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To Tell or Not to Tell: Nature and Objectives of Mental Illness Narratives/Autopathographies

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Abstract | The act of writing about oneself has almost always been seen as an inherently truthful act, and the ensuing narrative as authentic; memoirs, autobiographies, and life narratives in general have often been regarded as truthful accounts of an individual or a collective experience. But any act of narrativizing—regardless of whether it borrows its source material primarily from one's imagination or from one's lived experiences—cannot be entirely truthful, since it is not merely subject to the choices and deliberations of the author in deciding how the story would be told, but also owing to the inadequacies of memory and the flawed process of remembrance itself. This is further complicated in the instance of illness narratives, particularly concerning narratives of mental illnesses, since they also encounter the difficulty of language, of finding suitable vocabulary to express the seemingly inexpressible, represent the seemingly irrepresentable, to capture in words experiences that defy conventional understanding. The paper will attempt to examine the objectives and concerns of such narratives through a study of two mental illness memoirs/suicide narratives, namely, Katherine Redfield Jamison's *An Unquiet Mind: A Memoir of Moods and Madness* and William Styron's *Darkness Visible: A Memoir of Madness*.

Keywords | Mental Illness Narratives, Memoirs, Autopathography, Depression, Suicide, Memory, Agency, Testimony, Language, Katherine Redfield Jamison, *An Unquiet Mind*, William Styron, *Darkness Visible*

Narratives of illness or pathographies are concerned with how the seemingly inexpressible can be expressed and how experiences of pain and suffering, of paralyzing feelings of incomprehension and chaos, are narrativized and made intelligible. Autopathographies, or self-narratives of one's experience of illness, is a category of literature that aims to accomplish this objective, of trying to articulate what an illness *feels* like. It is a form of a memoir where the illness becomes the focal point, against which one begins to evaluate, or re-evaluate, one's life. It is a way of offering a testimony for oneself and/or for others. Such testimonies are assumed/considered to potentially be the most complete and truthful account of oneself, of one's life, and of the lived experiences that compose and constitute it. The 'authenticity' of the articulation derives its authority from the articulator being the primary experiencer of what is being articulated. The act of self-narrativizing relies on 'autobiographical memory,' that is, the memory of one's individual, personal history. These memories are deeply personal and they construct and constitute the individual; they are the foundation upon which one's sense of self is built, which is the lens through which one experiences, evaluates, and engages with oneself and the world. Autobiographical memory involves "both *episodic* and *semantic* knowledge of the past; while episodic memory makes possible the recollection of personal experiences that occurred in a particular time and place, semantic memory allows the retrieval of general knowledge and facts" (Varga 148).

The general tendency to assign 'truthfulness' to personal testimonies is problematic, for one's memories and recollections are often colored by one's inclinations, biases, and prejudices. As stated by Nobel Prize winning psychologist Daniel Kahneman (in a TED talk delivered on February, 2010, at Long Beach, California), the *memory* of an experience is often times removed from the *reality* of the experience. One needs to therefore approach one's memories not as gospel truth but merely as a semantically rich text that has the ability to throw up multiple meanings and facilitate varied interpretations, to try and make sense of it in terms of what the work "can be possibly interpreted to mean," for often what "the author actually 'had in mind' may be completely beyond recovery, even for himself" (Eagleton 81). Personal testimonies, of which memoirs/autopathographies are but one instance, are nevertheless seen as a narrative form that comes closest to conveying *how* an experience was, even if the conclusions one draws from it may be contested. It thereby acknowledges and signifies the particularity of individual experiences and validates them. The unreliability of the narratorial voice has often less to do with any conscious or intentional attempt to distort or manipulate and more to do with the very nature of memory itself and how it works, for memory is never a composite of fixed and immutable entities, 'found' or 'unearthed'

through the act of remembering, but is rather always 'put together' or 'reconstituted' in and through every act of remembering; memory is, or becomes, in a sense, a thing of "shreds and patches" (Barnes 105).

