknowledge a position that is not neutral (Gannon, 2013). In seeking to make life better (Holman Jones, Adams, & Ellis, 2013), I provide stories to think about, but more importantly, have an avenue to provide creative stories to live with (Bochner, 2001). I reflexively layer accounts (Rambo Ronai, 1992) through narrative vignettes (Humphreys, 2005) to write against hegemonic discourses in messy texts (Marcus, 2007).

Story is theory—the analytical of storytelling. Autoethnography breathes life through struggle and embodied experiences by giving an audience a reason to embrace the ways they are intimately involved, engaged, and participating with others (Bochner, 2002). More importantly, good stories are inherently theoretical as they are able to move efficiently between our story and our lives. I write myself through my thesis to contemplate the meanings that are displayed through my acts of self-creation as writer (Bochner, 1994). I consider what is produced through writing that cannot be removed from my body, my writing

choices, or my methodological avenues for knowing (Richardson & St. Pierre, 2005). I write my stories to give nourishment for a voice struggling to release itself from the Velcro-tight grip demanding that the personal and emotional be sacrificed in service of traditional science writing (Richardson, 2000).

I stop my writing groove for a moment, worrying about the “accuracy” of my narratives in Chapter 4 and remember that the importance is in how they are useful and what we are able to do with them (Bochner, 2002). My narratives do not make the claim to represent lives correctly, but I believe that they do (Bochner, Ellis, & Tillman-Healy, 2000). I reassure myself that my autoethnography places no value in disconnected analytical categories, but celebrates the natural blurring of them (Goodall, 2004).

Returning to the written flow of thoughts streaming into my keyboard, I ask if my autoethnographic thesis sufficiently achieves aesthetic and evocative descriptions to keep an audience engaged in discussion long after the curtain closes and the lights go down (Ellis & Bochner, 2006). I write creatively evocative stories (Ellis, 1997) to show that everything is embedded with values and emotions (Bochner, 2002). I write down to reach out for a broad audience of readers and attentive listeners who can engage in collaborative work so that writings are “read and not scanned” (Richardson & St. Pierre, 2005, p. 960). The meaning only comes through the reading.

Analytic autoethnography (Anderson, 2006) seeks to bridge where evocative and analytic autoethnographies can meet—making a commitment to theoretical analysis. To attempt writing myself through inquiry where I must remove my personal for the sake of abstraction and control is too high a cost to pay (Ellis & Bochner, 2006). The act of having to navigate my writing through such a creatively void and emotionally detached space would

never yield personal satisfaction and feel like a slow bland death. If I must engage in inquiry through the social scientific benchmark of “analysis,” I look toward Laurel Richardson’s (2000) articulation of CAPs (i.e., creative analytical processes) and how she evaluates the value of a work’s contribution and its aesthetic merit.

Ethical considerations. Throughout this thesis project, have I kept in mind the ethical considerations of the relational and personal narrative? Individuals are implicated, although not with real names, in order to provide a clearer picture of my own self narrative. Naturally, this leaves out a voice that might object to his/her self and implications in my story. I consider the questions I must ask, what deep dark secrets I decide to keep, and the value of telling particular truths (Ellis, 2007).

I consider the ways someone will read my narratives. Will they find ethical issue in the ways I move through memory, time, or place? (Bolen & Adams, in press). If I have not remained completely open with them, could my words open Pandora’s Box of complications (Ellis, 2007)? If someone disagrees with my interpretation of him or her, is it more ethical to rewrite my story (Ellis, 2009) or have him or her add his or her version to it?

There are individuals who know I am writing a thesis, but they do not know how they are involved in my project. Like Ellis (2007), I fear how they will react to what I have written simply because, in most cases, I have never been as open and honest with them as I am in the pages of this thesis. Until the narratives were written in rough form, I could not consider how others are involved because that would have altered the way I wrote (Bolen & Adams, in press). I would much prefer to cut or alter a story, after-the-fact, rather than have another influence in my head that directly changes the possibilities of every memory before it. My writing process has relied on moving directly with my thoughts, and I embrace the ways

relationships may become more complex—in good and/or bad ways (Ellis, 2007). I desire response from the people who have shaped my stories and—even though it is not always in my control—I want the benefit of time. I have been lost for months in thoughts and memories processing those things to understand them on these pages. I imagine, in some cases, when someone will try to process my narratives, it might become information overload. I worry the ways that they may fixate or jump to new conclusions as a result of my narrative privilege, but understand that another’s constructions and considerations are out of my control (Bolen & Adams, in press). I do theatre to evoke an emotional response in an audience, so I should let my writing do the same.

