

“Enter Ophelia distracted”

An annotated bibliography of female experiences of mental illness

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Abstract

Personal experiences about any health condition hold special value, but perhaps even more so for those regarding mental illness. Fundamentally, other people cannot comprehend what is going on inside the mind of another, which creates a barrier to understanding. However, by sharing stories, we can discover feelings and thoughts in common. This annotated bibliography focuses on the particular female experience of mental illness. It contains 29 annotated resources from women with a range of diagnoses. Resources include books, newspaper articles, web pages, videos, and a blog post.

Background

“Enter Ophelia distracted” is a stage direction in Act 4, Scene 5 of Shakespeare’s *Hamlet*. In the scene, we learn that Ophelia has gone mad; she is “distracted” by her troubled mind. She sings songs and talks in riddles. Later, she drowns herself in a brook, the character of Queen Gertrude saying that Ophelia appeared to be “incapable of her own distress” (4.7.178). The character of Ophelia is one of the most enduring depictions of female mental illness in English literature. She is the subject of dozens of works of art, including paintings by Millais, Waterhouse, and Redon.

In her tragic delicateness, Ophelia embodies an ideal of feminine frailty. A combination of eccentricity, beauty, and availability, she is a character whose role is largely a foil for the male lead of Hamlet, who only realises he loves her rafter her death; the suicide acting as a sort of lesson for him. In modern drama, Ophelia would be referred to as a “manic pixie dream girl” – a character that “exists solely in the fevered imaginations of sensitive writer-directors to teach broodingly soulful young men to embrace life and its infinite mysteries and adventures” (Rabin, 2007). In this way, Ophelia’s suffering is side-lined to make way for the bigger story of Hamlet’s existential struggle with mortality. Her death is just another thing for Hamlet to have self-pity about.

Drama imitates life: the gender stereotype of women being naturally prone to emotional instability, and the negative stigma attached to that, can mean that a woman’s mental health

issues are not taken seriously. This issue is exacerbated by the fact that, while men and women feature equally in mental health statistics overall, depression is twice as common in women (WHO, 2013, p.2). The World Health Organization (WHO) (2013, p.3) states that this is due to the following factors:

- Women are more greatly exposed to discrimination, socioeconomic disadvantage and poverty (70% of the world's poor are female);
- Traditional gender roles impose a duty on women to care for others rather than themselves, and stress the importance of passivity, dependence and submission;
- The subordinate social status of women is reinforced in the workplace, meaning women are more likely to have insecure, low ranking jobs with no authority, and by implication have higher levels of stressors regarding income and housing;
- Gender-based violence such as rape and domestic abuse can result in PTSD and other mental health problems for women.

WHO (2013, p.2) suggests that, aside from tackling the gender inequalities at the root of the problem, gender-specific mental health services and strategies are needed to reduce the overrepresentation of women who are suffering from depressive illness. Part of this strategy should include greater visibility of the female experience of mental illness, as explained by the sufferers themselves, rather than filtered through and attached with meaning by what is still a dominantly patriarchal society.

Purpose

While the fact that mental illness is most frequently discussed by observers rather than the afflicted is not specific to women (men's experiences are often portrayed through the lens of the strong, silent male stereotype), it is helpful to address it as a standalone issue. As a historically oppressed group, women face different stigma to men in many facets of life, and this includes mental illness. First-hand narratives can play an important part in the discourse on female mental health issues, because they give a voice to sufferers who are often not listened to due to a perceived lack of reliability - when in actual fact they are the ones reporting from the battlefield. These uncensored accounts can assist the general public's understanding, but can also give comfort and hope to those women with the same symptoms. A big part of being mentally unwell is feeling isolated and trapped in your own head, so hearing another person talk about having the same struggles can assist with recognising symptoms and seeking treatment, and, most importantly, can make people feel less alone.

For these reasons, this annotated bibliography will pull together female experiences of mental illness and organise them in a usable reference format with a subject index. Like with other

feminist issues addressed in the past, it is through comradeship and shared narratives that women are able to overcome adversity.

While there are other bibliographies about first-hand narratives of mental illness - the most widely known being Hornstein's, now in its 5th edition (2011) - there does not appear to be an annotated one with exclusive female voices, and encompassing a range of resource types.

Intended audience

This bibliography is intended to act as a guide to appropriate resources for women and girls who have been diagnosed with a mental illness. It may also be of interest to their family and friends.

The Mental Health Foundation of New Zealand has requested to have a copy for in-house use.

Scope

- Resources are in the form of female first-hand narratives, with the exception of interviews which are two-way conversations.
- Each resource is included because the person's story provides an insight into how it feels to personally experience symptoms of mental illness.
- An emphasis is placed on recent material, but some older resources are incorporated for a particular perspective, or due to a resources' critical acclaim.
- The earliest publication was 1993.
- All resources are in the English language.
- Diagnoses covered: anxiety, bipolar disorder, body dysmorphic disorder (BDD), borderline personality disorder (BPD), depression, eating problems, obsessive-compulsive disorder (OCD), postnatal depression (PND), post-traumatic stress disorder

(PTSD), premenstrual dysphoric disorder (PMDD), schizoaffective disorder, schizophrenia, and seasonal affective disorder (SAD).

Limitations

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (APA, 2013) includes over 450 different definitions – far too many for this project. To narrow this number down, a list of the most common mental health problems was created using the information on consumer websites, such as that of the UK charity Mind.

