I have been under consistent psychiatric care for three years now, racking up a list of diagnoses and medications along the way. I have been diagnosed with attention deficit hyperactivity disorder (combined type, ADHD); gender-based dysphoria; severe clinical depression with physical manifestations of migraines, topical skin irritation and inflammation, and gastrointestinal discomfort; compounded anxiety and panic disorders comorbid with anorexic tendencies, dissociation, dermatillomania\(^1\), and trichotillomania\(^2\); stress-induced dermatitis exacerbated by atomoxetine hydrochloride; irregular menstrual cycles; and medication-induced night sweats and insomnia. To treat these, I am expected to follow a daily course of medications: 40 mg of Lisdexamfetamine, 90 mg Duloxetine, 50 mg Hydroxyzine Pamoate (every 4 hours as needed), Desonide (applied topically), 1000 mg Cholecalciferol and Ergocalciferol, 10 mg Norethindrone, 800 mg Ibuprofen (every 4 hours as needed, not to exceed 2400 mg within 24 hours), and 5 to 10 mg of Melatonin (as needed). Factoring in other health issues, like my allergies and asthma, adds another two pills and an inhaler to my daily drug regimen. If I miss a day, I quickly go into a spiral of withdrawal symptoms, including nausea, cold sweats, light sensitivity, and crippling migraines.

Medications and their associated regime have been part of my life since age 7, when I was in second grade and diagnosed with ADHD. With that diagnosis, doctors have prescribed one stimulant-based drug after another ever since, which may have triggered my anxiety disorder. Parents and doctors alike gave me expectations that medicine would make me better—that these “problems” would go away after popping some pills. Those expectations led me to believe that one day I would be better. Since age 7, I have learned that all of those ideas were complete bullshit—where mental illness is involved, no schedule applies.

Modern medicine has left society with the impression that there is at least a treatment, if not a cure, for everything that ails us. If you are getting treatment, you are supposed to get better. You are supposed to return to being a normal, functioning human being. This concept, while not an outright lie, is a tragic misunderstanding. Where mental illness is involved, nothing is so

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\(^{1}\) A disorder manifesting through obsessive picking of the skin

\(^{2}\) A disorder manifesting through obsessive pulling and picking of hair on the head and body

"The Interior of Bedlam" (1763) by William Hogarth depicts the conditions in England’s infamous Bedlam Royal Hospital. Due to the poor understanding of mental illness in the eighteenth and nineteenth century, patients at Bedlam were subjected to “treatments” that were frequently humiliating and physically abusive.
“Better” is a relative term. “Normal” is a relative term. “Functioning” is a relative term. After you start treatment, everyone expects your improvement to be immediately evident as a linear function of \( y=x \). Improvement, however, is not something you can graph. Sometimes, you start a new medication, and it sends your progress throttling backwards. You might wake up and become convinced the world is out to get you, that you are the metaphorical camel and everything is the final straw that breaks your back, over and over and over. Or, for no reason at all, you might find yourself in a ball on the floor, tears streaming down your face; eventually you realize that you have been on the floor for three hours and you don’t remember why. “Progress” is a relative term. If the only thing you do in a day is get out of bed, there are some days that will be your Everest and worthy of celebration. Not only does mental illness drain you of energy, but it destroys your will to survive; it consumes all desire to do; it decimates whatever joy you take from life. Every seemingly simple action becomes a sheer, vertical cliff you must climb to continue telling the world that you are still here. You feel like an empty shell, yet you are still human, regardless of how you feel. It takes a long time to acknowledge simple actions as progress and to remember that you are still a human being; it is a personal battle I have been fighting for years, without an end in sight. I have had to realize that I may never be what my parents and society call “better,” even as I get better on my own terms.

Were the only monsters I face the ones in my own head, my life would be much easier. But this is not the case—the societal concept that mental illnesses are not real diseases (Scholzman). Mental illnesses are, however, surprisingly, illnesses. For the most part, they are conditions outside of our control, just like their physical counterparts. When we are physically ill, we can’t do everything we usually do. We stay home from school or work, and society says that it’s okay. We see the doctor, as expected. People tell us to get well soon and ask if they could bring anything over to make our life easier. But when we are depressed, we can’t do everything we usually do. We stay home from school or work, and they call us lazy. We see the doctor, but we tell no one. People tell us to get over it and ask if we’ve tried yoga because it really helped their sister. Some think that mental illness is only a figment in our imagination, and other think it is a personality fault. Most Americans believe mentally ill people are prone to violent outbreaks; they don’t know that mentally ill people are much more likely to be victims of abuse and violence than to be its cause (Harvard Medical School). Many think that if a person can smile and laugh, they are always happy. Not enough people know that one in five Americans suffer from mental illnesses, trapped in a health care system that is severely understaffed, underfunded, and under recognized by other parts of the medical community (National Alliance on Mental Illness). Americans will ask, “How are you?” and will be shocked if they get a response other than “I’m fine.” We expect people to keep their “personal” problems to themselves, mental illnesses included. Most people have mistaken ideas about mental illnesses, ideas enforced by the media—misinformation spread over decades of assumptions and poorly conducted research.

