Also Known As Human

Silas S.

Weeping Willow

Mental illness is not "cookie cutter" condition, nor is it rare. 1 in 4 people in the United States deal with a mental illness in a given year. Untreated mental illnesses can lead to a plethora of health issues, both mental and physical--anything from random aches and pains to incarceration, trauma and abuse, and inability to hold down a job. Treatment helps mentally ill people to manage their symptoms, yet can be inaccessible for many reasons.

This oil painting represents a few of the symptoms I deal with personally, because who knows my mind better than I? My process started with a digital self-portrait that I translated onto the canvas in oil paints. Every aspect of the self-portrait represents an aspect of my mental health, a symptom I have dealt with, an experience I have been through.

Because of the personal issues this self-portrait covers, I choose to leave the portrayal up to interpretation, but I will say that some of the issues covered include dissociation, body image issues, and trauma.

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The ocean is an unstable constant in my life, always nearby and always changing. The water never looks the same twice, the conditions that make the ocean beautiful never occur the same way as they did yesterday, or last year, or last century. The tides, currents, the wind, they all impact the dangerous ocean that I have come to call my neighbor. In some ways, the ocean mimics life, the variables that affect the outward appearance one presents to the world constantly changing. The winds that force our expressionless faces to contort into pain or happiness are the same as the winds that shatter the glassy surface of a lake: completely out of our control.

Luckily, we know how to sail.

One in five people suffer from a mental illness in any given year[1], and yet the subject is one that will ruin Thanksgiving dinner if brought up. It's taboo, a subject only discussed behind closed doors for some. Mental illness is seen as a weakness, a flaw, something that needs to be cured.

Why is it, that if so many of us have or will have a mental illness in our lives, no one wants to acknowledge it? Or when they do, why is it so cruel? Why have serious health issues become the butt of a joke, the plot twists in a movie, the scapegoat used in cases of gun violence? It isn't a case of nature versus nurture: this cruelness is learned, like any other.

Despite some assumption that mental illness is rare, depression and anxiety are fairly common. Depression, an umbrella term for major depressive disorder (MDD), dysthymic disorder, and other unipolar depressive disorders[2], can be a debilitating mental illness, but many people remain able to function while having them. If you are one of the one in five, it's most likely you have one of these. 7% of the population has gone through a depressive episode in the last year, and 18% of the adult population has an anxiety disorder, including but not limited to generalized anxiety disorder (GAD), social anxiety, and phobias[3]. However, the stereotypes and assumptions about these are not as harmful as others, as the nouns 'depression' and 'anxiety' are not only used in terms of these mental illnesses. While a depressed person may be called lazy for not being able to get out of bed, or someone with an anxiety disorder may be said to be overreacting to something, disorders such as dissociative identity disorder, schizophrenia/psychosis[4], and personality disorders are often seen as dangerous or horrifying, and are portrayed as such by movies and news sources. In a study by Patricia Owen, Ph.D., a selection of 41 contemporary movies featuring a schizophrenic lead were analyzed "with a checklist that assessed demographic characteristics, symptoms and stereotypes, causation, and treatment.[5]" It was found that one third of the characters had homicidal intent, and one fourth of the characters committed suicide. The portrayed suicide rates, 24%, are significantly higher than the 10-16% suicide rate of real-world schizophrenic people. The fact that one third of the people

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[1] "Mental Health by the Numbers." *NAMI: National Alliance on Mental Illness*, NAMI, www.nami.org/Learn-More/Mental-Health-By-the-Numbers.

[2] Unipolar: not bipolar.

[3] "Mental Health Conditions." *NAMI: National Alliance on Mental Illness*, NAMI, www.nami.org/Learn-More/Mental-Health-Conditions.

[4] Schizophrenia has psychotic symptoms, but so do many other mental illnesses. Schizophrenia and psychosis aren't the same. Depression with psychotic symptoms, falls under the schizophrenia spectrum, and is called schizoaffective disorder.

[5] Owen, Patricia. "Portrayals of Schizophrenia by Entertainment Media: A Content Analysis of Contemporary Movies." *Psychiatric Services,* Psciatryonline.org, ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201100371.

with schizophrenia represented were homicidal has enforced- and even helped create- the stereotype that psychotic people are dangerous murderers.