Due to the substantial size of the discourse on mental illness, particularly on the internet, it is impossible to create a comprehensive bibliography of female experiences. Instead, this annotated bibliography acts as an introductory guide.

Search strategy

Resources were found by searching on: *Google, Auckland Libraries, YouTube, and The Guardian.*

Search terms used were the diagnoses, combined with relevant words and phrases such as:

- first-hand
- experience
- personal
- true stories
- women
- female

While most items were readily available online, hardcopy books were sourced from personal collections, or by borrowing from the public library.

Arrangement, annotations and index

Much of the formatting and arrangement of this bibliography is based on that used by Burton (2006) in her annotated bibliography of cancer experiences, which was the annotated bibliography most closely aligned with this one in scope and purpose.

The bibliographic entries are arranged alphabetically by diagnosis, and then under that heading ordered alphabetically by author. Under each diagnosis, a short definition of is included, to help guide users who may not be familiar with the terminology. A Shakespeare quote relevant to the diagnosis is added for interest and colour, and to unify the bibliography.

The entries are formatted according to the APA Style Guide. The bibliographic information is first, with the annotation following on the next line. Annotations comment on the content of each resource, and pull out the key points regarding personal experience.

An alphabetical index allows users to locate annotations, which are all given an index number. Due to the specific nature of this bibliography, the terms in the index were generated by using keywords from the resources.

Anxiety

"Of all base passions, fear is most accurs'd" (*Henry VI, Pt 1* 5.2.18).

While everyone feels anxious occasionally, the Royal Australian & New Zealand College of Psychiatrists [RANZCP] (2017) explains that people with an anxiety disorder feel anxious very often or for long periods of time. Their anxiety is not always linked to stress. They might worry about things that aren't likely to cause problems, or have strong feelings of fear or unease. Subtypes of anxiety include: generalised anxiety disorder, social anxiety disorder, panic disorder, agoraphobia (avoidance of situations or places), and specific phobia (fear of a particular thing). A panic attack is when someone suddenly feels acutely fearful. This is often accompanied by physical symptoms such as a racing pulse, difficulty breathing, dizziness, sweating, shaking or nausea. Having a panic attack does not necessarily mean the person suffering it has a mental illness, but they are common in anxiety disorders.

1

Eastham, C. (2015, August 4). Social anxiety disorder: 'The thought of attending parties used to fill me with fear'. *Independent*. Retrieved from <https://www.independent.co.uk/life-style/health-and-families/features/social-anxiety-disorder-the-thought-of-attending-parties-used-to-fill-me-with-fear-10434693.html>

Eastham has suffered from social anxiety since she was aged 15. In this article, she recounts how a panic attack on the way to a party three years prior to writing prompted her to seek treatment. Eastham describes the emotional effects of her anxiety as acute fear of embarrassment, dreading being the centre of attention, and caring greatly what others might think. In terms of physical symptoms, she lists sweating, shaking, blushing, stuttering and stomach pain. She talks about taking medication: SSRI antidepressants to adjust serotonin levels in the brain and help her cope with fear, and beta blockers to reduce physical symptoms.

Eastham says the positives of these drugs outweigh the side effects. She also briefly explains how CBT (Cognitive Behavioural Therapy) is an effective treatment for negative and irrational thought processes.

2

Evans, B. (2018). *I really didn't think this through: Tales from my so-called adult life*. New York, NY: William Morrow.

Evans uses humour to depict how it feels to have anxiety. Her book is a combination of autobiography and tongue-in-cheek self-help guide. Textual anecdotes are interspersed with the comic illustrations that she has become famous for on Instagram. Anxiety and other emotions are often personified as characters in the cartoons, and Evans herself is the main protagonist, trying to progress in life with these unhelpful companions. Through her words and pictures, she discusses self-hate, self-doubt, embarrassment, anxiety, and the sometimes hazardous journey into adulthood, with wit and hopefulness. Because of its graphic novel format, this book might appeal to young adults in particular. It provides advice and a sense of comradery without being clichéd or sentimental.

3

Wilson, S. (2017). *First, we make the beast beautiful: A new story about anxiety*. Sydney, NSW: Pan Macmillan.

Wilson is best known for hosting Australian reality TV show *Masterchef*, and for her books about the health benefits of quitting sugar. In her memoir, she talks about her three-decade long struggle with anxiety. She recounts her journey from first seeing a counsellor for insomnia aged 12, to having a breakdown on a student exchange and being misdiagnosed with bipolar disorder, to self-medicating with alcohol and being unable to maintain a relationship as an adult. She does not hold back on the gory side to mental illness, detailing her multiple suicide attempts. Wilson includes lots of research on anxiety in the book, which she undertook in order to better understand her illness. She provides insights in to how people can cope with anxiety, and explains how coming to accept anxiety as part of her life, and being thankful for what it has taught her, has made it easier to live with.

Bipolar disorder

“For there is nothing either good or bad, but thinking makes it so” (*Hamlet* 2.2.259).

Formerly known as manic depression, bipolar disorder is characterised by extremes in mood. People experience both highs (mania) and lows (depression). The Mayo Clinic (2018) identifies symptoms of mania as increased energy, euphoria, talkativeness, racing thoughts, and a decreased need for sleep. In a manic episode, people feel like they are on top of the world and they can do no wrong – this can lead to making hasty decisions, overspending or taking unwise risks. In a severe episode, some people might develop psychosis (a break with reality). Symptoms of a depressive episode include feeling sad and hopeless, fatigue, loss of interest in things that would normally bring pleasure, and feelings of worthlessness or excessive guilt. Some people might think about attempting suicide. Sufferers of bipolar disorder can have multiple episodes of mood swings a year, or none at all – the frequency varies - but most people will still have mild emotional symptoms between times.