This aspect of memory complicates and problematizes the notion of 'truth' of the narrative and 'truth' of the experiential moments that constitute one's narrative; this is not to doubt whether an incident actually occurred but simply to ask questions about how it is being recalled, since the very act of recollection involves the act of narrativizing. One remembers one's life as a narrative, as a series of stories which compose and constitute their autobiographical memory, and this memory is inextricably linked with their current sense of self, a notion that influences the nature of remembrance. Remembering is, in other words, less a matter of replaying to oneself 'factual' or 'truthful' information, or revisiting events exactly as they happened, and more an act of *re-presenting* to oneself, of imaginatively reconstructing or putting together certain facts, events, experiences, or mental/physical/emotional states of being; what is understood to be 'discovered' ('finding' in memory) is in fact 'constituted' ('putting together' memory) (Varga 148–150). We often tend to read our need to remember in a particular manner into the act of remembering; this is where imagination comes into the picture. Julian Barnes, in thinking about the interplay between 'imagination' and 'fact,' which constitutes and/or influences memory, is especially sensitive to this problem inherent in the act of narrativizing:

> For the young—and especially the young writer—memory and imagination are quite distinct […] For the older writer, memory and imagination begin to seem less and less distinguishable. This is not because the imagined world is really much closer to the writer's life than he or she cares to admit […] but for exactly the opposite reason: that memory itself comes to seem much closer to an act of the imagination than ever before […] I do not mistrust them, rather I trust them as workings of the imagination, as containing imaginative as opposed to naturalistic truth. (97–98)

These questions and concerns regarding the act of narrativizing and the unreliability of memory must inform our engagement with literature in general, and with the two texts being examined in this paper in particular. The memoirs *An Unquiet Mind: A Memoir of Moods and Madness* by Kay Redfield Jamison and *Darkness Visible: A Memoir of Madness* by William Styron (the Vintage mini-series is simply titled *Depression*) attempt to think through and narrativize experiences of suicidality and of the crises of agency, in addition to looking at some of the challenges inherent in the very act of narrativizing these experiences. In doing so, they engage with the question of language and its limits, with the difficulty of articulating experiences that are often rather alien to or incongruent with everyday existence. The experience of depression and the feelings of chaos, terror, and helplessness it engenders in an individual are beyond language to adequately capture. The fact that the titles of both these memoirs feature the word 'madness' is surely worth noting, as both these individuals, one a clinical psychologist and another a writer of fiction, chose the same word to try and articulate experiences they

similarly view as beyond/outside conventional structures of sense-making, interpretation, or intelligibility. The experience of a mind turning against itself can only be apprehended by the very same mind that has been turned against. The difficulty of articulation is therefore not merely limited to the constraints acting upon language but also due to the difficulties in perception, the difficulty of looking clearly at oneself; this naturally raises questions about the 'truthfulness' of such accounts.

The experience of a mind warring with itself is felt as an overwhelming state of disorientation, helplessness, and incomprehension that leads to the loss of agency (Holmes 128), a state of being that has been poignantly lent expression by Jamison in this manner: "I would wake up in the morning with a profound sense of dread that I was going to have to make it through another entire day. […] I understood very little of what was going on, and I felt as though only dying would release me from the overwhelming sense of inadequacy and blackness that surrounded me" (44). The terror of "understanding very little of what was going on" can sometimes cause individuals to lapse into a state of denial with regards to their illnesses. A broken mind, a depressed mind can sometimes refuse to, or is unable to, acknowledge its brokenness, acknowledge depression; even when it recognizes it in others, it can often fail to recognize it in itself. Denial can be a refuge against the storm of terrifying self-knowledge which threatens to uproot the very foundations upon which one's identity, one's sense of self has been built. Jamison—an authority on manic-depressive illness, an illness that she herself suffers from—states that despite being taught and trained to make clinical diagnoses she was unable to make a connection or discern any similarities between what she was being taught to recognize in others as manic-depressive illness and her own experiences of disorientation, euphoria, restlessness, and depression which was textbook manic-depressive illness (58–59). William Styron similarly confesses that his acceptance of the fact and nature of his illness came after several months of denial during which time he persistently attributed or explained away his intense mental, physical, and psychological discomfort to external causes (to having abruptly stopped drinking alcohol) or to maladies of the body, and suggests how this tendency may be looked at as a "part of the psyche's apparatus of defense unwilling to accept its own gathering deterioration, the mind announces to its indwelling consciousness that it is the body with its perhaps correctable defects—not the precious and irreplaceable mind—that is going haywire" (39).