In the process of working against these poor representations of mental illness, it's important to talk to the people who deal with it on a day to day basis. I reached out to several people I know who have insight on the topic— by which I mean actually mentally ill people— and asked them a few questions. One of these people, who I'll call E, responded to the question of 'what stigmas have you experienced through the media' with this:

> *"The big [stigma] for me is how media shows one day you'll be cured (usually by a person) so in real life people expect you to be cured and people even try to cure you, especially considering I have autism[6] which [can't] be cured but people think it can be so they treat me accordingly."[7]*

E's experiences are not singular. Many movies show a type of health care professional that Margarita Tartakovsky, M.S., an associate editor at Psych Central, calls "wonderful", ones who are always on hand, not professional, or can magically diagnose someone the moment they walk into the room[8]— think Robin Williams's character in *Good Will Hunting*. This can lead parents, teachers, and other guardians to believe that no matter what someone has, they can be 'cured', that their mental illness will disappear. The thing about recovery from most mental illnesses is that not all symptoms go away, you simply must learn how to manage and cope. Recovery is being able to function, to handle symptoms without too much stress, to be able to live *with* your mental illness. There is no cure for it, just management, I've learned in four years of therapy. And yet, friends and family of those with a mental illness feel that they can be cured, due to what's shown to them through the media.

Another misconception is that all people who share the same diagnosis act the same, which is not true. Another person who shared their experiences with me, someone who will be called Y, discussed how their family reacted when they were diagnosed with anxiety:

> *"When I was diagnosed with anxiety my parents were shocked, they didn't think it could be possible. Everyone always talks about how I was an outgoing and friendly child and how they aren't sure how or why that changed but because of them there's no way I could have anxiety, everyone always [say] I'm just faking it or being silly or trying to make excuses to get out of doing things. My parents eventually gave up trying to tell me I'm fine and just accepted that something about me was 'broken'."[9]*

This response from parents is not uncommon, I myself had to deal with my parents not believing me or telling me my symptoms weren't so bad[10]. Despite the aforementioned

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[6] Not technically an mental illness but a developmental disorder.

[7] Cited from a message sent by E

[8] Tartakovsky, Margarita. "Media's Damaging Depictions of Mental Illness." Psych Central, 21 May 2017, psychcentral.com/lib/medias-damaging-depictions-of-mental-illness/.

[9] Cited from a message sent by Y

[10] I was lucky enough to have supportive parents who didn't take too long to adapt.

prevalence of mental illnesses in the general population, it's still seen as something that's unlikely and rare and is often met with resistance. One very important part about Y's experience is the fact that people decided that they were "just faking it or being silly or trying to make excuses." Because Y didn't present with their parent's 'textbook' ideas of anxiety disorders, and because the symptoms were not visible like some physical illnesses, they didn't believe Y's experiences existed; just because something isn't visible doesn't mean it doesn't exist[11].

   Unsupportive parents, rude peers, the general stigma surrounding it: it's difficult to be honest about having a mental illness for fear of harassment, stigmatization, and the forced shame associated with it. Yet, I personally am open about being mentally ill, as I am in a safe place to do so. Even if it's hard or even dangerous to outwardly admit to peers that you have a mental illness, finding someone like you is amazing. To have someone be understanding, to have someone be like you when you live in a world where you are seen as the 'other' is like coming up for air after sinking under water. The conversations I've had with other mentally ill people have given me far more insight into myself and others than any conversation I've had with neurotypical people. For me, at least, the comfort of knowing I'm not alone has been far more therapeutic than some of the mindfulness and breathing techniques my therapist has told me to do.

   To understand how to diminish and counteract stigmas relating to misrepresented mental illnesses, it is vital to understand the mental illness in it's true form: facts, not the fiction shown in the media. While DSM[12] has important information about mental illnesses, it is also necessary to get the 'inside scoop' about mental illnesses from those who actually have them, not the (mainly) neurotypical medical professionals who categorize them.

   Dissociative disorders are not what the movies make them out to be. By far the most well known one is dissociative identity disorder (DID), which was formerly known as multiple personality disorder. The name was changed from MPD to DID in the DSM-IV as it is not a personality disorder[13]. While DID is the most well known dissociative disorder, there are five types of disorders listed in the DSM-V. Mild dissociation is normal in everyone, daydreaming, spacing out, forgetting a thing or two, but when it starts to inhibit or affect a person's life, it becomes a disorder. There are five main components of a dissociative disorders: amnesia, identity confusion, identity alteration, depersonalization, and derealization[14]. In combination, these symptoms can become dissociative identity disorder, other specified dissociative disorder, depersonalization/derealization disorder (DPDR), unspecified dissociative disorder[15], or dissociative amnesia/fugue. DID and some types of OSDD, categorized by identity disturbances and/or amnesia are caused by a failure for a child's sense of self to integrate due to childhood trauma. When exposed to repeated trauma, such as physical and/or sexual abuse, a child's brain

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[11] Quick little side note about faking mental illnesses and getting accommodations for it: some mentally ill people use service dogs, specifically psychiatric service dogs, as do other people who have "invisible disabilities". Some of the people who take their untrained dogs into public under the guise of them being a service dog leads to problems with accessibility for people who actually need service dogs.