4

Jamison, K.R. (1995). *An unquiet mind*. New York, NY: AA Knopf.

In her memoir, Jamison writes about her childhood, relationships and career, and how having bipolar disorder has affected her life. Jamison offers a particularly interesting insight into the illness as, aside from experiencing the symptoms first-hand, she is also a psychiatrist. This combination of professional and personal insight provides for a well-rounded and researched account. She recalls how in manic highs she would have ample energy and creativity, but would also go on spending sprees and at times was violent. She attempted suicide. Jamison explains how she manages to have a career and stay out of hospital by taking the mood stabilizer lithium and having therapy. Jamison does not like the term ‘bipolar disorder’, and

prefers the previously used 'manic depression' as she feels it is more descriptive of the illness. Even though this book is rather old, it is included because of its unique point of view.

5

Oprah Winfrey Network. (2016, December 28). *The brave moment from Carrie*

***Fisher's Oprah Show interview* [Video file]. Video posted to**

<https://www.youtube.com/watch?v=91TF1Ru5kng>

Carrie Fisher, best known for her acting role as Princess Leia in *Star Wars*, talks to Oprah about her darkest period – when she was coping with untreated bipolar disorder in the 1980s. After being taken off a medication which was helping her sleep, she entered a manic phase, staying up for six days and eventually experiencing psychosis. In this break from reality, Fisher believed that everything she saw on TV was about her, and that she was receiving secret messages from Hollywood writers. She recalls feeling like there was a halo of light emitting from her head. Fisher talks about the shame she felt at being admitted to a secure mental ward, but that being in hospital gave some relief, because she knew things could not possibly get any worse. Fisher uses humour to talk candidly about bipolar disorder. It can be helpful for sufferers to hear famous, admired or highly regarded people discuss their own mental illnesses, as it reduces the stigma attached, and gives hope that having such a diagnosis is not a sentence to failure.

Parker, H.J. (2018, June 30). 'It's nothing like a broken leg': Why I'm done with the mental health conversation. *The Guardian*. Retrieved from <https://www.theguardian.com/society/2018/jun/30/nothing-like-broken-leg-mental-health-conversation>

Parker talks about how the public conversation about mental health, though well-intentioned, can often be misguided and by being patronising might even end up making sufferers of mental illness feel worse. She talks about the current fashion to be proud of one's mental illness, when, in her case at least, she would rather it just didn't exist. Parker recounts her own struggle with bipolar disorder. She has been in the psychiatric system since she was 13 and during her teenage years she had depression which left her housebound and unable to attend school. After a manic period in her early twenties she was diagnosed with bipolar disorder. She now works as a journalist which she says has been made possible with support from her colleagues and employer. She talks about the experience of being sectioned (when a person is legally committed to a psychiatric hospital against their will), self-harm, sleeplessness, and medication. She also criticises the lack of understanding she has at times encountered with medical professionals. This is not a hopeful article, but a 'warts and all' depiction of the frustration at having bipolar.

Body dysmorphic disorder (BDD)

“God hath given you one face, and you make yourselves another” (*Hamlet* 3.1.151).

People who have body dysmorphic disorder have intrusive and negative thoughts about perceived defects in their appearance, which to others are either barely noticeable or even non-existent (Mayo Clinic, 2016). A person with body dysmorphic disorder will obsess over their body image, thinking that something about their appearance makes them ugly. They might check the mirror excessively, compare themselves to others, believe that others are mocking their appearance, or seek reassurance from others that they look okay. It is also common to seek out cosmetic procedures to fix a flaw, only to be unsatisfied with the result. This preoccupation with how they look causes people with body dysmorphic disorder significant distress, and they may avoid social situations and have trouble functioning at work or school. Those who suffer from the illness usually develop symptoms during the teenage years.

7

Bagwell, H. (2016, November 18). *Body dysmorphia – “I felt so ugly I wanted to*

***die”* [Video file]. Video posted to <https://www.youtube.com/watch?v=danFaK6qXpY>**

In an interview on TV show *This Morning*, Bagwell recounts how she first developed body dysmorphic disorder at the age of 14. She talks about the difference between everyday appearance issues that most people have, and the disorder, which is where these thoughts are

out of control and affect a person's functioning. It stopped her from going to school for five years, and, during that time, she would sometimes not leave her room for days, lying in bed with the curtains shut, avoiding even her family. She also self-harmed. Bagwell recalls taking over 200 selfie photos before finding one that she was happy with. She says that social media was how she would attempt to validate her appearance – either by people saying she looked good or confirming she was ugly – which is one of the symptoms of the illness. While the disorder has not completely gone away, Bagwell says she now enjoys life again and wants to use her experience to raise awareness.

8

Threadgould, M. (n.d.). *A day with: Body dysmorphia*. Retrieved October 1, from

<https://www.headspace.com/blog/2017/07/19/body-dysmorphia/>

Threadgold's article combines her personal story of body dysmorphic disorder with quotations from medical professionals explaining the condition and its treatment. She remembers the moment when she first started finding her body disgusting: as a 13-year-old, a boy at school ridiculed the size of her arms. During her teenage years she suffered from anorexia and bulimia, brought about by her fixation with the size and shape of her stomach. She would purposely wear tops that were too long and developed a habit of repeatedly checking the mirror to make sure none of the skin on her midriff was showing. She constantly compared her stomach size to that of others, and would look in the mirror over 100 times a day. Threadgold says that therapy has helped her develop coping mechanisms, including not having a full-length mirror in her house.