Writer-reader-text tripartite. I have limited experience writing my own stories as I have spent a life performing the written words of others. In this way, my writing is not as developed as other academic writers doing autoethnography. Fortunately, autoethnography embraces how my words evoke feelings and thoughts of any reader—not just a handful of people sitting in an isolated office with all the power to decide (Bochner, 2002). There is only so much space available on the page. I can never encapsulate every detail of life on the page, but what I can do is offer my experiences for others to relate with—in intended and unintended ways (Ellis & Bochner, 2006). As there are inevitably stories that get left out or contextual circumstances change those stories as they are written, some may not relate to my stories even though they may share the same conditions. My depression has grown and experienced right alongside me. As I watch depression rewriting its own story through me, I will come to rewrite it many times over.

Still autoethnography for me. With all that I have said, I am reassured that there is no better way for me to engage this inquiry than by doing autoethnography. I have lived

through these experiences, and I am the best suited to tell the stories of how my life has been impacted by mental illness (Frank, 1995). Although it is not a traditional social scientific methodology, it allows me to move through narratives in a way that is a considerably more accurate picture of lived mental illness. From a medical or analytical (e.g., Anderson, 2006) perspective, this project would have been written omitting all of the social, cultural, and other implications pertaining to how my mental illness affects and is affected by others. My living does not occur within a world that remains unchanging. Had I privileged a value-free scientific voice of distance, neutrality, and objectivity, which demands theory and consistency, my inquiry would have given me nothing to learn from (Bochner, 2001; Richardson, 2000). Others and myself are much better served by leaving my drumming heart on the table where others may sync up with the beat.

I look to the possibilities that are ever expanding. I picture a black hole in space, consuming the essence of everything gravitating toward it. Just the thought of a wormhole into other dimensions at a black hole's center means infinite possibilities until I get there and endless exciting directions beyond the threshold.

A Future of Inquiry

The possibilities I look to for this thesis project are the possibilities of it *doing* something. My autoethnographic narrative dive has done something for me. It gave me a reason to understand myself rather than run from it. It made me remove the personal/social censor bars that place black squares over my memories. Writing has made my life better, so I must let my words radiate out as a written “gift of living testimony” (Ellis & Bochner, 2006, p. 430) from the heart so that we might “learn how to love, to forgive, to heal, and to move forward” (Denzin, 2006, p. 423). I must join the reader in carrying the stories of my mental

illness narratives through academic journals, classrooms, and conversations with friends, family, and strangers (Harter & Bochner, 2009). Together, we will continue “creating space for dialogue with silenced others” (Denshire, 2014, p. 845) by allowing our bodies to be the bodies for those willing and ready to listen (Frank, 1995)—reducing and, ultimately, eliminating the silence of mental illness through communication.

I watch from my porch as someone with a plastic guitar-shaped controller for *Guitar Hero*, a videogame, walks through my parking lot to throw it in the dumpster. He grabs the plastic neck and stares deeply at the multi-colored buttons, giving the strum-switch a few up and down clicks. I can tell that he knows it’s over.

Looking down to light my smoke, I hear a loud crash as the guitar hits the back of the dumpster. He walks away. I feel slightly sad as I think I just watched someone throw away a piece of his innocence—his story. Maybe the red, blue, green, yellow, and orange buttons just weren’t enough options for emotional release. Maybe they didn’t offer healing. One more child leaves Neverland to become a pirate.