[12] Diagnostic and Statistical Manual, on its fifth addition as of writing this. It is the 'big book' that contains symptoms and diagnostic criteria for the medically recognised mental illnesses.

[13] "Multiple Personality Disorder: Fact or Fiction?", www.personalityresearch.org/papers/cherry2.html.

[14] traumadissociation.com. "Dissociative Disorders Symptoms and DSM-5 and ICD-10 Diagnoses." *Trauma Dissociation*, Traumadissociation.com, 1 Jan. 2016, traumadissociation.com/dissociative.html.

[15] Often only diagnosed when there is not enough information to diagnose any of the other disorders, ie in an ER.

may resort to "defensive dissociation" that can follow children into adolescence and adulthood[16]. Because this failure to integrate a sense of self at a young age, it is impossible to develop DID or OSDD if trauma begins as an adolescent or adult. This is not to say that symptoms must be addressed at this age. In fact, many people with DID or OSDD do not recognize their symptoms until they are older.

Unfortunately, these dissociative disorders are often used as plot twists and drama. The portrayal of DID is almost always incorrect or exaggerated, such as wardrobe changes and different speech patterns depending on which alter is fronting[17]. This is not what it's actually like to live with a dissociative disorder. Criminal or violent alters are very rare in DID and OSDD systems, but the media portrays these disorders as causing people to be murderers, such as in the movie *Split* (2016) where the main character kidnaps three teenagers. In this movie, he also gains superhuman abilities depending on who is fronting. This movie faced opposition from those with DID and those who recognized that it was an inaccurate representation of dissociative disorders under the hashtag 'boycottsplit'. Movies with deeply inaccurate representation like *Split* enforce the stereotypes about mental illnesses, ultimately harming mentally ill people. While 3-5% of violent acts are found to be committed by mentally ill people, those with 'severe' mental illnesses are 10 times more likely to be victims of violence[18].

Dissociation can occur in many ways, and experiences vary from person to person. Someone with DPDR may experience dissociation as watching a movie, while another person who also has DPDR may explain it as 'existing slightly to the left'. One person with DID may have a complex inner world[19] while another person may have no inner world. Dissociative disorders are not as cookie cutter as they seem.

Because of the incorrect portrayals of dissociative disorders, people can be either afraid to share their symptoms or do not recognize them. I asked Y about their experience with dissociative symptoms, and they responded:

> *"Between my parents already refusing to accept my diagnosis of anxiety and such and the warnings my doctors gave about anxiety and depression being diagnosis twins, usually coming as a package deal, I haven't told them about my other issues, ie, my 'imaginary'-not-so-imaginary-friends who take over my body and so bad things sometimes. It's hard to explain even to myself and because of the media's portrayal of such illnesses I'm constantly led to believe that I'm faking it…"[20]*

Their description of imaginary friends taking over their body is one that fits with many accounts of people who have DID or OSDD, and yet is afraid to share their symptoms due to misinformation spread by the media, fear of being shunned by one's community, or the quite

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[16] Giller, Esther. "The Effects of DID on Children of Trauma Survivors." Sidran.org, Sidran Institute, www.sidran.org/resources/for-survivors-and-loved-ones/the-effects-of-did-on-children-of-trauma-survivors/.

[17] Alters are the 'parts' of a body with DID/OSDD. Fronting is 'in control' or conscious.

[18] Aspa. "Mental Health Myths and Facts." *MentalHealth.gov*, Department of Health and Human Services, 14 Mar. 2013, www.mentalhealth.gov/basics/myths-facts/index.html.

[19] A sort of place where alters go when not fronting.

[20] Cited from a message sent by Y

terrifying idea of being involuntarily hospitalized. Untreated mental illnesses can lead to a plethora of health issues, both mental and physical. Anything from random aches and pains to incarceration, trauma and abuse, and inability to hold down a job[21]. This should be a major issue, right? But an estimated 50% of people with a severe mental illness are not receiving treatment[22]. Let me reiterate. Half of the people suffering from severe mental illnesses *are not being treated!* That's too many people, left untreated because the media portrays mentally ill people as dangerous, bad, as the other, because insurance does not always cover mental health care, because of cultural stigmas, because of fear.

