Literature and medicine: narratives of mental illness

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Autobiographical accounts of mental illness have for centuries provided a fascinating window on the world of madness for those fortunate enough never to have sojourned there themselves. Even with all the advanced brain-imaging and other technologies of medicine, the subjective experience of mental illness can be conveyed only by those who have lived it. Yet the nature of the experience poses immense challenges for any author, for the very faculties required to construct a narrative—perception, memory, and reason—can be profoundly altered by illnesses such as depression, bipolar disorder, and schizophrenia, as well as by treatments such as electroconvulsive therapy (ECT) and psychotropic drugs. Perhaps as a result—or perhaps just to avoid the stigma of being identified as a mental patient—contemporary authors have sometimes chosen to present their accounts as fiction. Whatever their choice in this regard, the desire to make sense of what has happened to them, the wish to reform abuses in the treatment of the mentally ill, and the hope of helping other patients and their families have been powerful motivations for the hundreds of patients who have written about their experiences of mental illness.1–4

How these authors make sense of what happened during their episodes of mental illness has changed substantially from one age to another. In earlier centuries, mental illness was often understood and portrayed as demon possession, to be treated by exorcism or other religious interventions. If these remedies failed, trials and executions for heresy and witchcraft sometimes followed. Indeed, early autobiographical accounts of mental illness have been compared to spiritual autobiographies in their concern with the religious dimensions of the inner life.7 In The Book of Margery Kempe (c 1436), which many regard as the first such autobiographical account in the English language, Kempe describes her first experience of mental illness, which today might be called postpartum psychosis, as demon possession continued to appear in the 18th and early 19th centuries, even as cultural beliefs about the causes of madness were moving away from a religious model to a secular one that considered mental illness as a defect or disorder of the faculty of reason.4,6

This secular way of understanding madness led to the development of both private and public asylums for the confinement of the mentally ill. The goal of the earliest asylums was simply to provide custodial care and to separate the mentally ill from the rest of society. As new philosophies of humane care emerged in Europe at the end of the 18th century, conditions improved in some institutions, and by the late 19th century there was cautious optimism about potentially effective treatments. Even so, the harsh conditions, cruelty, and abuses that persisted in many institutions evoked narratives of protest from patients who recovered well enough to be released and to write about their asylum experiences. These accounts began to appear in the 18th century, and their incidence and urgency increased as the numbers of asylums and their inmates grew during the 19th and early 20th centuries. Well-known examples include Alexander Cruden’s The London-Citizen Exceedingly Injured (1739), John Percvall’s A Narrative of the Treatment Experienced by a Gentleman, During a State of Mental Derangement (1838, 1840), Clifford Beers’ A Mind That Found Itself (1908), Mary Jane Ward’s autobiographical novel The Snake Pit (1946), and Kate Millett’s relatively recent The Loony-Bin Trip (1990) about her involuntary commitment to an asylum in Ireland. Occasional narratives by those who were not mad but who were nonetheless confined to mental asylums are valuable for the corroborating accounts they provide: for example, William Seabrook’s Asylum (1935) and Janet Frame’s An Angel at My Table (1984), as well as her autobiographical novel Faces in the Water (1961), report much the same conditions and abuses as chronicled in the other works.

Many therapies once believed to be efficacious have been abandoned, sometimes in response to narratives of protest by former patients. Charlotte Perkins Gilman, for example, who was subjected in 1887 to S Weir Mitchell’s “rest cure”, during which she was forbidden to write or engage in any intellectual activity, wrote the fictional story “The Yellow Wallpaper” (1892) based on her experience. Although she originally had difficulty finding a publisher for the work, it has since become a feminist classic. In her commentary (1913) about why she wrote the story, Gilman reports that “many years later [she] was told that the great specialist [S Weir Mitchell] had admitted to friends of his that he had

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Panel 1: The Voices of madness

It was a hot night in August 1976, the summer of my seventeenth year, when, uninvited and unannounced, the Voices took over my life.

Since that time, I have never been completely free of those Voices. At the beginning of that summer, I felt well, a happy healthy girl—I thought—with a normal head and heart. By summer’s end, I was sick, without any clear idea of what was happening to me or why. And as the Voices evolved into a full-scale illness, one that I later learned was called schizophrenia, it snatched from me my tranquility, sometimes my self-possession, and very nearly my life.