REFERENCES

- Adams, T. E. (2006). Seeking father: Relationally reframing a troubled love story. *Qualitative Inquiry, 12*(4), 704-723. doi:10.1177/1077800406288607
- Adams, T. E. (2008). A review of narrative ethics. *Qualitative Inquiry, 14*(2), 175-194. doi: 10.1177/1077800407304417
- Adams, T. E. (2012). The joys of autoethnography: Possibilities for communication research. *Qualitative Communication Research, 1*(2), 181-194. doi: 10.1525/qcr.2012.1.2.181
- Adams, T. E., Holman Jones, S., & Ellis, C. (2014). *Autoethnography*. London, UK: Oxford University Press. Kindle edition.
- Anderson, L. (2006). Analytic autoethnography. *Journal of Contemporary Ethnography, 35*(4), 373-395. doi:10.1177/0891241605280449
- Atkinson, P. (1997). Narrative turn or blind alley? *Qualitative Health Research, 7*, 325-344. doi: 10.1177/104973239700700302
- Atkinson, P., & Delmont, S. (2010). Can the silenced speak? A dialogue for two unvoiced actors. *International Review of Qualitative Research, 3*, 11-17. doi: 10.1525/irqr.2010.3.1.11
- Balas, G. R. (2005). Stories to live by and get through: The healing fiction of autobiography. *Texas Speech Communication Journal, 29*(2), 184-192.
- Barak, A. (2007). Emotional support and suicide prevention through the internet: a field project report. *Computers in Human Behavior, 23*, 971-984. doi: 10.1016/j.chb.2005.08.001

- Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior, 24*, 1867–1883. doi: 10.1016/j.chb.2008.02.004
- Barak, A., & Grohol, J. M. (2011). Current and future trends in internet-supported mental health Interventions. *Journal of Technology in Human Services, 29*(3), 155-196. doi: 10.1080/15228835.2011.616939
- Baynton, M. A. (2014). Supporting employee success when mental health is a factor. *Plans & Trusts, 32*(5), 6-11.
- Beesdo, K., Bittner, A., Pine, D. S., Stein, M. B., Hofler, M., Lieb, R., & ... (2007). Incidence of social anxiety disorder and the consistent risk for secondary depression in the first three decades of life. *Archives of General Psychiatry, 64*, 903–912. doi: 10.1001/archpsyc.64.8.903
- Bell, R., Paterniti, D., Azari, R., Duberstein, P., Epstein, R., Rochlen, A., & ... (2010). Encouraging patients with depressive symptoms to seek care: A mixed methods approach to message development. *Patient Education & Counseling, 78*(2), 198-205. doi: 10.1016/j.pec.2009.07.007
- Bochner A. P. (1994). Perspectives on inquiry II: Theories and stories. In M. L. Knapp & G. R. Miller (Eds.), *Handbook of interpersonal communication* (2nd ed., pp. 21-41). Thousand Oaks, CA: Sage.
- Bochner, A. P. (2001). Narratives virtues. *Qualitative Inquiry, 7*(2), 131-157. doi: 10.1177/107780040100700201

- Bochner, A. P. (2002). Perspectives on inquiry III: The moral of stories. In M. Knapp & J. Daley (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 73-101). Thousand Oaks, CA: Sage.
- Bochner, A. P. (2012). On first-person narrative scholarship: Autoethnography as acts of meaning. *Narrative Inquiry*, 22(1), 155-164. doi: 10.1075/ni.22.1.10boc
- Bochner, A. P. (2013). Putting meaning into motion: Autoethnography's existential calling. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 50-57). Walnut Creek, CA: Left Coast Press.
- Bochner, A. P., & Ellis, C. (2003). An introduction to the arts and narrative research: Art as inquiry. *Qualitative Inquiry*, 9(4), 506-514. doi: 10.1177/1077800403254394
- Bochner, A. P., Ellis, C., & Tillmann-Healy, L. M. (2000). Relationships as stories: Accounts, storied lives, evocative narratives. In K. Dindia & S. Duck (Eds.), *Communication and personal relationships* (pp. 13-29). New York, NY: Wiley.
- Bochner, A. P., & Riggs, N. A. (2014). Practicing narrative inquiry. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 195-222). New York, NY: Oxford University Press.
- Bolen, D. M. (2014). After dinners, in the garage, out of doors, and climbing on rocks. In J. Wyatt & T. E. Adams (Eds.), *On (writing) families: Autoethnographies of presence and absence, love and loss*, (pp. 141-147). Rotterdam, Netherlands: Sense Publishers.
- Bolen, D. M., & Adams, T. E. (in press). Narrative ethics. *The Routledge international handbook on narrative and life history*. New York, NY: Routledge.