This reluctance may also stem from the fear engendered by the loss of a sense of self, which represents to the individual a loss of the capacity for meaning making, and thereby, of meaning itself. This leads many to try and hold on, ever more desperately (and nostalgically), to an earlier notion of their selves, to an immutable idea of their pasts: "I had a horrible sense of loss of who I had been and where I had been […] it is a very real adjustment to blend into a three piece-suit schedule, which while comfortable to many, is new, restrictive, seemingly less productive and maddeningly less intoxicating" (Jamison 91–92). Depression singularly and acutely isolates the individual from the world around them, causing them to feel an acute and overwhelming sense of loss against

which they find themselves utterly helpless; this loss colors and poisons every value, belief, principle, possibility, any shred of certainty, control, or hope in one's life: "Loss in all of its manifestations is the touchstone of depression […] This loss can quickly degenerate into dependence, and from dependence into infantile dread. One dreads the loss of all things, all people close and dear […] the acute sense of loss is connected with a knowledge of life slipping away at accelerated speed" (Jamison 51–52). The acute sense of loss, coupled with the anguished knowledge of life slipping away and a profound state of helplessness to do anything about it, can often lead to a fragmentation within the individual, causing them to simultaneously become an active experiencer and a passive observer: "A phenomenon that a number of people have noted while in deep depression is the sense of being accompanied by a second self—a wraithlike observer, who, not sharing the dementia of his double, is able to watch with dispassionate curiosity as his companion struggles against the oncoming disaster, or decides to embrace it" (Styron 58). This can often heighten feelings of anxiety and self-hatred, further isolating the individual and compounding their feelings of alienation and burdensomeness.

The heightened self-awareness of the kind Styron is attempting to articulate constantly holds up the individual's flaws and failings, highlights (and exaggerates) their mistakes and transgressions, and pushes them to a point where suicide begins to present itself as the only way to end the tortured internal monologue. Suicide may be the cessation of choice, agency directed towards its own annihilation, but it is also the silencing of this tortured internal monologue. The disorientation and incoherence that results from the illness, and the resultant failure of language with which to articulate and make sense of one's condition, with which to share and lighten one's burden, makes it virtually impossible for the individual to be or feel truly agential, making it increasingly difficult to find reasons to justify their continuing living to themselves. The depressed/suicidal mind is characterized by a veritable flood of thoughts and impulses, unfiltered and unrestrained, to the extent that it makes coherent, intelligible thoughts, actions, or responses nearly impossible to apprehend, articulate, or perform: "I fell onto the bed […] nearly immobilized and in a trance of supreme discomfort […] a condition of helpless stupor in which cognition was replaced by that 'positive and active anguish' […] the ferocious *inwardness* of the pain produced an immense distraction that prevented my articulating words beyond a hoarse murmur" (Styron 12–15). The mental incontinence characteristic of this condition, one where words and impulses, thoughts and ideas crash and fragment without end, order, or design, making it difficult to even "remember the beginning of a sentence halfway through," results in a state of disorientation so severely crippling as to virtually shut down the individual and plunge them into a state of apathy and numbness (Jamison 83).