Let that sit with you. Take a deep breath. Now, continue learning:

Another category of highly stigmatized disorders is that of personality disorders. According to PsychologyToday, a personality disorder is a "deeply ingrained [way] of thinking and behaving that [is] inflexible and generally lead to impaired relationships with others."[23] The DSM-V recognises ten personality disorders that fall under three different categories, or clusters[24]. Cluster A is characterized as odd or eccentric disorders, cluster B is characterized as dramatic or erratic disorders, and cluster C is characterized as fearful or anxious disorders[25]. Many of these disorders can have comorbid symptoms, leading to either multiple diagnosis or confusion when diagnosing them. Personality disorders are usually diagnosed in early adulthood, and are rarely diagnosed in teenagers, as their personalities are still developing. Despite this, symptoms often appear in adolescence and are either misdiagnosed or go untreated.

Borderline personality disorder, or BPD, is one of the most common personality disorders. An estimated 1.6% of the population has BPD[26], making it more common than schizophrenia. Symptoms include "frantic efforts to avoid real or imagined abandonment", reckless behavior, self injurious or suicidal threats/ideation/acts, and "intense and highly changeable moods"[27]. The aforementioned suicidal ideation has led to 70% of borderlines[28] attempting suicide at least once in their lifetimes[29]. It can have damaging effects on relationships

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[21] Young, Joel. "Untreated Mental Illness." *Psychology Today*, Sussex Publishers, 30 Dec. 2015, www.psychologytoday.com/blog/when-your-adult-child-breaks-your-heart/201512/untreated-mental-illness.

[22] "50% Of Mentally Ill Untreated." *Mental Illness Policy* , Mental Illness Policy, mentalillnesspolicy.org/consequences/percentage-mentally-ill-untreated.html.

[23] "Personality Disorders." *Psychology Today*, Sussex Publishers, www.psychologytoday.com/basics/personality-disorders.

[24] Burton, Neel. "The 10 Personality Disorders." *Psychology Today*, Sussex Publishers, 29 May 2012, www.psychologytoday.com/blog/hide-and-seek/201205/the-10-personality-disorders.

[25] See appendix for full chart.

[26] "Borderline Personality Disorder." *National Institute of Mental Health*, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/statistics/prevalence/borderline-personality-disorder.shtml.

[27] "Borderline Personality Disorder." *National Institute of Mental Health*, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml.

[28] Side note about 'person first language', which I use for most of my references to people with BPD. Person first language is something many people who 'advocate' for autism awareness use, saying 'person with autism' rather than 'autistic person'. Now, the actually autistic people often don't prefer person first language for a variety of reasons. I feel similarly, but it's less of a controversy with borderlines. If you're unsure of what to use, ask someone!

[29] Wang, Amanda. "Rethinking BPD: A Patient's View." *National Institute of Mental Health, U.S. Department of Health and Human Services*, www.nimh.nih.gov/news/media/2011/amanda-wang.shtml.

of all kinds, on work habits, and on the ability to enjoy life in general. S, a young adult with both DID and BPD who I contacted to gather first hand experiences, is often misinterpreted when they tell people they have either of these disorders:

> *"Most people I meet ask me if I'm gonna kill someone when I tell them I have bpd and/or DID (I have both but I don't tell everyone) and there's such a BPD stigma that people assume I'm abusive the second I tell them I have it. They also like to forget they exist because they don't want to see them and therefore won't until I point it out. Especially with DID people use Ps*cho and Cr*zy a lot when describing those symptoms and its kinda awful for my self esteem."[30]*

S's experiences point out many of the issues people who have more stigmatized disorders face. The idea that anyone with BPD is abusive is very inaccurate. Yes, borderlines can be abusive, but no, not all of them are. Anyone can be abusive! This stereotype can be especially damaging due to how others will avoid someone with BPD, treat them like a ticking time bomb. Another thing S points out is that people often pretend that their mental illnesses don't exist. Pretending that something isn't there doesn't make it go away[31] and in fact, can make it worse. Acknowledgment is important because it allows for recovery to be pursued and for accommodations to be made. It's also comforting for anyone with a mental illness: to know that someone cares, that someone is willing to help, that someone will simply know you for who you are.