- Bostwick, W. B., Meyer, I., Aranda, F., Russell, S., Hughes, T., Birkett, M., & . . . (2014). Mental health and suicidality among racially/ethnically diverse sexual minority youths. *American Journal of Public Health, 104*(6), 1129-1136. doi: 10.2105/AJPH.2013.301749
- Boylorn, R. M., & Orbe, M. P. (2014). Introduction: Critical autoethnography as method of choice. In R. M. Boylorn & M. P. Orbe (Eds.), *Critical autoethnography: Intersecting cultural identities in everyday life* (pp. 13-26). Walnut Creek, CA: Left Coast Press.
- Brown, J. L., Evans-Lacko, S., Aschan, L., Henderson, M. J., Hatch, S. L., & Hotopf, M. (2014). Seeking informal and formal help from mental health problems in the community: A secondary analysis from a psychiatric morbidity survey in South London. *BMC Psychiatry, 14*(1), 1-25. doi:10.1186/s12888-014-0275-y
- Brownell, T., Schrank, B., Jakaite, Z., Larkin, C., & Slade, M. (2015). Mental health service user experience of positive psychotherapy. *Journal of Clinical Psychology, 71*(1), 85-92. doi:10.1002/jclp.22118
- Burns, J., & Birrell, E. (2014). Enhancing early engagement with mental health services by young people. *Psychology Research & Behavior Management, 7*303-7312. doi:10.2147/PRBM.S49151
- Caltaux, D. (2003). Internalized stigma: A barrier to employment for people with mental illness. *International Journal of Therapy and Rehabilitation, 10*(12), 539-543. doi: 10.12968/bjtr.2003.10.12.13437
- Caplan, S. E., Haslett, B. J., & Burleson, B. R. (2005). Telling it like it is: The adaptive function of narrative in coping with loss in later life. *Health Communication, 17*(3), 233-251. doi:10.1207/s15327027hc1703_2

- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.
- Chuick, C. D., Greenfeld, J. M., Greenberg, S. T., Shepard, S. J., Cochran, S. V., & Haley, J. T. (2009). A qualitative investigation of depression in men. *Psychology of Men & Masculinity, 10*, 302–313. doi: 10.1037/a0016672
- Coupland, N., Coupland, J., Giles, H., Henwood, K., & Wiemann, J. (1988). Elderly self-disclosure: Interactional and intergroup issues. *Language and Communication, 8*, 109–133.
- Cramer, D. (2004). Emotional support, conflict, depression, and relationship satisfaction in a romantic partner. *Journal of Psychology, 138*, 532–542. doi: 10.3200/JRLP.138.6.532-542
- Crespi, T. C., & McNamara, M. L. (2015). The family dynamic in children's mental health: Considerations for counseling and psychotherapy within schools. *Online Journal Of Counseling & Education, 4*(1), 13-24.
- Crowe, A., & Averett, P. (2015). Attitudes of mental health professionals toward mental illness: a deeper understanding. *Journal of Mental Health Counseling, 37*(1), 47-62.
- Denshire, S. (2014). On-auto-ethnography. *Current Sociology Review, 62*(6), 831-850. doi: 10.1177/0011392114533339
- Denzin, N. K. (1997). *Interpretive ethnography: Ethnographic practices in the 21st century*. Thousand Oaks, CA: Sage.
- Denzin, N. K. (2006). Analytic autoethnography or déjà vu all over again. *Journal of Contemporary Ethnography, 35*(4), 419-428. doi: 10.1177/0891241606286985

- Douglas, K., & Carless, D. (2013). A history of autoethnographic inquiry. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 84-106). Walnut Creek, CA: Left Coast Press.
- Duck, S. (1995). Talking relationships into being. *Journal of Social and Personal Relationships, 12*(4), 535-540. doi: 10.1177/0265407595124006
- Duggan, A. (2007). Sex differences in communicative attempts to curtail depression: An inconsistent nurturing as control perspective. *Western Journal of Communication, 71*(2), 114-135. doi:10.1080/10570310701354492
- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry, 77*, 534–542. doi: 10.1037/0002-9432.77.4.534
- Ellis, C. (1993). “There are survivors”: Telling a story of sudden death. *Sociological Quarterly, 34*(4), 711-730. doi: 10.1111/j.1533-8525.1993.tb00114.x
- Ellis, C. (1997). Evocative autoethnography: Writing emotionally about our lives. In W. G. Tierney & Y. S. Lincoln (Eds.), *Representation and the text: Re-framing the narrative voice* (pp. 115-139). Albany: State University of New York Press.
- Ellis, C. (1998). What counts as scholarship in communication? An autoethnographic response. *American Communication Journal, 1*(2), n.p. Retrieved from: <http://ac-journal.org/journal/vol1/Iss2/special/ellis.htm>
- Ellis, C. (1999). Heartful autoethnography. *Qualitative Health Research, 9*(5), 669-683. doi: 10.1177/104973299129122153
- Ellis, C. (2007). Telling Secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry, 13*(1), 3-29. doi: 10.1177/1077100406294947

