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## A Scholarly Fictional Narrative Portraying the Stigma that Surrounds Mental Illness and Its Place in Literature

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Adrianna Robinson

Honors Thesis

A Scholarly Fictional Narrative portraying the Stigma that Surrounds Mental Illness and Its  
Place in Literature

*The purpose of this scholarly fictional narrative is meant to reveal the struggles that individuals with mental illness go through, not only in their personal lives, but also with their place in society. I lay out research around the stigma that surrounds mental illness first, defining both public and self-stigma in relation to mental illness. I also briefly mention Girl, Interrupted and “The Yellow Wallpaper,” to show how authors have addressed the stigma that surrounds mental illness in literature in the past. The research is an important part of understanding **why** I write the fictional narrative the way I do, but I will not tell you why until you make your own judgments about the fictional narrative and what you, as a reader, think it should be doing in relation to the research I present at the beginning of this paper. It is put first to give the reader beforehand knowledge, read through the fictional narrative with the given knowledge, and allow their emotions to take over through reading the narrative. I want the reader to go in reading it without me telling them how to read the narrative, letting them decide for themselves how they want to choose to read the narrative before I explain what I’m trying to do. It may be a frustrating read but all you have to know right away is that I lay out the research first and then juxtapose the fictional narrative with relevant quotes from Girl, Interrupted and “The Yellow Wallpaper” that relate to the fictional narrative and relate to the stigma that surrounds mental illness in society.*

## Introduction

The treatment of mental illness has changed drastically from the 19<sup>th</sup> century to the 21<sup>st</sup> century but the public stigma associated with mental illness has barely changed at all. Although there is still a public stigma associated with mental illness, the self-stigma that mentally ill people experience has been reduced dramatically from what it was in past centuries. More people are willing to speak out about their mental illness and make others aware and educated about mental illness, which can help reduce the public stigma associated with it. Many authors have used and are still using literature to educate the public about mental illness and the stigma that surrounds it. Frye states: “Reading...more thoroughly immerses the reader in the experience of the character. Short stories such as ‘The Yellow Wallpaper...’ give us a rich source of knowledge about illness, human nature, and how the patient feels” (831). Literature such as “The Yellow Wallpaper” and *Girl, Interrupted*, and the fictional narrative included in this paper immerse readers inside the minds and experiences of the mentally ill narrators of these pieces of work. This gives readers at least a sense of how people that are labeled as mentally ill behave and why they behave the way they do.

This paper will use a fictional piece in juxtaposition with *Girl, Interrupted* and “The Yellow Wallpaper” to display the different effects that the stigma surrounding mental illness can have on a mentally ill person. “The Yellow Wallpaper,” a short story by Charlotte Perkins Gilman, was published in 1892, during a time when mental illness was heavily stigmatized and treated much differently than it is today. *Girl, Interrupted*, a memoir by Susanna Kaysen, was

published in 1993 (a century after Gilman's short story), during a time when prescription medications began to arise to treat depression and other mental illnesses. However, both stories show that the stigma that surrounds mental illness is all too prevalent in our society. We still have much work to do on educating people about mental illnesses and doing it in a way where people understand, instead of criticizing and discriminating against, those that are mentally ill.

The self-stigma that emerges from the public stigma of mental illness can be easily shown through memoirs and short stories written by those that are mentally ill, such as Susanna Kaysen and Charlotte Perkins Gilman. *Girl, Interrupted* details Kaysen's time in an all girls mental hospital, describing events that happen in the hospital and her interactions with the other patients in and outside of the hospital. "The Yellow Wallpaper" is a short story that describes a woman, the narrator, slowly going insane from her treatment, "rest cure," for hysteria. The narrator goes increasingly mad as she analyzes the yellow wallpaper of the room she spends most of her time in, eventually crawling into the wallpaper herself. These two pieces "can be a source of human emotion that the reader can share and explore" (Frye 831). In literature, readers can connect to characters, sharing in their emotion. In sharing in the emotions of these characters, Kaysen and the narrator of "The Yellow Wallpaper," one can better understand what it is like to be mentally ill and the stereotypes associated with mental illness, which can reduce the stigma of mental illness. I hope to do something similar with my own fictional narrative included below, connecting the reader to the emotions of the characters of the story.