Before I share a little about my story, I want to tell you a story about love. I met my current girlfriend online at the beginning of my freshman year, thrown together by shared interests and excited texts. As of writing this, we've been dating for eight months. Any sort of relationship can be hard when you have a mental illness, especially if both partners are mentally ill[32]. I am mentally ill, dating another mentally ill person. She shared with me what her experience of it was, providing both advice and hope for anyone out there who is worried that they won't find someone who will love them for who they are:

> *"Dating someone mentally ill is all about balance, understanding, and communication. Balance between giving them the accommodations they need and still treating them as a capable human, understanding of how they operate and allowing them to be themselves, and communication between you two; secrets can destroy you both. But above it all, you put in all the extra work because you love them. Because you care about them, you'd do just about anything to make sure they're as happy and comfortable as possible. The important part is the devotion between you two;*

Yeah. 70%. Only 10% succeed in taking their own life, but the suicide rate is still 400 times higher than the national average. FOUR HUNDRED TIMES HIGHER.

[30] Cited from a message sent by S.

[31] I'm looking at all you procrastinators.

[32] And if it's long distance, which we are.

there's a good chance someone mentally ill won't want to have a casual, nonchalant relationship, and you have to be ready for such a commitment. Date if you mean it, and take the time to understand how your partner ticks, as understanding is the key to a happy and healthy relationship."[33]

Knowing her, having her understand me and be part of my support system has been hugely helpful in my recovery— which is by no means done. Recovery is hard, and by no means is it a straight line. In sophomore year, I met a representative from NAMI, who didn't like to call it recovery for just that reason. He called it management, because that's what it is. It's learning to manage your symptoms, learning how to manage your emotions. I have been in therapy since 8th grade, and am only just now beginning to feel like I can manage some of my symptoms. Medication helped me immensely, and while in the long run I want to be able to function without them, right now I need my medication to survive. I have plans to start DBT (dialectical behavior therapy) when I return home. I wouldn't be here without the love and support of my family, my friends, my girlfriend, and my dog. They're a net I can fall back on as I walk on the tightrope of being myself. I've tried to be as open as I can be when talking about my experiences as a mentally ill person, because, in my opinion, talking about being mentally ill is the first step in destigmatizing and demystifying mental illnesses.

In freshman year, I started taking medication, both antipsychotics and antidepressants. I refused to hide that I took these, because they work and are nothing to be ashamed of. Sophomore year, I was hospitalized for three days- a very short stay. After I returned to school, I refused to make excuses for why I had been gone. I share my 'scary' symptoms, the dissociation and the intrusive thoughts. I refuse to hide in the shadows because I am mentally ill. I refuse to deny that I'm different, because difference is human.

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[33] There's a reason I'm dating my best friend.

Appendix

The Five Core Components of Dissociative Disorders

Amnesia · Derealization · Depersonalization · Identity Alteration · Identity Confusion
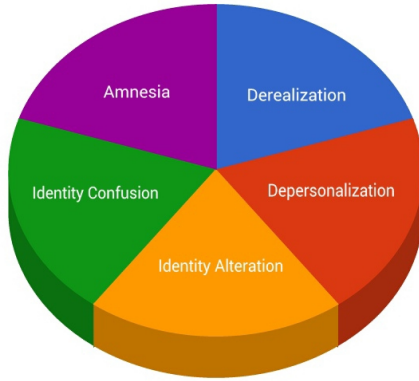
Source: Handbook for the Assessment of Dissociation: A Clinical Guide. Steinberg (1995).

http://traumadissociation.com/dissociative

fig. 1

A	Schizotypal Paranoid Schizoid	B	Borderline Antisocial Histrionic Narcissistic	C	Dependent Avoidant Obsessive-compulsive Passive Aggressive
SCHIZOTYPAL		**BORDERLINE**		**DEPENDENT**	
Likes 1st generation family Metaphoric speech Aloof & isolated **Magical thinking**		Self destructive (self mutilation) Impulsive Erratic emotions Sexual Extreme intensity Always in a crisis		Lack self confidence **often apparent in their: Posture Voice Mannerisms	
PARANOID		**ANTISOCIAL**		**AVOIDANT**	
Suspicious Cold Humorless		Breaks laws No remorse/guilt Appears friendly on surface		Social withdrawal Awkward & uncomfortable in social situations	
SCHIZOID		**HISTRIONIC**		**OBSESSIVE-COMPULSIVE**	
Few friends Loner Indifferent to praise/criticism		Impulsive False emotions Dramatic Inappropriate sexual behavior Center of attention		Perfectionist Preoccupied with: Details Rules Schedules	
		NARCISSISTIC		**PASSIVE AGRESSIVE**	
		Cant apologize Grandiose Exploit others in an effort to fulfill their own wants/needs Emotions are not erratic		Forceful Stubborn Dependent on others Procrastinates	

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