- Ellis, C. (2009). *Revision: Autoethnographic reflections on life and work*. Walnut Creek, CA: Left Coast Press.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research, 12*(1). Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1589>
- Ellis, C., & Bochner, A. P. (1999). Bringing emotion and personal narrative into medical social science. *Health, 3*(2), 229-237. doi: 10.1177/136345939900300206
- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (2nd ed., pp. 733-767). Thousand Oaks, CA: Sage.
- Ellis, C., & Bochner, A. P. (2006). Analyzing analytic autoethnography: An autopsy. *Journal of Contemporary Ethnography, 35*(4), 429-449. doi: 10.1177/0891241606286979
- Esposito, L., & Perez, F. M. (2014). Neoliberalism and the commodification of mental health. *Humanity & Society, 38*(4) 414-442. doi:10.1177/0160597614544958
- Fisher, C. L., Goldsmith, D., Harrison, K., Hoffner, C. A., Segrin, C., Wright, K., & ... (2012). Communication and mental health: A conversation from the cm café. *Communication Monographs, 79*(4), 539-550. doi: 10.1080/03637751.2012.727284
- Fisher, W. R. (1984). Narration as a human communication paradigm: The case of public moral argument. *Communication Monographs, 51*(1), 1-22. doi: 10.1080/03637758409390180
- Fisher, W. R. (1987). *Human communication as narration: Toward a philosophy of reason, value, and action*. Columbia: University of South Carolina Press.

- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago, IL: University of Chicago Press.
- Frank, A. W. (2000). Illness and autobiographical work: Dialogue as narrative destabilization. *Qualitative Sociology*, 23(1), 135-156. doi: 10.1023/A:1005411818318
- Frank, A. W. (2004). *The renewal of generosity: Illness, medicine, and how to live*. Chicago, IL: University of Chicago Press.
- Fullagar, S. (2009). Negotiating the neurochemical self: Anti-depressant consumption in women's recovery from depression. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness, and Medicine*, 13(4), 389-406. doi:10.1177/1363459308101809
- Gannon, S. (2013). Sketching subjectivities. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 228-244). Walnut Creek, CA: Left Coast Press.
- Gingrich-Philbrook, C. (2005). Autoethnography's family values: Easy access to compulsory experiences. *Text and Performance Quarterly*, 25(4), 297-314. doi: 10.1080/10462930500362445
- Giorgio, G. A. (2013). Reflections on writing through memory in autoethnography. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 406-425). Walnut Creek, CA: Left Coast Press.
- Golden, R. L., & Vail, M. R. (2014). The implications of the affordable care act for mental health care. *Generations*, 38(3), 96-103.

- Goldenberg, H., & Goldenberg, I. (2013). *Family therapy: An overview*. Belmont, CA: Brooks/Cole.
- Gomory, T., Cohen, D., & Kirk, S. (2013). Madness or mental illness? Revisiting historians of psychiatry. *Current Psychology*, 32(2), 119-135. doi:10.1007/s12144-013-9168-3
- Goodall, H. L. (2004). Narrative ethnography as applied communication research. *Journal of Applied Communication Research*, 32(3), 185-194. doi: 10.1080/0090988042000240130
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and “ethically important moments” in research. *Qualitative Inquiry*, 10(2), 261-280. doi:10.1177/1077800403262360
- Han, B., Compton, W. M., Gfroerer, J., & McKeon, R. (2014). Mental health treatment patterns among adults with recent suicide attempts in the United States. *American Journal of Public Health*, 104(12), 2359-2368. doi:10.2105/AJPH.2014.302163
- Harter, L. M., & Bochner, A. P. (2009). Healing through stories: A special issue on narrative medicine. *Journal of Applied Communication Research*, 37(2), 113-117. doi: 10.1080/00909880902792271
- Hernandez, K. C. & Ngunjiri, F.W. (2013). Relationships and communities in autoethnography. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 262-281). Walnut Creek, CA: Left Coast Press.
- Holman Jones, S. (2013). The performance space: Giving an account of performance studies. *Text & Performance Quarterly*, 33(1), 77-80. doi: 10.1080/10462937.2012.746215
- Holman Jones, S., Adams, T. E., & Ellis, C. (2013). Coming to know autoethnography as more than a method. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 17-41). Walnut Creek, CA: Left Coast Press.

