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EASTERN KENTUCKY UNIVERSITY

Through Their Eyes: Exploring Severe Mental Illness through Short Stories

Honors Thesis
Submitted
in Partial Fulfillment
of the
Requirements of HON 420
Fall 2017

By
Emily Adkins

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Abstract

Through Their Eyes: Exploring Severe Mental Illness through Short Stories

Emily Adkins

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This process statement describes my Honors thesis, which consists of three short stories with characters who each deal with severe mental illness, along with this process statement. Mental illness affects one in every five people in the United States at any given time (NAMI, n.d.). While mental illness is extremely prevalent, there is stigma against it, which has dramatic implications on quality of life for those with mental illness. Research has shown, however, that media can serve as an active intervention in decreasing that stigma. The purpose of this project is that my short stories may lead to decreased stigma among their audience. Severe mental illness includes an additional component of functional impairment, which I wanted to incorporate into my project, as it is highly stigmatized and misunderstood. Each story deals with a different severe mental illness (peripartum depression with psychotic features in “In Heat,” bipolar I disorder in “Tabula Rasa,” and panic disorder in “Outside”). The characters within these stories are sympathetic, complex, rounded portrayals of people who struggle with mental illnesses. I describe the premise of each story, the mental illness each character deals with and how it impacts her life, and describe my revision process for each story. I also discuss implications and future directions for this project.

Keywords and phrases: thesis, honors thesis, capstone, undergraduate research, creative writing, short stories, fiction, mental illness, mental illness and stigma

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Acknowledgements

I would like to express my gratitude to the following people, who made this project possible:

Carter Sickels

Thank you so much for your willingness to jump into this project and guide me through what it looks like to write intentionally and thoughtfully, and to recklessly revise these pieces. Your feedback and support have been invaluable. I think much of the time, you believed in me more than I did, and I am extremely thankful for your time, energy, and wisdom. This would not have been possible without you.

My instructors and peers in (and out of) workshop

Thank you all so much for giving me feedback and laboriously reading so many versions of these pieces. You pointed out sections that needed development, and encouraged me by acknowledging my strengths. It is because of you that I am developing my own inner critic, who listens closely to the voice of my pieces and helps me fulfill my vision for them.

Noel Studio Faculty

Thank you for giving me a meaningful place to work and learn and teach. You have provided me with so many skills that I'll use for the rest of my life. You are passionate and driven, and have made my three years working at the Studio so worthwhile.

Through Their Eyes: Exploring Severe Mental Illness through Short Stories

Process Statement

When it came time to begin my Honors thesis, I was in abnormal psychology and creative writing classes. I had recently changed my major to English (Creative Writing) and added a psychology minor, and I was working through my career goals. I wanted to grow in my identity as a writer, and still pursue ethical values and research skills I would need for my future career in social services. A creative nonfiction class, where I deeply considered my own experience, was the inspiration for this project, where I deeply consider the experiences of others.

My project consists of three short stories about characters who deal with severe mental illnesses. Mental disorders became a deep interest of mine when, in my abnormal psychology class, speakers from “In Our Own Voices,” a program of my local chapter of the National Alliance on Mental Illness (NAMI), came to my classroom. They were in recovery, they said, from a variety of diagnoses. One woman had bipolar disorder, and was now a trainer for suicide prevention classes and a peer support specialist. One man, a veteran with post-traumatic stress disorder, had mentored a younger man with schizophrenia. They were all thriving, despite the abnormal way their brains were functioning. I was inspired and curious, so I turned to research.

Mental Illness and Severe Mental Illness

Mental illness, also called mental disorders or mental health problems, is a prevalent problem in the United States of America. At any given time, one out of five people is personally experiencing a mental illness (NAMI, n.d.). Mental illness is also often disabling. In fact, it is one of the leading causes of life years lost to illness, disability, or premature death (US Burden of Disease Collaborators, 2013). Mental illnesses are defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V), where each disorder and specifier combination is assigned a specific code. Criteria and other aspects are updated on a regular basis to reflect evidence-based findings. Mental illnesses affect thinking, feeling, behavior, and mood, which in turn affects relationships with others or occupational ability.