### **The Public and Self-Stigma of Mental Illness**

The public and self-stigma surrounding mental illness has gone on for centuries and, although public stigma is still prominent, the self-stigma has gradually been reduced over time. In their article, "Mental illness stigma: Concepts, consequences, and initiatives to reduce

stigma,” Rusch et al. explains that both public and self-stigma contain three elements: stereotyping, prejudice, and discrimination (530-31). Because of public stigma, the public has negative thoughts about the mentally ill, react negatively towards those that are labeled as mentally ill, and discriminate against the mentally ill in the workplace, home, and other social environments. Because of self-stigma, those that are mentally ill may have negative thoughts about themselves, resulting in low self-esteem and refusal to seek help and employment (see Table 1). The stigma that surrounds mental illness, whether self or public, makes it hard for those that are mentally ill to talk about their illnesses and to get the help that they need. Penn and Wykes suggest, “There is evidence that [discrimination] may have a toxic effect not only after the illness has developed but in the onset of the illness itself” (203). People that have mental illnesses delay or completely avoid treatment for their mental illness because of the stigma. To put this in perspective, someone refusing to get help for a mental illness is as detrimental as someone refusing to get help for a broken bone. It just makes the condition worse, not better.

Table 1

Elements of Public and Self-Stigma

Source: Rusch et al, “Mental illness stigma: Concepts, consequences, and initiatives to reduce

Table 1  
Components of Public and Self-Stigma

Public stigma	Self-stigma
<i>Stereotype:</i> Negative belief about a group such as Incompetence Character weakness Dangerousness	<i>Stereotype:</i> Negative belief about the self such as Incompetence Character weakness Dangerousness
<i>Prejudice:</i> Agreement with belief and/or Negative emotional reaction such as Anger or Fear	<i>Prejudice:</i> Agreement with belief Negative emotional reaction such as Low self-esteem or Low self-efficacy
<i>Discrimination:</i> Behavior response to prejudice such as: Avoidance of work and housing opportunities Withholding help	<i>Discrimination:</i> Behavior response to prejudice such as: Fails to pursue work and housing opportunities Does not seek help

stigma.” *European Psychiatry*, vol. 20, no. 8, December 2005, table 1.

There are measures that individuals can take to reduce the stigma. Rusch et al. acknowledge three main methods: “protest, education, and contact” (535). Protest is shown mainly as protesting public statements and media representation of mentally ill people that stigmatizes them. The best people to protest public beliefs about the mentally ill are the mentally ill themselves. Psychologists and psychiatrists can also protest by informing the public better about mental illnesses and mentally ill individuals. Interaction with individuals that have mental illnesses has been proven to reduce stigmatizing behavior; “research shows that contact both during undergraduate training and in an experimental situation reduced stigma and improved positive attitudes” (Rusch et al. 535). If the public are more exposed to people that have mental illnesses, they will be less likely to discriminate against them because they will see other aspects of their character besides just their illness. However, some studies have shown that contact is only beneficial in reducing stigma if a person is also educated about mental illness. In one study, “a positive change of students’ attitudes was observed only when a consumer was involved in the intervention (contact and education)” (Rusch et al. 536). The best way to reduce the stigma, then, would be to include protest, education, and contact all in one intervention plan.

Penny Thoits suggests similar approaches of Rusch et al. to resist the stigma of mental illness: challenging and deflecting. Individuals that deflect “understand that they have a disorder and/or...have been in treatment, that other people have identified (or could identify them) in these terms, and that broad cultural stereotypes have been (or could be) applied to them” (13). However, they deflect by not identifying with the stereotypes given to them. Deflection is a great way to avoid or reduce self-stigma, “[rendering] the person fairly impervious to stereotype threats” (Thoits 14). Challenging differs from deflection in that it includes educating the public

about the myths and truths about mental illness. Instead of not identifying with stereotypes, one “[attempts] to change other people’s views or behaviors instead of blocking their incursions on self-regard” (Thoits 14). Whereas deflection facilitates the components associated with self-stigma described earlier, challenging is beneficial in resisting the components that are associated with public-stigma.

### **The Story**

“Anyhow, he couldn’t bear coming here. His mother had been in a loony bin too, it turned out, and he couldn’t bear being reminded of it” (Kaysen 25).