- Humphreys, M. (2005). Getting personal: reflexive and autoethnographic vignettes. *Qualitative Inquiry, 11*(6), 840-860. doi: 10.1177/1077800404269425
- Iverach, L., Jones, M., O'Brian, S., Block, S., Lincoln, M., Harrison, E., & ... (2010). Mood and substance use disorders among adults seeking speech treatment for stuttering. *Journal of Speech, Language & Hearing Research, 53*(5), 1178-1190. doi:10.1044/1092-4388
- Jago, B. J. (2011). Shacking up: An autoethnographic tale of cohabitation. *Qualitative Inquiry, 17*(2), 204-219. doi: 10.1177/1077800410393889
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychology, 67*(3), 231–243. doi: 10.1037/a0025957
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: variation by ethnicity and insurance status. *American Journal of Psychiatry, 159*, 1548-1555. doi: 10.1176/appi.ajp.159.9.1548
- Kessler, R. C., Berglund, P. A., Bruce, M. L., Koch, J. R., Laska, E. M., Leaf, P. J., ... & Walters, E. E. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research, 36*(6), 987–1007.
- Knapik, G. P., & Heifner-Graor, C. (2013). Engaging persons with severe persistent mental illness into primary care. *The Journal of Nurse Practitioners, 9*, 2 83-287. doi: 10.1016/j.nurpra.2013.02.019
- Knobloch, L. K., & Delaney, A. L. (2012). Themes of relational uncertainty and interference from partners in depression. *Health Communication, 27*(8), 750-765. doi: 10.1080/10410236.2011.639293

- LaRossa, R. (1995). Stories and relationships. *Journal of Social and Personal Relationships*, *12*(4), 553-558. doi: 10.1177/0265407595124009
- Marcus, G. E. (1994a). On ideologies of reflexivity in contemporary efforts to remake the human sciences. *Poetics Today*, *15*(3), 383-403. doi: 10.2307.1773315
- Marcus, G. E. (1994b). What comes (just) after “post”? The case of ethnography. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (pp. 563-574). Thousand Oaks, CA: Sage.
- Marcus, G. E. (2007). Ethnography two decades after writing culture: From the experimental to the baroque. *Anthropological Quarterly*, *80*(4), 1127-1145.
- McAllister, M., Flynn, T., Byrne, L., Wynaden, D., Duggan, R., Heslop, L., & ... (2014). Staff experiences of providing support to students who are managing mental health challenges: A qualitative study from two Australian universities. *Advances In Mental Health*, *12*(3), 192-201. doi:10.5172/jamh.2014.12.3.192
- Mobascher, A., & Winterer, G. (2008). The molecular and cellular neurobiology of nicotine abuse in schizophrenia. *Pharmacopsychiatry*, *41*, S51–S59. doi: 10.1055/s-2008-1081463
- Myerhoff, B. (2007). Stories as equipment for living. In M. Kaminsky & M. Weiss (Eds.), *Stories as equipment for living: Last talks and tales of Barbara Myerhoff* (pp. 17-27). Ann Arbor, University of Michigan Press.
- National Institute of Mental Health. (2015). *Depression*. Retrieved from <http://www.nimh.nih.gov/health/topics/depression/index.shtml>