Borderline personality disorder (BPD)

“The storm is up, and all is on the hazard” (*Julius Caesar* 5.1.68).

Borderline personality disorder, or BPD, is a mental illness. Even though the diagnosis uses the word ‘personality’, this does not mean that someone with BPD just has a bad character or is unpleasant – as RANZCP (2017) point out, it is important to remember that BPD is a condition of the mind, and it is not the sufferer’s fault. Sufferers usually have a pattern of intense and unstable relationships and they are prone to thinking that people might leave them, often leading to frantic efforts to avoid real or imagined abandonment. People with BPD feel emotions very deeply and have trouble controlling their reactions and impulses. They might have an unstable sense of self, feel ‘empty’ inside, have recurrent suicidal feelings and repeatedly self-harm.

9

Kaysen, S. (1993). *Girl, interrupted*. New York: Virago.

Although this is an older book, it is included because of its critical acclaim. People may know it better in its dramatized version – a Hollywood movie starring Winona Ryder as the author. In

her memoir, Kaysen describes how, with the help of an attorney, she gained access to medical notes from when she was as an inpatient at McLean Hospital in the late 1960s. A young adult at the time, she was diagnosed with BPD; a diagnosis which she questions, suggesting that the symptoms could be referring to common teenage angst combined with a valid reaction to the tumultuous societal change of the time. She writes about the reasoning behind her suicide attempt and self-harm. The book is divided into short chapters on particular topics or incidents. Kaysen recalls the friendships that she made while in hospital, and recounts with sensitivity and wit the often darkly humorous events that happened to her and her fellow patients. She remembers the therapy she underwent, as well as the medication she was obliged to take. The book sheds light on what it is like to suffer from BPD (and, through her depictions of her friends, other mental illnesses) and demystifies it, making the symptoms understandable.

10

Ruth. (2016, February 11). I'm not 'crazy', I'm exquisitely sensitive. *The Wireless*.

Retrieved from <http://thewireless.co.nz/articles/i-m-not-crazy-i-m-exquisitely-sensitive>

Ruth [surname omitted] discusses the stigma that is attached to BPD, which she has experience first-hand – even from friends. She says prejudice often comes in the form of people placing BPD as a driver behind any undesirable traits a person may have. She feels that her mental illness is the 'black sheep' of diagnoses which no one seems to care about. Ruth says that this may be because having a personality disorder makes it sound like the sufferer is fundamentally flawed or faulty, and therefore untreatable, which is a myth – she has had successful Dialectical Behaviour Therapy (DBT) herself. She describes having BPD as being like a burns victim, but your wounds are emotional rather than physical; every negative feeling is unbearable. This agony and feeling of being in a constant crisis has in the past led her to self-harm, attempt suicide, or drink to excess in order to get some relief. Ruth says she finds it hard not to believe people hate her, and such minor things as an un-replied text message can lead her to presume someone is going to abandon her, confirming (in her mind) that she is unworthy of love and prompting sometimes desperate actions.

Depression

“When sorrows come, they come not single spies, but in battalions” (*Hamlet* 4.5.78).

Everyone feels down sometimes but, as RANZCP (2017) explains, depression is feeling persistently sad for weeks at a time. Other symptoms can include tiredness, inability to concentrate, overeating or not eating enough, feeling worthless or hopeless and thinking about death. People cannot just ‘snap out’ of depression. It might be a short-term illness, or it might recur throughout a person’s life. Depression is very common, and women are twice as likely as men to suffer from it.

11

Heads Together. (2017, March 29). *Adwoa + Camilla* [Video file]. Video posted to

<https://www.youtube.com/watch?v=WdXkEurbMv4>

Adwoa Aboah is a recognisable face in the fashion industry. A high fashion model, people might presume her life is easy. Here, she talks with her mother about her experience of

depression. The first symptom Aboah noticed in herself was that she was becoming increasingly exhausted. However, she felt she had to keep up a pretence that everything was fine, which she says she mostly managed to do, but when she couldn't, others would notice something wasn't right. Aboah did not know how to share her depressed feelings with others, which made things worse. Eventually, after a suicide attempt, she was forced to seek help. She recalls being surprised at how effective simply talking to people was. Aboah's story shows that depression can affect anyone - even if they seem to be living a charmed life.

12

Li, Y. (2017). *Dear friend, from my life I write to you in your life*. New York:

Random House.

Li's book is an untraditional memoir. It is more akin to a series of personal essays; snapshots of a time and place. This means that it is not a tell-all narrative of her life, because the format necessarily leaves gaps. However, Li does give the reader some background: her childhood in Beijing, coming to the United States as a scientist, deciding to leave her work in the lab to become a fiction writer, and her descent into depression. She writes about a suicide attempt and the two occasions she has been admitted to a mental hospital. During this time, Li found solace and companionship in the writing of others. She discusses how authors like Katherine Mansfield, Elizabeth Bowen, and Thomas Hardy have influenced her own writing, and how in reading their work and thinking about it in depth in relation to her life, she was able to form friendships with these long dead masters.