Siddhartha Mukherjee reflects on the nature of the apathy that patients afflicted with cancer (can often) descend into, of the near impenetrable shell into which they retreat as they slowly get desensitized to experiences of pain and suffering through an excess of pain and suffering, while devoid of a sense of futurity (169). In the absence of a larger meaningful narrative (within which to locate and lend meaning to such

experiences) and in the breakdown of one's personal history and identity, everything begins to feel meaningless, including the very experiences of pain and suffering. The illness steadily disconnects them from feelings and emotions, and numbs them to everything that once connected them to their life. It erases the idea of a future and annihilates the possibility of a life beyond it, thereby causing a moral and spiritual death which was a feeling similar to the ones experienced by those who were imprisoned in concentration camps; one becomes so intensely preoccupied with their illness that the world begins to fade away (Mukherjee 398). The illness becomes their sole identity (as the sick, the diseased); they're no longer their individual identities but are reduced to the status of a patient; they are no longer the sum of their personal histories but become reduced to their medical histories. Their illness replaces everything they've ever been. They're consumed by it to the point where nothing exists beyond its immediate, pressing reality (Holmes 118).

Mukherjee reflects on the instance of a particular patient and the mechanical nature of her response to his queries regarding an absent friend to illustrate the degree to which an illness can dehumanize and supplant the individual it takes possession of: "Carla had barely any emotional energy for her own recuperation—and certainly none to spare for the needs of others. For her the struggle with leukemia had become so deeply personalized, so interiorized, that the rest of us were ghostly onlookers in the periphery" (169). A severely depressed individual is similarly numb to themselves and to the world around them; the passage of time is not registered, nor does the manner in which it structures an individual's reality into a past, present, or future have any relevance anymore. For the severely depressed individual, caught in the throes of their suffering and struggling with a severe loss of a sense of self, there is no future to look forward to, no past to derive comfort from, and the present is at best tenuous and unpredictable. There is no reality beyond their immediate reality, filled with unendurable and unending experiences of pain and suffering; this becomes their only reality, stretching endlessly backwards and forwards, one moment indistinguishable from the next (Cvetkovich 63). To them, their life becomes a burden not merely to themselves but also to those around them; their existence becomes the proverbial albatross around the neck of their caregivers and loved ones, and in their depths of despair, suicide presents itself as the only solution that can liberate them from this near-constant feeling of being a burden.

Thomas Joiner, in his book *The Perversion of Virtue: Understanding Murder-Suicide,* suggests that "perceived burdensomeness" constitutes one of two central elements in serious suicide ideation, the other being an acute sense of alienation (91). The feeling of being a burden justifies, to the suicidal individual, their decision to act so as to end another's suffering by ending their own. This manner of reasoning allows them to accord a moral or ethical responsibility to their actions and allows for a small measure of agency with which to respond to a continued state of inadequacy and indignity. It is as much a struggle for human dignity as it is a desire for escaping a state of constant and seemingly irremediable pain and suffering: "I could not stand the pain any longer […] and felt that I could not continue to be responsible for the turmoil I was inflicting upon

my friends and family. In a perverse linking within my mind I thought that […] I was doing the only fair thing for the people I cared about; it was also the only sensible thing to do for myself" (Jamison 115). Jamison is nevertheless careful to use the word "perverse" when reflecting on her reasons for attempting suicide. In suggesting that her desire for suicide arose from a 'perverse' logic of altruism, she remains in agreement with Joiner who states that the logic employed by the suicidal individual to not continue to be a burden to anyone any further, stemming as it does from a mind torn apart by great pain and suffering and from a mistaken and misguided desire to be virtuous and altruistic, cannot be anything but perverted (114, 132).

There is a tendency towards fatalism and nihilism that afflicts these individuals. Despite knowing only too well that depression is a common malady that afflicts several thousands of people everywhere every year, each individual suffering from depression begins to perceive their condition as unique and their suffering as one of its kind; this may be, in some part, on account of the "long-standing assumption that my experiences are a kind of private property" (Eagleton 7). It is because every individual experiences the world in their own unique way, from within their uniquely contoured subjectivity and their singularly individual experiential and perceptual faculties, and never from without. This causes many individuals to believe, despite knowing that there are many who go through similar situations and recover sufficiently from it or manage it tolerably, that there can be no help beyond the limits of their own agency (Pompili 21).