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He lays in a hospital bed, confused, opening his eyes and seeing himself hooked up to an IV. Groggily, he asks, “What happened?” The nurse says, “You tried to commit suicide last night.” He tries to reach his left hand up to his face, quickly realizing that this is the hand that has the IV tubes connected to it. He puts that hand down carefully and reaches up his right hand to his face, rubbing his eyes. He looks around the room. His whole family is there, quietly watching him, afraid to say anything with the fragile state he is in. “Hey, how are you doing?” His best friend asks. He looks over to her, noticing the sadness and worry in her eyes. He tries a smile. “I’ve been better, I just hope the hospital food isn’t shit.” A joking tone, he could make a joke of anything if he wanted to. “How long does he have to stay here?” His mother asks. “Just a few days,” the nurse replies, “we have to fill out a psych evaluation with him when he’s in a more coherent state. As long as his psych evaluation shows that he is not any harm to himself or others, you feel like you can keep an eye on him, and think he is stable enough, he’s free to go.” Everyone breathes a sigh of relief, grateful he’s still alive and does not have to go into a psych ward. *But what would be so wrong with going into a psych ward?* He wonders.

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“A successful suicide demands good organization and a cool head, both of which are incompatible with the suicidal state of mind” (Kaysen 36).

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She sat at the edge of her bed. Her note written, bottle of extra strength Tylenol in her hand. She examines the bottle: “This product contains acetaminophen. Severe liver damage may occur if you take more than 4,000 mg of acetaminophen in 24 hours.” Perfect, she thinks, just what she needs for a successful suicide. How is she so cool headed? She’s numb, shuts out all the thoughts that are telling her no, pours a handful of pills into her hand, counting in her head: 1, 2, 3...at least 30 in her hand. Hand up to mouth, the white death poured into her mouth and swallowed with a big gulp of water. She turns on her favorite sad playlist, lays down in her bed, closing her eyes as tears fall down her face. No one else is home, all her roommates are gone, she chose the perfect time to do it. But wait, an hour passes, the nausea is springing up. This wasn’t supposed to be part of the plan. She rushes to the bathroom, quickly picks up the toilet seat, and throws up. She keeps throwing up for a good half an hour, all the while being disappointed in herself, her body, for saving her. She goes back to bed and sleeps for 24 hours. Is that considered a coma? She probably should have gone to the hospital. She didn’t. She didn’t even tell anyone. She didn’t even reach out for help until 8 months later, when she was going to try again.

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“Why not kill myself?...Once you’ve posed that question, it won’t go away. I think many people kill themselves simply to stop the debate about whether they will or they won’t” (Kaysen 36-37).

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Did he really want to die? No. Did he want to hurt his family that way, finding him in the hospital bed after he had overdosed? Of course not. But it was in his head for so long that he figured he'd just try. And if it worked, well, he'd be dead. But if it didn't, well, then they'd know he needed help. And he'd know there was a reason for him to survive.

Did she really want to die? No. She didn't have much of a family, but she had some good friends. She didn't want to hurt them. But she didn't know what else to do. The constant voice in her head saying she should do it, just do it already, what do you have to lose? If she did die, well, she'd be dead. If she didn't die, well, maybe there was a reason she needed to stay alive. Maybe it was time to get help for herself.

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“...it was only part of myself I wanted to kill: the part that wanted to kill herself, that dragged me into the suicide debate...I didn't figure this out, though, until after I'd swallowed the fifty aspirin” (Kaysen 37).

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He just wanted to kill the thoughts that ran through his head every day of his life. He wanted to be happy. He could be happy sometimes. But alone, in his room, his thoughts consume him. *I'm not good enough. I'm not going to amount to anything. Why am I here? I'm not important. I'm not going to make an impact on the world. Life just isn't worth it for me.*

She just wanted to kill the thoughts that ran through her head every day of her life. She wanted to be happy. She never felt happy. She's always tired. Alone, in her room, is when the thoughts are the worst. *I'm not good enough. I'm not pretty enough. I never feel happy. I cannot find peace within myself. I cannot go on like this anymore. Life just isn't worth it for me.*

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“I wasn’t a danger to society. Was I a danger to myself? The fifty aspirin-but I’ve explained them. They were metaphorical. I wanted to get rid of a certain aspect of my character” (Kaysen 39).