- Ness, O., Borg, M., Semb, R., & Karlsson, B. (2014). "Walking alongside": Collaborative practices in mental health and substance abuse care. *International Journal of Mental Health Systems*, 8(1), 82-97. doi:10.1186/1752-4458-8-55
- Nimrod, G. (2013). Online depression communities: members' interests and perceived benefits. *Health Communication*, 28, 425-434. doi:10.1080/10410236.2012.691068.
- O'Neil, A. N. (2014). Relationship between diet and mental health in children and adolescents: A symptomatic review. *American Journal of Public Health*, 104(10), e31-e42. doi: 10.2105/AJPH.2014.302110
- Orrego Dunleavy, V., Crandall, L., & Metsch, L. R. (2005). A comparative study of sources of health information and access to preventative care among low-income chronic drug users. *Communication Research Reports*, 22(2), 117-128. doi: 10.1080/00036810500130554
- Padhy, S. K., Khatana, S. S., & Sarkar, S. S. (2014). Media and mental illness: Relevance to India. *Journal of Postgraduate Medicine*, 60(2), 163-170.
- Pelias, R. J. (2013). Writing autoethnography: The personal, poetic and performative as compositional strategies. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 384-406). Walnut Creek, CA: Left Coast Press.
- Pollock, D. (1998). Performing writing. In P. Phelan & J. Lane (Eds.), *The ends of performance* (pp. 73-103). New York: New York University Press.
- Poulos, C. N. (2013). Writing my way through. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 465-478). Walnut Creek, CA: Left Coast Press.

- Rath, J. (2012) ethnographic layering: reflections, family tales, and dreams. *Qualitative Inquiry*, 18(5), 442-448. doi:10.1177/1077800412439529
- Rathburn, G. (2007). Bootstraps: Disguises of illness. *Kaleidoscope: A Graduate Journal of Qualitative Communication Research*, 6, 685-697.
- Rasmussen, E., & Ewoldsen, D. R. (2013). *Dr. Phil* and *Psychology Today* as self—help treatments of mental illness: a content analysis of popular psychology programming. *Journal of Health Communication*, 18(5), 610-623.
doi:10.1080/10810730.2012.743630
- Rambo, C. (2005). Impressions of grandmother: an autoethnographic portrait. *Journal of Contemporary Ethnography*, 34(5), 560-585. doi:10.1177/0891241605279079
- Rambo Ronai, C. (1992). The reflexive self through narrative: A night in the life of an erotic dancer/researcher. In C. Ellis & M. Flaherty (Eds.), *Investigating subjectivity: Research on lived experience* (pp. 102-124). Newbury Park, CA: Sage
- Rambo Ronai, C. (1995). Multiple reflections of child sex abuse: An argument for layered account. *Journal of Contemporary Ethnography*, 23(4), 395-426.
doi: 10.1177/089124195023004001
- Reed-Danahay, D. E. (1997). Introduction. In D. E. Reed-Danahay (Ed.), *Auto/ethnography: Rewriting the self and the social* (pp. 1-17). Oxford, UK: Berg.
- Richardson, L. (1990). Narrative and sociology. *Journal of Contemporary Ethnography*, 19(1), 116-135. doi: 10.1177/089124190019001006
- Richardson, L. (1992). The consequences of poetic representation: Writing the other, rewriting the self. In C. Ellis & M. G. Flaherty (Eds.), *Investigating subjectivity: Research on lived experience* (pp. 125-137). Newbury Park, CA: Sage.

- Richardson, L. (2000). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 923-948). Thousand Oaks, CA: Sage.
- Richardson, L., & St. Pierre, E. A. (2005). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 959-978). Thousand Oaks, CA: Sage.
- Ridge, D. (2012). Use of patient narratives in promoting recovery from depression. *Nursing Standard*, 26(47), 35-40. doi: 10.7748/ns2012.07.26.47.35.c9225
- Ringel, J., & Sturm, R. (2001). National estimates of mental health utilization and expenditure for children in 1998. *Journal of Behavioral Health Services & Research*, 28, 319-332. doi: 10.1007/BF02287247
- Roeloff, C., Sherbourne, C., Unutzer, J., Fink, A., Tang, L., & Wells, K. (2003). Stigma and depression among primary care patients. *General Hospital Psychiatry*, 25, 311–315. doi: 10.1016/S0163-8343(03)00066-5
- Rogers, E. S., Fu, S. S., Krebs, P., Noorbaloochi, S., Nugent, S. M., Rao, R. & (2014). Proactive outreach for smokers using VHA mental health clinics: Protocol for a patient-randomized clinical trial. *BMC Public Health*, 14, 1294. doi:10.1186/1471-2458-14-1294
- Ryan, E. B., & Butler, R. N. (1996). Communication, aging, and health: Toward understanding health provider relationships with older clients. *Health Communication*, 8, 191–197. doi: 10.1207/s15327027hc0803_1