There is a sense that a 'common' solution cannot help resolve their 'uniquely' painful condition and, in this manner, display a kind of "heightened narcissism" (Shneidman 215) that expresses itself in this manner: "Now and again we would talk about the possibility of taking antidepressants, but we were deeply skeptical that they would work and wary of potential side effects. Somehow, like so many people who get depressed, we felt our depressions were more complicated and existentially based than they actually were" (Jamison 54). To know that one's suffering is perhaps not much different in nature or degree from another's can sometimes cause one to feel as though one's experiences of pain and suffering are somehow diluted, that it somehow is made ordinary, that the unique tragedy of their lives is getting diluted to the status of the common sorrow of everyday, ordinary humanity. Many are therefore likely to persist in viewing their condition as more *their* condition than as a common condition or malady and are likely to be wary of seeking help from external sources, and in certain instances, rejecting it altogether.

This brings to the fore the "paradox" at the heart of (published) self-narrativizing, for while "the book purports to be about a unique life, and all its details, its particular mix of fate and will, of planning and opportunism, of confidence and diffidence, are designed to emphasize just how unique it is," it has to "appeal to certain general features of what it means to live any human life" in order for it "to be intelligible, let alone interesting, to strangers from very different backgrounds" (Cowley 5). Every common experience, as stated earlier, is experienced uniquely, and there is a desire, therefore, to have one's experience remain unique, remain unequivocally their own and not seem

common or ordinary. However, it may appear to some that the uniqueness of their narrative is lost the moment it is narrativized. What contributes to the tragedy of an individual's situation is the perceived inability of another to ever comprehend what they are going through—the feeling that the individual is, as stated earlier, *uniquely* doomed and alone. However, individual experiences (of pain and suffering), when narrativized, no longer remain individual or singularly one's own, nor are they then utterly beyond another to understand, relate to, or even, in a certain sense, inhabit.

The act of writing not only creates a distance between the writer and their narrative, thereby enabling the text to exist as an entity independent of the writer, but it can also be seen to cause a split within the writer themselves, thereby resulting in the creation of two selves, namely the self that is narrating and the self that is being narrativized. It is a quality of the mind that it "is capable of splitting consciousness in two, so that one half is examining coolly what the other half is experiencing" (Barnes 51). This spilt, and the ensuing distance that separates these two selves, has the possibility of being therapeutic, as it may enable the writer to ever so slightly move beyond or escape the stifling confines of their largely inescapable interiority and critically examine their life, emotions, illnesses without being consumed by them. On the other hand, this split can be seen as something akin to the unsettling state of internal dissonance that Styron talks about when he describes the feeling of being accompanied by a second self, an observer, a wraithlike figure who merely observes with dispassionate curiosity (58).

There emerges a rupture of sorts between the individual's self and their experiences, for the latter, through the act of narrativization, assumes a certain (common, intelligible) form and steps outside the former. This can often create a deep anxiety within oneself, a fear that in the process one might lose control over one's story, have it become less particular and more general, less one's own and more someone else's: "I am deeply wary that by speaking publicly or writing about such intensely private aspects of my life, I will return to them one day and find them bleached of meaning and feeling […] I fear that the experiences will become those of someone else rather than my own" (Jamison 202). And yet, if one did not write about it, then how might one hope to have another acknowledge, understand, or appreciate the nature and gravity of the problem or try to become part of the solution? How else might one lend one's fellow sufferers a voice with which to articulate and make visible their suffering without feeling utterly crippled by shame or fear, to have them find a degree of comfort in the recognition accorded to them and their lives?