13

Merkin, D. (2017). *This close to happy: A reckoning with depression*. New York:

Farrar, Straus and Giroux.

Merkin is a frequent writer for *The New Yorker* and *The New York Times*. In this book, her memoir, she delves into her past to try to understand the cause of the depression which has plagued her for her whole life. Now in middle-age, Merkin recalls her childhood growing up in an expensive Park Avenue apartment, where, despite their affluence, her parents deprived their children of basics while enjoying the finer things in life themselves. She wonders if growing up in an environment with deprivation and a lack of affection had an effect on her mental health. Merkin has been hospitalised for depression three times: once as a child, once for postpartum depression after the birth of her daughter, and more recently after the death of her mother. She discusses the various therapies and medications she has tried, and acknowledges that, while she has not cured her depression, she has developed ways to live with it.

Eating disorders

“They are as sick that surfeit with too much as they that starve with nothing” (*The Merchant of Venice* 1.2.5).

Although some of the more noticeable signs of eating disorders are physical, they are in fact serious mental illnesses. It is common for those suffering from eating disorders to hide their eating habits and deny that they have a problem, which can be a barrier to treatment. Females are twice as likely as males to have an eating disorder (RANZCP, 2015). The Eating Disorder Association of New Zealand [EDANZ] offer some helpful definitions and warning signs of the more common eating problems which are summarised here:

- **Anorexia** causes sufferers to have a distorted view of their body. A strong fear of gaining weight causes them to drastically cut down their food intake, and they might

use laxatives or exercise excessively as well. This can lead to malnutrition, fatigue, low blood pressure and irregular heart rhythms, and other health problems.

- **Bulimia** also causes people to have an irrational fear about weight, however it differs from anorexia as it includes binge eating followed by an attempt to get rid of the calories consumed by inducing vomiting. In between binges, a person suffering from bulimia may also engage in similar behaviours to someone with anorexia – fasting or restricting food intake and anxiously exercising.
- **Binge eating disorder** is when someone has recurrent episodes of extreme overeating. While everyone overeats sometimes, people with binge eating disorder cannot control their regular binges, and will feel guilty or embarrassed about it. Sufferers will often only eat alone to hide their behaviour. It is common for depression to co-occur.

14

Gottlieb, L. (2001). *Stick figure: A diary of my former self*. New York: Berkley

Books.

Gottlieb based this book on the journals she wrote as an 11-year-old in 1978. It recounts the time in her life that she suffered from anorexia. Growing up in Beverly Hills, Gottlieb is surrounded by people concerned with their appearances. When her friend decides to go on a diet, Gottlieb starts to look at her own body with disgust. Starving herself, she is eventually hospitalised by a psychiatrist. In the hospital she still refuses to eat and flushes food down the toilet. At one point she attempts to cut the fat from her stomach. Gottlieb implies that it was the pressure from her family, peers and society that caused her to develop the illness. It is important to note that this is her interpretation of events, and other people will get anorexia without such triggers. The book is easy to read in its diary format, and is aimed at the young adult group.

Gray, L. (2018, March 11). My double life as a food writer and bulimic. *The*

***Observer*. Retrieved from <https://www.theguardian.com/global/2018/mar/11/louise-gray-my-double-life-as-a-food-writer-and-bulimic>**

Gray writes about how she felt like a fraud receiving a prestigious food journalism award because she was still hiding the bulimia she had since she was 14. She recalls the first time she made herself vomit at boarding school, after not being invited to a party. This began an intermittent struggle with bulimia which lasted until she was 34. Gray says that she was in denial about her eating disorder for a long time, even attending therapy for panic attacks and thinking it unnecessary to discuss it with her therapist. She thought of it as just a bad habit she had picked up at school. Gray says that bulimia is an inability to deal with distressing emotions. Binging and purging would suppress the feelings that needed to be addressed. Gray's article is inspiring for its honesty and assertion that recovery is possible, even after a long time.

Brody, J.E. (2007, February 20). Out of control: A true story of binge eating. *The*

***New York Times*. Retrieved from <https://www.nytimes.com/2007/02/20/health/20brod.html>**

Brody states that she is mystified about why binge eating disorder is not as well researched or discussed as anorexia or bulimia, when it is just as serious a diagnosis. To illustrate her point, she recounts how she developed the disorder in her early 20s. Her life was undergoing significant upheaval and due to stress she sought solace in food. She would not eat during the day, but pick up junk food on her way home and spend the night eating uncontrollably. This caused her to put on weight. At one point she felt so out of control she became suicidal. After seeking help she managed to set a routine around eating during the day, and eventually she conquered the disorder.

Obsessive-compulsive disorder (OCD)

“I hope good luck lies in odd numbers” (*The Merry Wives of Windsor* 5.1.2).

Being a perfectionist or checking things more carefully than others does not mean a person has obsessive-compulsive disorder (OCD). It is unfortunate that ‘OCD’ has become commonly used in everyday life to refer to the need to have things tidy or clean, because actual OCD is far more serious and disruptive. OCD is the combination of having obsessive thoughts and feeling compelled to perform repetitive actions (Mental Health Foundation, 2014). A person suffering from OCD will have uncontrollable and unwanted thoughts which cause them anxiety and are hard to stop. Compulsions are usually an attempt to deal with these intrusive thoughts.

Compulsive actions can become like a ritual, such as doing something a particular number of times. The obsessions and the compulsions are a viscous cycle – the repetitive actions only feeding more fuel to the similarly repetitive thoughts.