One subset of mental illness is called severe, or serious, mental illness (SMI). This specific type of mental disorder is defined by the National Survey on Drug Use and Health as a currently diagnosable disorder that results in a serious functional impairment (Sánchez, Frain, Rosenthal, Tansey, & Bezyak, 2016). This standard utilizes the DSM V's criteria for mental illness itself, as well as a component that requires the mental illness to cause significant impairment in one or more major life activities.

Major life activities include employment, communication, and the ability to care for oneself (United States Department of Labor, n.d.) . This standard is like the one used in the United States to determine disability. Some familiar disorders that fall into this category are major depressive disorder, bipolar disorder, post-traumatic stress disorder, and schizophrenia. Every year, approximately one in twenty-five Americans meet the functional impairment criteria of SMI (NAMI, n.d.).

The prevalence of mental illness shocked me, at first, until I looked around me. One of my friends was dealing with depression, and another with anxiety. I had dealt with depression earlier in my life, and came to deal with generalized anxiety in college. Someone, upon reading one of the pieces I wrote for my thesis, told me it captured her experience with bipolar disorder perfectly. When I paid attention to the mental illness around me, the statistics made sense. Most people know someone who has experienced mental illness, or have experienced it themselves.

Stigma and Severe Mental Illness

The fact that mental illness is common, however, does not mean it is accepted or supported in American society. One of the most prominent difficulties for those with mental disorders is stigma. People who have SMI are frequently stigmatized, or set apart from others and seen as disgraceful or disapproved of (Byrne 2000). Stigma involves social labelling, stereotyping, separating people into “us” versus “them,” removal of social status or acclaim, rejection, and discrimination (Lucas & Phelan, 2012). Since severe mental illness creates more of a difference in ability, it would follow that more stigma surrounds mental illnesses that seem more different. Society disapproves of mental illnesses more than those with physical disabilities; in fact, mental illness is viewed in the same way that prostitution and criminal behavior are viewed (Corrigan & Watson, 2002).

Stigma becomes a serious issue for people with mental illness because public perception often affects the opportunities or services people receive. Those with SMI are often denied access to employment or housing: 80% of those with serious mental disorders who receive public treatment services are unemployed, and 30% of those who

are homeless have some form of SMI (NAMI, 2014; National Coalition for the Homeless, 2009; Picco et al., 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2017).

Additionally, stigma affects interpersonal relationships. People often reject those with perceived mental illness, especially when the disorder is perceived to be severe—for instance, if it involves hospitalization or has in the past (Lucas & Phelan, 2012). This type of stigma occurs when individuals embrace stereotypes and begin to act accordingly (Picco et al., 2016). In social situations, people with mental illnesses have less influence and are distanced by their peers (Lucas & Phelan, 2012). This social disenfranchisement also impacts those who have mental illness.

Finally, stigma also develops within those who have mental illnesses. People with SMI often “buy in” to attitudes and discrimination they have experienced, and then apply those negative beliefs about them to themselves (Picco et al. 2016). High levels of internal stigma can have dramatic effects on a person with mental illness: lower quality of life, more hospitalization, poor recovery prognosis, lowered self-esteem, and risk for suicide (Picco et al., 2016; Sánchez et al., 2016; Treatment Advocacy Center, n.d.). With such intense consequences for negative perceptions of mental illness, intervention is necessary.