Sometimes these Voices have been dormant. Sometimes they have been overwhelming. At times over the years they have nearly destroyed me. Many times over the years I was ready to give up, believing they had won.

Today this illness, these Voices, are still part of my life. But it is I who have won, not they. A wonderful new drug, caring therapists, the support and love of my family and my own fierce battle—that I know now will never end—have all combined in a nearly miraculous way to enable me to master the illness that once mastered me.

Today, nearly eighteen years after that terrifying summer, I have a job, a car, an apartment of my own. I am making friends and dating. I am teaching classes at the very hospital at which I was once a patient.

Still, I have been to a place where all too many people are forced to live. Like all too few, I have been permitted to return. I want to tell others about my journey so that those who have never experienced it will know what life inside of my schizophrenic brain has been like, and so that those who are still left behind will have hope that they too will find a path out.


altered his treatment of neurasthenia since reading The Yellow Wallpaper. The treatment, based on the belief that women must be protected from higher education and all intellectual and artistic work if they were to remain healthy, persisted, however. In 1913, the same year as Gilman’s commentary, Virginia Woolf was subjected to a version of the rest cure in London.

Although Freud did not believe that psychoanalysis could be applied to treating women, he did recognize that women were suffering from a “nervous condition” that he called hysteria. He treated a number of women suffering from this condition, including Anna O., the first patient he treated in his clinic in Vienna.

In _The Yellow Wallpaper_, Gilman describes her experience from the age of 5 years with a mental illness marked by intense feelings of unreality. Her account is accompanied by an interpretive analysis written by a young French woman identified only as Renee, who understands her illness in contemporary scientific terms, describes it with metaphors of hell and literary allusions to Milton’s _Paradise Lost_ and Dante’s _Inferno_.

For the American actress Patty Duke, who has written two accounts of her illness—_Call Me Anna: The Autobiography of Patty Duke_ (1988) and _My Brilliant Madness: Living with Manic-Depressive Illness_ (1992)—the most difficult part of her experience was getting the correct diagnosis. After her illness was identified as manic-depression, she began taking lithium and has been able to control her disease by her extremely disciplined use of that medication. Yet even when lithium works well as a treatment for their illness, some patients are not willing to take it because they do not want to give up the highly productive manic phases that they enjoy.

Contemporary narratives of schizophrenia record the success and failure of very recent drug treatments, such as clozapine and risperidone. Lori Schiller, with the assistance of Amanda Bennett, has constructed a compelling narrative about her institutionalization and successful treatment for schizophrenia when she was a teenager; Frieda Fromm-Reichmann was her psychotherapist. Greenberg’s best-selling novel is still used in medical education for its vivid descriptions of the hallucinatory worlds that can characterise schizophrenic experience.

Despite the skill with which some of these illness narratives are written and the fascinating experiences they record, contemporary readers may regard them merely as historical artefacts having no relevance to current psychiatric practice, with its more biological focus and more effective pharmacological treatments. Contemporary patients’ narratives, however, may have special value for clinicians because these narratives offer rich critiques of newer psychiatric treatments. Some patients’ accounts herald extraordinary breakthroughs and successful remissions even in the most difficult of mental illnesses. Others caution against easy celebration by telling of patients for whom even the most promising new treatments have failed. Lurking in the background, always, is the spectre of suicide.

In _Darkness Visible: A Memoir of Madness_ (1990), William Styron tells of the nearly fatal unipolar depression that suddenly afflicted him when he was 60 years old. As a highly successful, world-renowned writer, he had access to the best medical care available. But neither sessions with his psychiatrist nor taking the prescribed drugs helped. Styron, who had meticulously planned his suicide, was at the point of carrying it out one night when, in a moment of lucidity, he woke his wife and had her take him to the hospital. Although Styron attributes his eventual recovery to the passage of time and the sanctuary of the hospital, his improvement also coincided with a change in his drug therapy. 