17

Goodchild, J. (2015, October 16). No, OCD is not all about cleaning – and believe

me, you don't wish you had it. *The Telegraph*. Retrieve from <https://www.telegraph.co.uk/news/health/11935833/No-OCD-is-not-all-about-cleaning-and-believe-me-you-dont-wish-you-had-it.html>

Goodchild wrote this article about how the disorder is largely misunderstood by society. She recounts how, when she first began talking about her diagnosis, people would suggest she clean their house as they presumed she would be good at it, or tell her that they wished they had OCD too because they struggled to keep things tidy. For Goodchild, her OCD has little to do with putting things in order or cleaning house. She recalls how as an 8-year-old she would stay up late reciting prayers for everyone she knew, because her mind told her that if she missed anyone out they would die. Often her intrusive thoughts are to do with food – certain textures or where meals are prepared. Goodchild writes that it would be helpful for more people to talk openly about their OCD as those suffering unknowingly might recognise their own symptoms and seek help sooner.

18

Gordon, B. (2016). *Mad girl*. London: Headline.

Mad Girl is a funny and honest account of fighting OCD. Gordon traces her disorder back to when she was 12 and became obsessed with the idea that she had somehow contracted HIV. She would wash her hands repeatedly and avoided touching other people for fear of passing the virus on. As she grew into an adult her OCD stayed with her – at times she would worry that she had murdered someone but couldn't remember it; on flights she would perform silent rituals in her head on the premise that it would prevent the plane from crashing. Gordon wrote the book after finally confronting her illness after 20 years of denial. She mentions doing therapy and, at times, taking medication. Exercise has helped her the most. While it is the

narrative of OCD which dominates, Gordon also discusses her battles with bulimia and depression. This is a hopeful and humorous book, sprinkled with pop culture references which would likely appeal most to women in their 20s and 30s.

Postnatal depression (PND)

“And though she be but little, she is fierce” (*A Midsummer Night’s Dream* 3.2.325).

Plunket says that postnatal depression (PND), also known as postpartum depression, affects between 10 and 20 percent of mothers. PND does not always happen immediately after giving birth – it can occur any time during the first year of the baby’s life. It is very common for women to experience low moods and tearfulness in the first 2 weeks, and this is often called

the 'baby blues'. However, PND is different from the baby blues. It lasts much longer and is more severe. Signs that a mother is suffering from PND include hopelessness, believing that they cannot cope, feeling overly anxious, having difficulty sleeping, fearing that they are a bad mother, and having thoughts about harming their baby or themselves.

19

Glanville, B. (2018, April 16). My battle with postnatal depression. *Stuff*. Retrieved

from <https://www.stuff.co.nz/life-style/parenting/baby/103126681/my-battle-with-postnatal-depression>

In this article, Glanville writes about the PND she suffered after the birth of her second child. What began as guilt over trouble breastfeeding became a debilitating depression. Glanville says she hated herself and would cry at the slightest thing. She lashed out at her husband and her mother, stuck between wanting help and not wanting anyone around her. She started drinking too much. At first she refused to take the antidepressants her GP prescribed, but one night she started to self-harm, and it was this that prompted her to take the medication which helped her recover. Glanville distinguishes PND from the baby blues and thinks there needs to be more awareness about the illness. She also talks about the stigma attached to mental illness, which as a mother she found difficult to overcome.

20

Howard, B.D. (n.d.). Bryce Dallas Howard on the emptiness of post-partum

depression. *Goop*. Retrieved from <https://goop.com/work/relationships/bryce-dallas-howard-on-the-emptiness-of-postpartum-depression/>

Howard is a Hollywood actress who experienced PND after the birth of her son. In this article she chronicles the excitement she felt while pregnant, the numbness and despair of the first year, and the brightness of her eventual recovery. Howard describes feeling nothing in the

moments after giving birth, when everyone around her was crying with joy. Five days later she was still referring to Theo as 'it', which, looking back, was a warning sign that things were not good. At first Howard was able to hide her depression from family and friends, only breaking down into sobs when she was alone, but eventually she couldn't pretend any longer. She went on a homeopathic treatment plan, and started going to see a therapist who diagnosed her. Howard compares the feeling of her depression lifting to a "sudden feeling of summer"; an unspoken indication that everything was going to be okay. She also mentions the stigma attached to PND and the shame mothers feel when they cannot cope. Howard's article is powerful because from the outside it would appear she wants for nothing – but her experience proves that anyone can suffer from PND, no matter how much money or support they have.

Post-traumatic stress disorder (PTSD)

"Thy spirit within thee hath been so at war" (*Henry IV, Pt 1* 2.3.61).

The Mental Health Foundation (2014) defines post-traumatic stress disorder (PTSD) as a psychological reaction to a shocking event. This could be things such as a car crash, sexual or

physical abuse, a natural disaster, or war. Being witness to a situation, and not being directly involved, can still result in PTSD. Sufferers might experience fear, nervousness, disturbed sleep, anger, and irritability. They may feel that nothing makes sense anymore and that they are unable to recover from their trauma. Flashbacks and nightmares are also common.