Media that Reduces Stigma

Much media has attempted to address the problem of mental illness. From *A Beautiful Mind* to *Silver Linings Playbook*, mental illness has become a somewhat common theme in modern-day movies and other genres. Literature has also addressed mental illness. In “The Yellow Wallpaper,” published in 1892, Charlotte Perkins Gilman

details one woman's hallucinations and the resulting drama. Novels in the 20th century, including *The Bell Jar*, *Tender is the Night*, and *Catcher in the Rye*, all include characters with mental illnesses. In *Mrs. Dalloway*, Virginia Woolf creates Septimus Smith, a veteran of World War I who has post-traumatic stress disorder, or "shell shock," as it was then called. He experiences numbed feelings and hallucinations, so his daily functioning is significantly impaired by his mental illness. Woolf creates a fair picture of Septimus and does not overlook how shell shock affects him. One particularly inspiring modern author, Amy Bloom, addresses mental illness throughout her short story collection, *Come to Me*. Her work explores a sister who has schizophrenia, delusional beliefs about love, and bipolar disorder. Amy Bloom's stories, "The Yellow Wallpaper," and *Mrs. Dalloway* serve as major inspirations to the way I portray SMI in my work: realistically and physically. Many of these works fairly portray complete characters and accurate, but artistic descriptions and experiences of mental illness.

Issues arise, however, when media inappropriately portrays mental illness. Portrayals that exaggerate negative aspects of mental illness or demonstrate that those with it are products of dysfunction instead of people serve to increase stigma. In fact, one study identified five common tropes in modern-day movies that feature mental illness: the "homicidal maniac," the "narcissistic parasite," the "female seductress patient," the "rebellious free spirit," and the "specially gifted" (Hylar 2008). These tropes portray those with mental illness as violent or unpredictable, or characterize their mental illness as an inconsequential quirk or talent. Both of these treatments of mental illness in media minimize its impact on the daily lives of those who experience it.

Accurate portrayals of mental illness, on the other hand, can benefit those with mental illness. In fact, accurate portrayals of mental illness in media increase knowledge and correct misconceptions that often cause stigma (Ritterfeld & Jin, 2006). Additionally, media that incorporates sympathetic characters and stories that are perceived to be realistic decrease stigma even more (Ritterfeld & Jin, 2006). Media that incorporates research about mental illness into its design and creation, and thoughtfully serves to create whole portraits of those with mental illness, has the power to intervene in the stigmatization of mental illness.

My Intervention

My Honors thesis, therefore, seeks to do this through fiction. Creative writing allows me to control much of how characters are perceived and what they experience. I am able to incorporate physical language to make the theoretical concrete, and build complex characters who are not just products of their severe mental illnesses. I chose to focus on SMI specifically because I wanted to display what a severe functional impairment might look like in several different situations: as a wife, as a mother, as a student, as an employee, and as a sister. My characters often take on multiple roles such as these throughout each of the three stories, which creates a whole picture of them as human.

“In Heat”

The character and diagnosis. In “In Heat,” I write about Heather, who has a two-week old newborn. Heather has peripartum depression with mood-incongruent psychotic features. As a diagnostician, the medical diagnostic code for this disorder is 296.24. Heather experiences depression during and after her pregnancy, with irritability,

disturbed sleep patterns, a loss of interest in daily activities, and brief suicidal ideation as symptoms. Heather also experiences mood-incongruent psychotic features, where she feels and sees her baby's skin boiling, when in reality it is not. These symptoms are mood-incongruent because they do not fit within the typical narrative of loss of interest or depressed mood present in major depressive disorder.

The plot. My story begins with Heather at home with her husband, Chris, at home, on the day where he is about to return to his job after his paternity leave. Heather is left alone with the baby, Carrie, for the first time, when she begins to think about her failings as a mother and inability to protect her daughter. She hallucinates that wallpaper encloses her and her baby, that the glass window in the hospital shatters and she jumps out it, and finally, that Carrie's skin is boiling.

The revision. One of the main issues I considered in revising this piece is that my first draft was very idyllic. Near the climax of the story when Heather thought Carrie was boiling, I knew I wanted Heather to use ice to cool her off. However, I shied away from making something bad happen to the child. In further revisions, I had to consider building tension in my piece and keeping readers engaged—while I wanted readers to continue engaging with Heather, I would have to make her think about doing something terrible for the story to effectively resolve.