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He’s an honors student. He leads an organization. He volunteers at the animal shelter at least once a week. He doesn’t have a bad life. If only he wasn’t struggling with his mind every day of his life, maybe he could be happy. But how can you get rid of a mind and keep the soul? You can’t. So you have to get rid of both.

She’s an honors student. She writes articles for the school newspaper. She has a lot of friends and goes to a lot of parties. She doesn’t have a bad life. She uses drugs and alcohol to escape her mind. But what do you do when that doesn’t work anymore? How do you escape yourself?

He didn’t really want to die. She didn’t really want to die. They just wanted the pain to stop. Isn’t that what every suicidal person wants? The pain to stop. Internal pain, external pain, it doesn’t matter. Pain is what makes people throw themselves off buildings, put a gun to their own head, put a gun to another person’s head. Life is painful. What you do with that pain is up to you. What they did to that pain was try to expel it forever, by expelling themselves from life.

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“We looked at him, a tiny dark man in chains on our TV screen with the one thing we would always lack: credibility” (Kaysen 93).

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A year later, he’s flipping through channels, settling on watching *One Flew Over the Cuckoo’s Nest*. Jack Nicholson in a mental ward rebelling against the treatment of him and his patients because of their disorders. The nurse of the ward treats the patients terribly, degrading them and

their illnesses. He is entranced by the screen of moving figures, his mind like the inside of a clock as he realizes he could have ended up somewhere like there. Where people consider him crazy. In a ward, his mental illnesses would be his only identity. He'd be seen as nothing more than a mentally ill patient, and treated in that way. He's more than his illnesses, he's just as sane as the nurse in the film. *Why does it have to be us versus them? Why can't it be us and them?*

The "separation of 'us' from 'them'" (Rusch et al. 530), of neurotypicals from those that deal with one or multiple mental illnesses, is something he is all too aware of. He does not want to be a victim of language, knowing that "our use of language is revealing regarding the use of labels [with mental illnesses]" (Rusch et al. 530). He does not want to be labelled as depressed; he wants to make it clear that he *has* depression, but that is not who he is, it is only a part of him.

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"The question was, What could we do?

Could we get up every morning and take showers and put on clothes and go to work?

Could we think straight? Could we not say crazy things when they occurred to us?

Some of us could; some of us couldn't. In the world's terms, though, all of us were tainted" (Kaysen 124).

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A year later, she's at a job interview. "So, I see here you're diagnosed with depression and severe anxiety," the interviewer says. She keeps her upright posture, a slight tremble in her hand, "Yes." She has read somewhere that "the unemployment rate among people with mental disorders [is] three to five times higher than their nondisabled counterparts" (Stuart). "Does that interfere with your work at all?" "Not usually," she replies. "In what cases does it?" "When I'm overwhelmed, I can get really bad anxiety attacks if I'm under a lot of stress," she responds

honestly, “but usually I can control it.” The interviewer purses his lips and nods, “This is a stressful work environment you know,” he says. She’s applying to be a server at a restaurant. “I know, I can handle it.” He nods thoughtfully and shakes her hand, “Thank you for coming in.” She walks out of the interview, remembering another fact from an article she read somewhere: “Some persons who manage their mental illness well enough to work still have tremendous difficulties finding a job because employers discriminate against them” (Rusch et al. 529). She doesn’t get the job.

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“I began to feel revulsion too. Insane people: I had a good nose for them and I didn’t want to have anything to do with them. I still don’t” (Kaysen 125).

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She steers clear of the support groups, even though her therapist has told her she should go, it would help with her recovery. *I’m not as crazy as them. We don’t have anything in common. I’m not one of them.* Her therapist also suggested telling her family and her friends about her diagnoses, but she hasn’t. Can you imagine what would happen if she did? Cut off from her social circle, always looked at with concerned eyes when she did visit her family, always being looked at as if she could break at any second. They wouldn’t understand. Her friends, especially. They make fun of the guy on campus that has talked publicly about his own suicide attempt, which occurred around the same time as hers. She wonders how he isn’t afraid of revealing so much of his life. She would be. “The adaptive response to private and public shame is secrecy” (Byrne 65). Her secrets are hers to keep. No one needs to know she’s mentally ill. No one needs to know she tried to kill herself.