21

Elizabeth. (2018, August 16). The reality of living with post-traumatic stress disorder [Web log post]. Retrieved from <https://www.time-to-change.org.uk/blog/reality-living-post-traumatic-stress-disorder>

Elizabeth [surname omitted] was in a car crash 2 years ago. She still struggles with the emotional trauma which she says is harder to deal with than her physical scars which people can see. People often tell her to not let the crash take over her life, and that she should start driving again, but Elizabeth feels panic whenever she goes to get in the driver's seat. The lack of understanding about PTSD means that she relies on a counsellor to talk through her feelings, rather than opening up to family or friends. Therapy has been helpful. Elizabeth discusses the stigma attached to mental illnesses, and says that sometimes she feels guilty for still being affected two years after the event, and worries that others might think she is just being dramatic.

22

Stuff. (2018, July 16). *Christchurch nurse declined ACC compensation*

***over earthquake trauma* [Video file]. Video posted to <https://www.stuff.co.nz/national/health/104522742/christchurch-nurse-declined-acc-compensation-over-earthquake-trauma>**

Nicky Griffith was an ICU nurse at Christchurch Hospital when a significant earthquake hit the city in 2011. She treated patients with war zone-like injuries from the quake, working 16-hour shifts four nights in a row, and has been suffering from PTSD ever since. In this video she talks about how the lack of ACC payments has hindered her recovery. Griffith sobs while she describes PTSD as being unable to think of anything except sadness. She doesn't like leaving the house, and often cannot get out of bed.

Premenstrual dysphoric disorder (PMDD)

“The inconstant moon, that monthly changes in her circled orb” (*Romeo and Juliet* 2.2.108).

While many women experience mild emotional and physical symptoms of premenstrual syndrome (PMS), those who suffer from premenstrual dysphoric disorder (PMDD) are affected by symptoms to the point that they cannot function during the week leading up to their monthly period (Mind, 2017). Aside from the physical experiences of pain, bloat, and changes in appetite which are common in healthy women, symptoms of PMDD include mood swings, tearfulness, anger, feeling hopeless and overwhelmed, insomnia, lack of energy, and suicidal feelings. PMDD has only recently been classed as a psychological disorder, first appearing in the *Diagnostic and Statistical Manual* in 2013 (Standen, 2013).

23

Caldwell, C. (2018, April 6). The opposite of light: On deciding to medicate my premenstrual dysphoric disorder. *Lenny Letter*. Retrieved from <https://www.lennyletter.com/story/medicating-my-pmdd>

Caldwell’s essay-length article is about her decision to take antidepressants to control her PMDD. She sets the scene by telling the story of a particularly bad monthly experience, when she was meant to be enjoying a day in New York City with friends, but instead spent the time crying, getting in a rage at her boyfriend, and feeling disconnected from reality. She talks about how the symptoms of PMDD have a destructive effect on her relationship. Eventually she tries an SSRI antidepressant which helps her PMDD enormously – she feels barely any irritability at all. Aside from this narrative, Caldwell discusses the stigma attached to taking medication, and how she had to overcome her ego to do so. She also mentions her ongoing therapy. She writes in a casual tone, peppering her sentences with expletives and a sense of humour.

Schizoaffective disorder

“Double, double toil and trouble” (*Macbeth* 4.1.10).

The Mayo Clinic (2017) explains that schizoaffective disorder is a combination of schizophrenia symptoms and mood disorder symptoms. There are two types of the disorder: bipolar type, when people have episodes of mania and sometimes depression; and depressive type, when just depressive episodes are experienced. In both types, the symptoms of schizophrenia which characterise the disorder are present. Depending on the type, people who suffer from schizoaffective disorder might experience delusions, paranoia, hallucinations, impaired communication, periods of high energy and mania, and depressive feelings of sadness or worthlessness. Sometimes people will have trouble taking basic care of themselves, including their physical appearance and cleanliness. Because of its similarity with schizophrenia and bipolar disorder, schizoaffective disorder is often misdiagnosed. The key difference is the presence of psychotic (schizophrenic) symptoms both with and without mood (affective) symptoms.

24

Hall, K. (2017, May 27). 4 things I learned from getting my schizoaffective

diagnosis. *The Mighty*. Retrieved from <https://themighty.com/2017/05/what-i-learned-schizoaffective-diagnosis/>

Hall was initially given the incorrect diagnosis of depression for 3 years, and was then misdiagnosed with bipolar disorder. She was treated as a bipolar patient for 7 years. Unsurprisingly, the medication prescribed to her did not help, and her mental health worsened. She spent time in a psychiatric hospital when she was suicidal. Eventually a new doctor diagnosed her with schizoaffective disorder. She was prescribed appropriate medication and was able to be treated as an outpatient. Hall says that through her experience she has learned the importance of being an advocate for your own mental health, and that it's okay to speak up if you are not happy about your treatment. She also talks about how having a support network of family and friends can help with recovery. Hall attends Alcoholics Anonymous meetings.

Schizophrenia

“He takes false shadows for true substances” (*Titus Andronicus* 3.2.80).

The defining characteristic of schizophrenia is psychosis (a break with reality). According to RANZCP (2017), common symptoms of schizophrenia include: uncertainty about what is real and what isn't, hallucinations (e.g. hearing voices), delusions (false beliefs), an inability to think clearly, loss of interest in other people, and being unable to feel emotions like they used to. Schizophrenia can cause serious problems with a person's daily functioning. It is often misunderstood by society, a frequent misconception being that people with schizophrenia are dangerous – when in actual fact, they are more likely to be victims, not perpetrators, of violence.