Mental illness is not a condition that lends itself to easy empathy. In the instances of physical illnesses, a sick individual's "invalidism would be necessary, unquestioned, and honorably attained," (Styron 57) but those suffering from depression, on account of it being "dull enough and invisible enough—no blood, no wounds" (Cvetkovich 35), are required to always seem normal "despite the anguish" they experience and present a "face approximating the one that is associated with ordinary events and companionship" (Styron 57). The necessity of having to keep up the pretense of normality is not merely exhausting for the depressed individual but it is, according to Gerald Priestland,

especially taxing and corrosive to their sense of dignity; this further alienates the individual from themselves and from everyone around them and deepens their feelings of disingenuity, inauthenticity, helplessness, and abandonment, causing them to live with guilt, to continue believing themselves to be an "empty fraud" who will be found out one day and exposed: "What crime? You don't know; you only know you are guilty; and you can hear them coming down the corridor to get you" (qtd. in Rowe 8). This also takes a toll on those around the mentally ill, for it often becomes very difficult for them to read the individual's impulses, actions, and responses as products of their illness and not necessarily of their personality: "Once a restless or frayed mood has turned to anger, or violence, or psychosis, Richard, like most, finds it very difficult to see it as an illness, rather than as being willful, angry, irrational, or simply tiresome. What I experience as beyond my control can instead seem to him deliberate and frightening" (Jamison 174).

This frightening absence of control is felt not only in the very experience of the illness itself but also in relation to the tremendous struggle to articulate that experience in the form of a narrative; this brings in the question of language and the linguistic registers that are available and whether they are suitable or adequate to the purpose for which they are being sought. Both Styron and Jamison are thinking about the use of the medical register in making sense of and representing the condition of depression and both find its sterile, polished register inadequate and falling short of enabling a non-sufferer to even remotely appreciate the extent of pain and suffering that the condition of clinical depression entails:

> "Melancholia" would still appear to be a far more apt and evocative word for the blacker forms of the disorder, but it was usurped by a noun with a bland tonality and lacking any magisterial presence, used indifferently to describe an economic decline or a rut in the ground, a true wimp of a word for such a major illness […] Told that someone's mood disorder has evolved into a storm—a veritable howling tempest in the brain, which is indeed what a clinical depression resembles like nothing else—even the uninformed layman might display sympathy rather than the standard reaction that "depression" evokes, something akin to "So what?" or "You'll pull out of it" or "We all have bad days." (Styron 32–33)

Jamison states in a similar vein that she finds the term 'bipolar' quite offensive, as its rather disconnected and sterile tone conveys nothing of the experience of the illness and may even "paper over the reality of the condition" or misrepresent it to someone who does not suffer from it, whereas the term 'manic-depressive,' in her estimation, feels more adequate with regards eliciting a more serious and/or sympathetic response from another (181–182). A similar sentiment is expressed by Jerry Pinto: "Depression seems to suggest a state that could be dealt with by ordinary means […] it suggests a dip in level ground where you might stumble, but from which you might scramble […] unharmed" (59).

The issue of language, and how it may be marshalled and utilized for the purposes of adequately capturing the experience of depression, is a challenge that many writers of

such autopathographies encounter. Language shapes representation, and that in its turn decides the response of the reader, whether the reader responds, as stated earlier, with sympathy or indifference. Language then can be employed imaginatively and creatively, on the one hand, to convey an idea of the extent of the disability caused to the individual by their illness; this may be more effective in eliciting sympathy and tolerance for the suffering individual (in order that they are not dismissed or the extent of their suffering diminished) but this may also result in the suffering individual being reduced to their illness, to see them as helpless and incapacitated by their illness. In other words, this risks sacrificing the individual's agency and identity. On the other hand, a clipped, polished register with a relatively detached tone potentially protects the sufferer's agency and identity by disguising the extent of the disability caused by their condition of depression, but which would then elicit much less sympathy and tolerance for the suffering individual (and possibly even allow them to escape the stigma surrounding mental illnesses).