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“If I who was previously revolting am now this far from my crazy self, how much further are you who were never revolting, and how much deeper your revulsion?” (Kaysen 125).

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He’s afraid people will find him revolting every time he publicly presents, revealing his own struggles, his own suicide attempt. He’s gotten better, he’s on medication, he goes to support group once a week, but he knows his “crazy self” is still a part of him and always will be. He knows some people will only see him as mentally ill and nothing more. However, he deflects by thinking of his mental illness as “only one part of me—it doesn’t define who I really am” (Howard, qtd. by Thoits 13). There are more aspects to his identity than his illness, he is not his illness. He hopes speaking openly about his illnesses will at least educate someone. Or show someone that it’s okay to get help. He knows some people will be repulsed by him. But this, educating the public, displaying himself as a public spokesperson for mentally ill individuals everywhere, is much more important than their revulsion.

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“I sometimes fancy that in my condition if I had less opposition and more society and stimulus...” (Gilman 486).

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She locks herself in her room. There’s a party going on tonight, but she lied and said she was sick. She curls up in a ball on her bed and turns on her television, turning on *Silver Linings Playbook*. Bradley Cooper and Jennifer Lawrence never fail to distract her. She couldn’t face being out and around people tonight. Her depression has been hitting her hard all day. She hasn’t ate a bite and keeps randomly crying. She doesn’t have anyone to talk to. She feels like she’s

spiraling down, deep into the rabbit hole like Alice. At least she doesn't have wallpaper to drive her crazy.

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“If my diagnosis had been bipolar illness, for instance, the reaction to me and to this story would be slightly different. That's a chemical problem, you'd say to yourself, manic depression, Lithium, all that. I would be blameless, somehow...these words taint everything. The fact that I was locked up taints everything” (Kaysen 151).

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“I have bipolar disorder,” he starts with, looking out at the crowd. This time he's talking to a group of undergraduates, students just a couple years younger than him. “Why do we say that? Why do we have to call it a disorder and not an illness? If I had said, I have cancer, no one would question it. Maybe you'd feel sympathetic---sad, even---but you wouldn't question it. You'd think, ‘Oh, he looks fine, I never would have guessed that carcinogens are eating up your insides.’ But that's just what mental illness is. Carcinogens eating up your brain. Something you can never fully recover from, something that even kills a lot of people. I have a mental illness. Actually, I have several. But it's a disease. It drains me, emotionally and physically. It makes me tired. Treatment lessens the symptoms but it doesn't stop them. Sometimes, I need to be treated with more care than others. I need support from others in situations like me. But just like cancer doesn't make the person that has it any less of a person, my mental illnesses do not make me any less of a person. We need to start treating people that are mentally ill with respect, with regard, and without discrimination. We are not just our crazy. We are so much more. Thank you.”

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“My situation was that I was in pain and nobody knew it; even I had trouble knowing it” (Kaysen 153).

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She lets the tears fall down her face as the end of the movie nears; this movie always makes her cry. She scrolls through her phone contacts to see if there’s anyone she can talk to. No one comes to mind. Everyone is out tonight. Her sister said she could talk to her at any time, but she doesn’t even know about her depression. She gets out her journal from under her bed, reading her suicide note from a year ago. She saved it in case she needed it again. Half of the people she addresses in her note aren’t even in her life anymore; they distanced themselves from her when they found out she was going to therapy. She flips her journal to a blank page and begins to write.

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“Nobody would believe what an effort it is to do what little I am able-to dress and entertain, and order things” (Gilman 488).

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For a while after he had gotten out of the hospital, his mother essentially put him on bed rest. He didn’t feel up to moving much anyways. His disappointment in his failure, in hurting his family, in attempting in the first place, all weighed down on him. He felt more depressed after the hospital than before, until he started therapy. Therapy was one of the best things to ever happen for him. He actually felt like he was getting better, he didn’t feel so weighed down by life, and his usual smile was back in its place. Finally knowing and conquering the reason for all the anguish in his mind gave him so much energy. He had never felt so alive.