- Ryan, R. M., & Claessens, A. (2013). Associations between family structure changes and children's behavior problems: The moderating effects of timing and marital birth. *Developmental Psychology, 49*, 1219-1231. doi: 10.1037/a0029397
- Schirmer, S., Nellis, A., & Mauer, M. (2009). Incarcerated parents and their children: trends 1991-2007. *The sentencing project*, Washington, DC. Retrieved from http://www.sentencingproject.org/doc/publications/inc_incarceratedparents.pdf
- Shen, G. C., & Snowden, L. R. (2014). Institutionalization of deinstitutionalization: A cross national analysis of mental health systems reform. *International Journal of Mental Health Systems, 8*(1), 68-111. doi:10.1186/1752-4458-8-47
- Sickel, A. E., Seacat, J. D., & Nabors, N. A. (2014). Mental health stigma update: A review of consequences. *Advances in Mental Health, 12*(3), 202-215. doi: 10.1080/18374905.2014.11081898
- Smardon, R. (2008). "I'd rather not take Prozac": Stigma and commodification in antidepressant consumer narratives. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 12*(1), 67-86. doi: 10.1177/1363459307083698
- Smith, P. H., Homish, G. G., Giovino, G. A., & Kozlowski, L. T. (2014). Cigarette smoking and mental illness: A study of nicotine withdrawal. *American Journal of Public Health, 104*(2), 127-133. doi:10.2105/AJPH.2013.301502
- Spry, T. (2011). Performative autoethnography: Critical embodiment and possibilities. In N. K. Denzin & Y. S. Lincoln (Eds.), *SAGE handbook of qualitative research* (4th ed., pp. 497- 512). Thousand Oaks, Sage.

- Stanton, J., & Randal, P. (2011). Doctors accessing mental-health services: an exploratory study. *BMJ Open*, *1*(1), 1-17. doi: 10.1136/bmjopen-2010-000017
- Stevens, C., & Sidlinger, L. (2015). Integration of primary care into mental health center: lessons learned from year one implementation. *Kansas Nurse*, *90*(1), 12-15.
- Tambuyzer, E., Pieters, G., & Audenhove, C. V. (2011). Patient involvement in mental health care: one size does not fit all. *Health Expectations*, *17*, 138-150. doi: 10.1111/j.1369-7625.2011.00743.x
- Thompson, R. (2012). Screwed up, but working on it: (Dis)ordering the self through e-stories. *Narrative Inquiry*, *22*(1), 86-104. doi:10.1075/ni.22.1.06tho
- Troisi, A., & Moles, A. (1999). Gender differences in depression: An ethnological study of nonverbal behavior during interviews. *Journal of Psychiatric Research*, *33*, 243–250. doi: 10.1016/S0022-3956(98)00064-8
- Tognazzini, P., Davis, C., Kean, A., Osborne, M., & Wong, K. K. (2008). Reducing the stigma of mental illness. *Canadian Nurse*, *30*-33. doi: 10.1177/1039856214556324
- Tullis, J. A. (2013). Self and others: ethics in autoethnographic research. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of Autoethnography* (pp. 244-262). Walnut Creek, CA: Left Coast Press.
- Tullis Owen, J. A., McRae, C., Adams, T. E., & Vitale, A. (2009). Truth troubles. *Qualitative Inquiry*, *15*(1), 178- 200. doi:10.1177/10778004083138316

US Department of Health and Human Services (2014). *The health consequences of smoking-50 years of progress: a report of the surgeon general*. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>

Woodward, A. T., Taylor, R. J., Bullard, K. M., Neighbors, H. W., Chatters, L. M., & ... (2008). Use of professional and informal support by African Americans and Caribbean blacks with mental disorders. *Psychiatric Services, 59*(11), 1292–1298. doi: 10.1007/s12552-011-9049-z

Wright, K. B., Rosenberg, J., Egbert, N., Ploeger, N. A., Bernard, D. R., & King, S. (2013). Communication competence, social support, and depression among college students: A model of Facebook and face-to-face support network influence. *Journal of Health Communication, 18*(1), 41-57. doi:10.1080/10810730.2012.688250

Young, E. (2009). Memoirs: Rewriting the social construction of mental illness. *Narrative Inquiry, 19*(1), 52-68. doi: 10.1075/ni.19.1.04you