“Tabula Rasa”

The character and diagnosis. In “Tabula Rasa,” I write about Maggie, who sells life insurance. At the beginning of the story, she has been in a manic episode of bipolar I disorder for two weeks. As the story continues, she experiences a depressive episode a few months later. As a diagnostician, the medical diagnostic code for this disorder is

296.25. Research has found that bipolar disorder has a large number of misconceptions surrounding it (NAMI, 2005); making it clear that my character was experiencing this while not being obvious, as she is undiagnosed and untreated, was a challenge.

The plot. Maggie experiences a manic episode, where her symptoms include increased performance at work, irritability, risky behavior uncharacteristic of her, as well as a feeling of euphoria and rushed speech. Maggie is unaware she has bipolar disorder, so the consequences of her episode are severe: she is the aggressor in a sexual harassment scenario and spends much of her savings on a very expensive sports car. She is suspended after the sexual harassment incident, and returns home for a three-month suspension where she comes down from her mania and experiences a depressive episode, with irritability, disturbed sleep patterns, loss of energy, depressed mood, and inability to concentrate.

The revision. In revision, my biggest challenge was balancing the two “sides” of my character. During her manic episode, Maggie is driven and aggressive, and my writing is fast-paced and physical. It was difficult to fade away from this into a style that reflected her depression, while maintaining voice and continuing to develop her character in an engaging way. I also tried to focus on Maggie in relationship with others, to try to get a fuller picture of who she is outside of her mental illness.

“Outside”

The character and diagnosis. In “Outside,” I write about Kate, who is a former occupational therapist and current stay-at-home mom. Kate has panic disorder. As a diagnostician, the medical diagnostic code for panic disorder is 300.01. This means Kate experiences panic attacks, which involve increased heart rate, difficulty breathing, and

tense muscles without medical cause. What turns Kate's panic attacks into panic disorder is the fact that she avoids situations where panic attacks occur and fears them—in fact, in few short months, Kate becomes agoraphobic.

The plot. Kate is developed in relation to her sister, Faith, who stays with Kate's family when Kate begins refusing to leave her house. Additionally, Kate's husband, Jay, is often at work, and does not know that these panic attacks are happening. Kate has intentionally hidden these recurrent panic attacks from her husband. Kate also interacts with her five-year-old son, Tommy, and experiences a great amount of guilt for not being able to be as involved with his first year of school as she would like to be.

The revision. In my first drafts of this story, I described the panic attacks effectively, using physical language to let unfamiliar readers experience the fear along with Kate. This focus, however, led to me gloss over important character details in how she related with her family. In revision, I focused on generating new scenes with Jay, Faith, and Kate together, to explore their dynamic more fully and round them out as characters, making them more believable, and making my audience involved in how the story unfolds.

I also felt confined to one evening in my initial draft. In revision, I took Kate's past panic attacks in college and the one that triggered her agoraphobia out of flashback. This increased tension. I also wrote and expanded scenes where panic attacks do not happen, in order to show that Kate had a full life before her mental illness began to cause severe functional impairment. Overall, these changes made this piece much stronger by developing tension and rounding out my characters.

Future Directions

At the completion of my project when these stories are fully revised, I will seek publication for these stories. I am glad to say I feel proud of the work I have put into them, and truly believe that these portrayals of mental illness avoid common tropes and seek to make highly stigmatized disorders real to my readers.

As a part of my Honors thesis project, I was able to present this work to others and read an excerpt of “In Heat.” Readings, personal sharing of these stories, and publication all serve to engage audiences, while providing education about mental illness that corrects misconceptions and increases knowledge, in hopes to decrease stigma.

In the future, research could consider using these stories and other written works in experiments to measure their effectiveness against stigma as an intervention. This would help further psychological knowledge about how stigma develops, and what people every day can do to stop its advance.

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