The type of language, and the nature of the linguistic registers deployed depends on the objective of the text and whether a certain type of language is suitable and/or effective for what the writer intends to accomplish. Jamison admits that the medicalization of the condition of depression, with its attendant jargons, does help to an extent by pushing out of regular and everyday usage certain insensitive words, phrases, or adjectives and enables greater awareness and sensitivity. Nevertheless, she is quick to state that one must not be under the impression that mere linguistic sanitization solves much, for "the assumption that rigidly rejecting words and phrases that have existed for centuries will have much impact on public attitudes is rather dubious. It gives an illusion of easy answers to impossibly difficult situations" (180). The manner in which the condition is articulated is also problematic, for in the instance of physical illnesses, the illness is generally seen only as a part of the individual whereas in the instance of mental illnesses, the individual's identity, their personality, and the very nature of their existence are often reframed and reformulated along the specific contours of their illness. One is prone to say, "he/she has cancer," not "he/she is cancer," but one does not readily enough say "he/she has bi-polar disorder" but it's more often "he/she is bi-polar"; therefore, through the use of a particular kind of language, the sufferer gets formally indicted.

Even as one wonders whether the language used is suitable or adequate to capture the experience of depression and/or mental illnesses, one must nevertheless acknowledge its effectiveness in these texts in conveying sincerity and even a note of urgency, possibly stemming not only from a desire to have their experiences matter, to lend voice to their pain and suffering, but also from a great need to have their lives and their accounts serve as cautionary and even redemptive tales. Both Styron and Jamison detail their struggle with their respective mental illnesses and attempt to articulate the terror they experienced when confronted with the horrible and all too real possibility of losing their identities, their sanity, and even their lives. They both acknowledge the limits of agency, of what they could or could not do, and perhaps even what they ought to have done. To acknowledge one's limitations is not a sign of weakness; rather, in accepting that there is only so much control one can exert over oneself, there is a *decisive* move to not remain in denial and further worsen their states of helplessness and despair. The acknowledgement of one's helplessness is a crucial step in actually moving beyond this paralyzing feeling; to accept limited control is the step to finally take back some control over their lives and their illnesses: "What control do mad people have? I don't know

myself. I only know that there is some control. Some things you can choose not to say. Some things you can choose not to do" (Pinto 100). Or, in this instance, there are some things you can choose to say or do.

These are tales of individuals who have struggled with painful, traumatic experiences and lived to tell the tale and the very act of writing about it, therefore, is an agential act. There is a desire inherent in these writers to offer their own lives as testimonies and to have it serve as small beacons of light and hope for those struggling to find their way through the alienating and terrifying darkness of depression. This sentiment is exemplified by Victor Staudt who states thus with regards to his account of his depression: "I will go on sharing it, hoping that by doing so it will be just a little bit more easy for others to open up about themselves, knowing that they are not alone […] Without shame, without prejudices or whatever kind of taboo" (207). There is a desire for normality and an appreciation for the everyday and the ordinary, for a state of affairs most people take for granted: "I began to covet the day-to-day steadiness that most of my colleagues seemed to enjoy […] Volatility and passion, although more romantic and enticing, are not intrinsically preferable to a steadiness of experience and feeling about another person" (Jamison 169–70).

A depressed and/or suicidal individual experiences an acute sense of loss and a great fear of abandonment; the desire for normality, for the 'day-to-day steadiness,' however causes many to maintain a state of strained normality through denial, misrepresentation, excessive externalizing/psychologizing, or by simply rejecting offers of help, for accepting help is also an acknowledgement of the existence of a deep-seated problem for which one needs help. This is not to say that those refusing to seek help or rejecting it are necessarily convinced that they can do without it; rather, it may result from such individuals not wishing to be seen as asking for help since it suggests, as stated earlier, a loss of dignity and autonomy. Rather than simply be the pitiful recipients of someone's pity or charity, they prefer to be gently persuaded to help themselves: "He could tell from my voice what state I was in, and, despite my pleas to be left alone, he would insist on coming over […] I would be secretly and inexpressibly grateful, and he somehow would have finessed it so that I didn't feel like I was too huge a burden to him" (Jamison 117). Often, all that is needed or required is a small measure of patience, kindness, and acceptance. One must be aware, nevertheless, of the multitude of factors that come together to constitute the condition of depression and how one understands and responds to it, and know that many who suffer through it often lack the privilege of familial support and understanding, the love and sympathy of friends and well- wishers, access to adequate medical/healthcare facilities and, most importantly, the capacity to find for oneself, while aided by others (and favorable circumstances), the necessary strength and reasons to persist through the darkness.