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“John does not know how much I really suffer. He knows there is *no reason* to suffer, and that satisfies him” (Gilman 487).

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Her sister asked her one time, on their way out to dinner, “Why do you look so depressed? You have no reason to be depressed!” To which she could find no response, so she just quietly said “I’m not depressed.” It’s hard to explain depression. It’s sadness, but it’s not just sadness. It’s also numbness, exhaustion, irritability. It’s not wanting to leave bed even when it’s a sunny day. It’s crying over everything and crying over nothing some days, feeling void of emotion on others. It’s not easy to explain. It’s not even because of anything external. It’s all internal, the chemistry of the mind. But she can’t say, “I’m depressed because of my mind.” People don’t understand that. They can understand “I’m sick” when you have a cold, because they see the runny nose and hear the horrid cough. But they can’t understand a sickness of the mind. They aren’t educated about that and it’s not something they can see. It is a phantom of the mind.

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“Recovered. Had my personality crossed over that border, whatever and wherever it was, to resume life within the confines of the normal? Had I stopped arguing with my personality and learned to straddle the line between sane and insane?” (Kaysen 154).

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He would never consider himself fully recovered. It would be something that he would have to work at every day. Recovery is an ongoing process. Relapses will happen. He just has to learn to push through them, to forgive himself and remind himself that he is fighting a battle every day and he is strong for it. He is on a constant balance beam: fall left, fall into the darkness; fall right, fall into the light. Either way, get back up again and keep fighting. He will never be normal but

he is okay with that. Normal is boring anyways. He cannot get rid of his crazy, so he might as well learn to love it. Learn to love himself. And remember that life is beautiful.

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“I’ve got a rope up here that even Jennie did not find. If that woman does get out, and tries to get away, I can tie her!” (Gilman 496).

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She puts down her pen, makes sure her door is locked. She puts her journal, open, on her bedside table. 1..2...3....50 pills of variety this time. Mixture of white and blue deaths poured down her mouth this time. Big gulp of water then curls up on her bed. Sad playlist playing from her laptop again. She just wants to silence the voices in her head. *Therapy didn’t work. I don’t want to try anymore, it’s too hard. There’s no reason to anyways, all my friends have left me. I feel broken all the time. What’s the point of being alive if I can’t be hap...* Darkness envelopes her.

### **My analysis of the story and how it should be read**

You, reader, were pushed into the story without much to go off besides the research provided. That is what it is like to deal with mental illnesses, but every day of your life. Pushed into the darkness that you do not want to be a part of. It’s scary. It’s vulnerable. But it can lead to great things, if you don’t let the stigma envelope you in your darkness as the girl does by the end of the story.

The story begins with two different characters, a guy and a girl, both who have just attempted to commit suicide. In juxtaposing *Girl, Interrupted* and “The Yellow Wall-paper” quotes with these two characters’ lives, I attempt to provide relevant quotes and scenes from each piece of work that will flow well together with what is happening in the characters’ lives at

the time. I thought the research was important to include first, instead of in juxtaposition with the two characters' stories and the quotes from the two pieces of literature (*Girl, Interrupted* and "The Yellow Wall-paper"), because I wanted the reader to see, try to understand on their own, how the stigma of mental illness in society affects these two characters. The two characters are nameless and given very little description in an effort to allow the reader to put themselves into their shoes. As we see right away as the story progresses, the male character uses his mental illnesses to educate the public about mental illness, to force people to come in contact with him, to show people that being mentally ill does not always prevent you from doing things, that mental illness can be very well hidden inside a person's mind. The female character, on the other hand, is the opposite of the male character. She lets the stigma attached to mental illness in society lead her to her second downfall, her second attempt. The end of the story ends with us not really knowing what happens to her-she could've died, she could've survived again, that's something that I will leave up for the reader to decide. The positives of fighting the stigma of mental illness are shown primarily through the male character but the female character represents all of the negatives that come with the stigma of mental illness in the first place, how it affects someone that is mentally ill, and how it can prevent someone that is mentally ill from getting the help that they need. The male character follows Rusch et al.'s and Penny Thoits advice on how to reduce the stigma of mental illness, whereas the female character is a subject of the public stigma attached to mental illness, which increases her self-stigma as well and may or may not be ultimately detrimental to her life.

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