My own father, an Ivy-educated physician, has told me that I am overreacting, that I have to suck it up, that if I don’t get my shit together I will end up working at McDonalds for the rest of my life. He told me this after I started therapy and medication, after I was diagnosed with severe clinical depression and an anxiety disorder. This is the same man, my father, who told me I was looking very healthy lately when I lost more than 20 pounds—20 pounds I didn’t have to lose—over the first three months of junior year in high school because I had stopped eating. Too stressed and too depressed to be hungry, I was wasting away in front of him, and he praised me for looking fit. He wanted me to be better; he wanted to take a false indicator of health as “pro-
gress.” I could not fit his schedule then, and I cannot fit his schedule now. I do not blame my father for any of this; he is a product of his education and of his time. Though his words and actions created loose boulders on my already precarious path, I do understand that this was not his intention; I know he cares about me and my well-being. Good intentions, however, still pave the way to Hell.

Part of the problem is that medical education and research in psychology lags behind patient realities. In the scheme of medical research, the study of psychology is relatively new. Sigmund Freud only pioneered the field in the early 1900s. The subjects he studied, “like so many since, were members of their doctor’s social communities—young, educated, intelligent, affluent and not socially labeled deviant” (Michels). Those from lower social strata were not part of the early research when many core concepts were formulated, leaving a lasting class imbalance in the field. Even those who were part of the research, however, were often discredited as delusional or compulsive liars. Jeffrey M. Masson uncovered the origins of Freud’s seduction theory when he gained access to the Freud Archives. He discovered, through letters and notes, that it was when one of Freud’s patients, a daughter of a colleague, reported being molested by her father that Freud developed the theory. Its development followed the reasoning that his patient’s father was an outstanding member of society and could not, as a well-adapted adult, be capable of incest. The daughter “obviously” lusted for her father and was confused by these impulses; thus, she was driven to create a story in which her father raped her. In “actuality,” Freud posited, she seduced her father into sex. Masson revealed Freud’s faulty reasoning in a book called The Assault on Truth: Freud’s Suppression of the Seduction Theory and an article in The Atlantic. Freudian theorists retaliated, but Masson left a chink in their armor. The faulty assumptions that drove Freud’s reasoning, however, still influence many, though modern psychologists have continued to disprove his theories. His concepts of libido, repression, and neuroticism are still prevalent in our thinking about gender, sexuality, and human relationships. These outdated notions have persevered to become an unconscious part of the public psyche, ignorant of almost eight decades of work since Freud’s death.

The public stigma surrounding mental illness is made even worse by media coverage of recent events. Every white mass murderer in the last decade—James Holmes (Aurora, Colorado, 2015); Adam Lanza (Sandy Hook, Connecticut, 2012); Justin Dalton (Kalamazoo, Michigan, 2016); Seung-Hui Cho (Virginia Tech, 2007) to name a few—has been labeled mentally ill, which only leads to the assumption that the mentally ill are, by nature, violent and reclusive. We don’t venture below the surface to figure out what went wrong to cause someone to lash out in such a way. We equate mentally ill with “crazy,” and leave the explanation at that. We’ll bemoan the state of mental health for a few days, even make calls to action and demand reform, but the news cycle moves on and gets a new story. When it’s all over, and the camera trucks leave town, we, as a nation, do not remember their names, the names of victims and shooters alike. The shooters are, in fact, victims in their own way, left to rot in the cracks by society as a whole, a long time before they decided to leave home with a gun. We remember the event, but we forget the details; its memory only serves to perpetuate our awareness of a seemingly endless cycle of violence in America. Mental illness exists to society when it is convenient, when it can explain confusing events without directing the blame to a broken system that needs to be fixed. When it isn’t in immediate focus, we easily forget the problem. Once the buzz around the latest shooting or actor suicide dies down, mental illness is not a problem worth the air-time. When mental illness does not permeate every aspect of your life, it is easy to sweep under the rug of societal ignorance.

But once you have it, it is your life.

I have accepted, at this point, that I have a
long battle ahead of me. I acknowledge that my lot in life will always be one fraught with mental illness. I can persevere through whatever life throws at me. I will not, however, stand idly by and let my range of opportunities be restricted by my mental illness. I will succeed, but in doing so, I cannot let my success be at the expense of others’ well-being. I have been graced with a voice that carries; I feel compelled to use it to make the suffering silent heard. I will not accept that we who are afflicted with mental illness face restricted possibilities—solely because of the resources available to us. I refuse to stay silent about how our society stands on the sidelines, unaware of those of us who struggle. Decades of ignorance, apathy, and misinformation have left us with life-altering conditions made invisible, leaving thousands drowning in their own minds, struggling to survive. So many feel abandoned, isolated, silenced. I refuse to accept this reality as the status quo. I will be their voice, and I will make myself heard. Stories of struggle exist everywhere, but unless others hear them, they create no impetus for forward movement. Ignorance begets ignorance, until the narrative changes. I want—need to be part of the narrative of change. There are so many who have lost their fight with mental illness who can no longer tell their stories, so many more who cannot find the courage to tell their own. I tell my story, one story out of thousands, because people need to hear it. I cannot not speak for all experiences, but I can speak about my own, knowing that I can strike a chord, and maybe inspire another to do the same. I believe I am still here for a reason, although there have been more than a few nights when I had other plans. If nothing else, I am here, I am still here, to tell my story. I am here to light a candle in the darkness. I am here to fight my demons and to use what I learn to help others do the same. I am here because I have a voice. I am here to use it for as long as it takes.

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