There is an attempt in these texts to retrospectively derive a sense of comfort in knowing that not only have they survived but that, in surviving, they have been transformed; there is a sense of gratitude that underlies and informs their professed intent to aid others and help transform their lives as others helped transform theirs, to keep them continuing to live as others kept them living. To have lived through it and to be able to look back on it is to have "felt more things, more deeply; had more experiences, more intensely; loved more, and been more loved; appreciated more the springs, for all the

winters […] and slowly learned the values of caring, loyalty, and seeing things through" (Jamison 218). There is an emphasis on the need for kindness, for tolerance, and an unflinching conviction that human life, despite all the pain and suffering it might bring one, is indeed worth keeping. The return from the abyss, according to Styron, is not unlike "the ascent of the poet, trudging upward out of hell's black depths and at last emerging into what he saw as 'the shining world.' There, whoever has been restored to health has almost always been restored to the capacity for serenity and joy, and this may be indemnity enough for having endured the despair beyond despair" (78).

Works Cited

Barnes, Julian. *Death*. Vintage Minis, 2017.

Cowley, Christopher. "Introduction: What is a Philosophy of Autobiography." *The Philosophy of Autobiography*, edited by Christopher Cowley, U of Chicago P, 2015, pp. 1–21.

Cvetkovich, Ann. *Depression: A Public Feeling*. Duke UP, 2012.

Eagleton, Terry. *The Meaning of Life*. Oxford UP, 2008.

Holmes, Jeremy. "Suicide and Deliberate Self-Harm: When Attachments Fail." *Phenomenology of Suicide: Unlocking the Suicidal Mind*, edited by Maurizio Pompili, Springer, 2018, pp. 113–130.

Jamison, Katherine Redfield. *An Unquiet Mind: A Memoir of Moods and Madness*. Picador, 1997.

Joiner, Thomas. *The Perversion of Virtue: Understanding Murder-Suicide*. Oxford UP, 2014.

Kahneman, Daniel. "The riddle of experience vs. memory | Daniel Kahneman." *Youtube*, uploaded by TED, 1 Mar. 2010, www.youtube.com/watch?v=XgRlrBl-7Yg.

Mukherjee, Siddhartha. *The Emperor of All Maladies: A Biography of Cancer*. Fourth Estate, 2010.

Pinto, Jerry. *Em and the Big Hoom*. Aleph Book Company, 2012.

Pompili, Maurizio. "Reflections of a Committed Suicidologist." *Phenomenology of Suicide: Unlocking the Suicidal Mind*, edited by Maurizio Pompili, Springer, 2018, pp. 13–30.

Rowe, Dorothy. *Depression: The Way Out of Your Prison*. Brunner-Routledge, 2003.

Shneidman, Edwin S. "Anodyne Psychotherapy for Suicide: A Psychological View of Suicide." *Phenomenology of Suicide: Unlocking the Suicidal Mind*, edited by Maurizio Pompili, Springer, 2018, pp. 209–217.

Staudt, Viktor. "The Story of my Suicide." *Phenomenology of Suicide: Unlocking the Suicidal Mind*, edited by Maurizio Pompili, Springer, 2018, pp. 203–208.

Styron, William. *Depression*. Vintage Minis, 2017.

Varga, Somogy. "Self-Deception, Self-Knowledge, and Autobiography." *The Philosophy of Autobiography*, edited by Christopher Cowley, U of Chicago P, 2015, pp. 141–155.