Lobotomy and ECT, both introduced in the 1930s, figure prominently in 20th-century patients’ narratives and have become symbols of psychiatric brutality. Many patients have written first-person accounts of ECT, and they have described the experience as a barbarous torture. Narratives such as those of Ward, Frame, and Sylvia Plath in the *The Bell Jar* (1963) tell of the dread that ECT evoked in patients. Martha Manning’s recent account in _Undercurrents: A Therapist’s Reckoning with Her Own Depression_ (1994) is unusual in its acknowledgment that ECT cured her severe depression when all else had failed.

In addition to this strong tradition of patients’ narratives seeking to reform psychiatric asylums and treatments, there are stories—such as _Undercurrents—that offer hope to other patients by recounting successful treatments and recoveries. Although Freud did not believe that psychoanalysis could be an effective therapy for psychotic patients, two classic narratives of mental illness record the successful psychoanalytical treatment of what was diagnosed as schizophrenia. _Autobiography of a Schizophrenic Girl_ (1951), written by a young French woman identified only as Renee, describes her experience from the age of 5 years with a mental illness marked by intense feelings of unreality. Her account is accompanied by an interpretive analysis written by her psychotherapist, Marguerite Secholah. This kind of publishing collaboration between patient and therapist is not unusual in cases of successful treatment.

A decade later, Joanne Greenberg (Hannah Green) published the autobiographical novel _I Never Promised You a Rose Garden_ (1964) about her institutionalisation and successful treatment for schizophrenia when she was a teenager; Frieda Fromm-Reichmann was her psychotherapist. Greenberg’s best-selling novel is still used in medical education for its vivid descriptions of the hallucinatory worlds that can characterise schizophrenic experience.

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Panel 2: Thirty years in search of diagnosis and effective treatment

Robert’s diagnosis has changed frequently in the past thirty years, depending largely upon which drugs have been successful in keeping him calm, stable, and/or compliant. He was schizophrenic when enormous doses of Thorazine and Stelazine calmed him; he was manic-depressive (bipolar) when lithium worked; he was manic-depressive with psychotic-symptoms, or hypomanic, when Tegretol or Depakote (anticonvulsants), or some new antipsychotic or antidepressant—Trilafon, Adapin, Mellarii, Haldol, Klonopin, risperidone—showed promise of making him cooperative; and he was schizophrenic (again) when various doctors promised cures through insulin-coma therapy or megadose-vitamin therapy or Marxist therapy or gas therapy. At the same time, often in an attempt to minimize side effects, other drugs were poured into him: Artane, Benadryl, Cogentin, Kemadrin, Symmetrel, Prolixin, Pamelor, Navane . . . During these years, Robert also participated in a long menu of psychotherapies: group therapy, family therapy, multifamily group therapy, short-term therapy, goal-oriented therapy, art therapy, behavioral therapy, vocational rehabilitation therapy, milieu therapy, et al. Most often, though—the more chronic his condition, the truer this became—he was treated solely with drugs, and received no therapy at all. It is as if, I often think, the very history of the ways in which our century has dealt with those it calls mentally ill has, for more than thirty years now, been passing through my brother’s mind and body.


of her experience in The Quiet Room: A Journey out of the Torment of Madness (panel 1). Over a period of nearly 15 years, Schiller made many suicide attempts, was admitted to hospital many times, and was treated with psychotherapy, numerous drugs, and ECT. Nothing worked until she enrolled in a research trial of clozapine. That she lived long enough to finally receive effective treatment is a testimony to her courage and to the unflagging support of her family. Many patients, as Schiller is well aware, do not make it. When the Music’s Over: My Journey into Schizophrenia, is a haunting story of one patient who killed himself before he found effective treatment. Jay Neugeboren’s book Imagining Robert: My Brother, Madness, and Survival—A Memoir (panel 2), which tells of a 30-year effort to find effective treatment for his brother’s illness, is another reminder that for many patients successful treatment for mental illness is still just a fantasy.

For all readers, these patients’ stories give testimony to the remarkable range of human psychological experience and to the extraordinary capacity of human beings to endure and prevail even through hellish torments. Stories of successful treatment and recovery are extremely important for the hope they hold out to others who have mental illness, and to their families and friends. But the cautionary tales—such as those of Styron, Burke, and Neugeboren—are equally important for their reminders, especially to clinicians, that disease manifests itself differently in each patient and that what works well as a treatment for one person may not work for another. We should not forget that many of these narratives are dedicated to the patients who did not recover.

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