25

Evans, A. (2015, October 21). How schizophrenia changed the whole course of my life. *BBC News*. Retrieved from <https://www.bbc.com/news/disability-34537499>

Evans had depressive thoughts throughout her teens and when, at age 20, she was studying at university, they become uncontrollable. She stopped sleeping, had trouble thinking and speaking coherently, and started having hallucinations in the form of hearing voices. She describes psychosis as confusing, tiring and scary. She says during her worst period the world seemed to lose its colour. She suggests the shift to a city away from her family and the stress of working alongside study played a part in her worsening mental health. Eventually she was diagnosed with schizophrenia and given anti-psychotic drugs which helped immediately, allowing her to take tiny steps towards recovery like taking basic physical care of herself. She talks about how the side-effects of the medication caused her to rapidly gain weight which made her feel unattractive. She lived at her parents' house for 10 years. She says her turning point was discovering the creative arts and through that community making supportive friends.

Art is a way of expressing her feelings, and, combined with therapy and the help of family and friends, has been instrumental in getting her to a point where she can live independently.

26

Longden, E. (2013, February). *The voices in my head* [video file]. Video posted to

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head/up-next?language=en

In this video, Longden talks about her experience of hearing voices. Diagnosed with schizophrenia and medicated accordingly during her first year at university, Longden recounts how at first she heard a benign voice simply commentating her life in the third-person (e.g. “she is going to a lecture”). However, after telling people, and being told by doctors that the voice she was hearing was a symptom of mental illness, Longden explains how her attitude to the voice changed due to her fear, and in turn the voice became hostile, and was joined by other voices which would often say frightening things, or give her strange tasks to do. She became delusional. Out of desperation, Longden attempted to drill a hole in her head to let the voices out. What eventually changed for her, and enabled her recovery, was to view the voices as insights into feelings and trauma which she had suppressed. She began to see them as a survival mechanism; a way for her brain to express distress that she had buried. In the end, they helped her address these issues. Longden still hears voices, but they are no longer scary, and her delusions and other schizophrenic symptoms have gone. Her speech is sometimes funny, and provides a different perspective on schizophrenic symptoms – putting them in context and helping sufferers to understand that they are not ‘wrong’, and that their brain is reacting to something that has happened to them.

Saks, E.R. (2007). *The centre cannot hold: A memoir of my schizophrenia*.

New York: Virago.

Saks is a university professor. Despite her schizophrenia, she studied at Oxford, and graduated with a law degree from Yale. Her memoir tells the story of her struggle with mental illness. She explains that she was a nervous and sometimes obsessional child, but her symptoms first appeared in earnest during high school, when she started to have intrusive thoughts about being a bad person. Saks recounts a particularly bad bout of illness during her time as a student at Oxford, which she was able to recover from with the assistance of a therapist. She describes her psychotic episodes as being like waking nightmares – frightening and confusing. Her main symptom is having delusional beliefs, such as believing she is especially evil and should not talk to others in case she spreads her evilness. She says taking medication (anti-psychotics) has helped her to cope. The narrative of the memoir is interspersed with snippets of unwell thoughts, providing an insight into Saks' state of mind during psychosis.

Seasonal affective disorder (SAD)

“Now is the winter of our discontent” (*Richard III* 1.1.1).

Seasonal affective disorder (SAD) is when people experience depression relating to the change of seasons. The Mayo Clinic (2017) explains that for people with SAD their symptoms begin and end at the same times each year. For most people this is from autumn to winter, but for some people it is the opposite, and the disorder affects them in spring and summer instead. More than just the “winter blues”, SAD is a serious condition. People experience the same symptoms as in general depression, such as sadness, losing interest in life, sleeping problems, and feelings of hopelessness and guilt. However there are symptoms specific to winter and summer SAD. In winter-onset SAD people may oversleep, gain weight, and be tired; in summer-onset SAD people might experience insomnia, weight loss, and anxiety. Some people with bipolar disorder are also affected by SAD, and have manic episodes in the summer, and depressive ones in the winter.

28

Greco, L. (2016, June 27). I have seasonal affective disorder – in the summer.

***Ravishly.* Retrieved from <https://ravishly.com/2016/12/28/i-have-seasonal-affective-disorder-summer>**

Greco describes how in winter she is happy and energized. Summer makes her feel manic, anxious and irritable. Aside from SAD, she also suffers from anxiety and PTSD, and implies that the warmer weather brings about symptoms of these. She writes with humour about how

annoying she finds it when people get excited about summer. She also says summer-onset SAD can be lonely, because there are far less sufferers compared to the winter-onset type. Her way of coping is to stay indoors in air-conditioning.

29

Miller, J.A. (2018, February 23). How I became a 37-year-old snowbird. *The New York Times*. Retrieved from <https://www.nytimes.com/2018/02/23/style/seasonal-affective-disorder-running-depression.html>

Miller says she has suffered from winter-onset SAD since she was a child. She also implies that other members of her family experienced it too – her father would call it “baseball’s off season”, referring to the part of the year between the World Series final, and the beginning of spring training, and the family would be in a collective bad mood for that stretch of time. Miller’s article talks about making the decision to ‘fly south for the winter’ in a bid to prevent her SAD symptoms. She travels from New Jersey to Florida where she spends her time freelance writing and training for a half marathon. She says that the exposure to sunlight and warmth during winter had the effect she was hoping for – her depression was kept at bay. While she concedes that in the future it might be too expensive or impractical for her to move to Florida for the whole of winter each year, she thinks even a couple of weeks would be helpful.

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Samaritans – 0800 726 666

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