

MENTAL DISORDER IN FICTION

“REMEMBER THAT YOU ARE WRITING A CHARACTER WHO WILL HAVE SOMETHING IN COMMON WITH YOUR READERS OR YOUR READERS’ LOVED ONES. THE WORST THING YOU CAN DO WHEN WRITING CHARACTERS IS USE STEREOTYPES”

J. J. ULM

[HTTP://ROBOTTREES.COM/POST/33718573616/5-TIPS-FOR-WRITING-CHARACTERS-WITH-MENTAL-ILLNESS](http://ROBOTTREES.COM/POST/33718573616/5-TIPS-FOR-WRITING-CHARACTERS-WITH-MENTAL-ILLNESS)

Dr Suzanne Corduroy-Twill & Dr Elizabeth Stoa-Breeder Jan 2014

MYTH BUSTER

Psychopaths are not all maniacal killers (and Norman Bates probably wasn't one)

Schizophrenia isn't split personality

Autism isn't (just) Rainman

Depressives often don't look miserable

People who commit suicide often do tell someone first

Adults with Down's Syndrome aren't happy, clappy, or child-like

JARGON BUSTER

Hallucinations: *unreal perceptions, mostly voices but may be smells or images*

Delusions: *strongly held beliefs in things that are not real*

Psychosis: *severe disorder of thinking and feeling that separates the person from reality*

THREE CLUSTERS

- **Mental health:** *treatable, remitting, comes and goes*
 - Bipolar (manic depression) – severe mood swings, highs & lows
 - Schizophrenia – disordered cognitive function, hallucinations, delusions
 - Obsessive Compulsive Disorder – crippling obsession that leads to a compulsive act
- **Personality disorder:** *origins not clear and treatment debatable*
 - Psychopathy – disorder of social relating, lack of conscience & empathy
 - Narcissism – 'It's all about me'
- **Developmental disorder:** *there from birth, lifelong, managed not treated*
 - Down's Syndrome – genetic disorder causing lifelong physical & cognitive difficulties
 - Autistic Spectrum Condition – early onset disorder of thinking style & social relating
 - Learning (Intellectual) Disability – defined as IQ of 70 or below (average is 100)



Stephen Fry



Jonny Benjamin



Temple Grandin



Sarah Gordy

How it feels

- Auditory hallucinations
 - In groups of three: Person A tells person B about their Christmas while Person C whispers comments about them in their ear.
- Delusions
 - In pairs: Person A talks about a fantastic meal they had recently to Person B who is extremely hungry. Person B can't eat because there is an alien in their stomach that will grow stronger on the food and destroy the world.
- Autistic condition
 - In pairs: Person A is telling Person B about something that happened (e.g. Christmas Day, New Year). Person B interrupts with questions about what time (exactly), how far (exactly), how many steps (exactly), how many people (exactly).
- OCD
 - In pairs: Person A reads a short story to Person B who has to count on their fingers every number that is mentioned. If they don't do it correctly, they have to go back and do it all again or planes will fall out of the sky and people will die.

FINAL THOUGHTS

The set of links about 'writing characters with mental health problems', came up on the first page of a Google search. They all make the same points:

- *the mental illness is not the character,*
- *the character is a person first,*
- *everyone is different and so will be the way the illness manifests,*
- *don't make your character stereotypically evil/weak/an object of pity/an idealisation, and*
- *do your research - don't pick and mix symptoms, get them right.*

Probably if we do those things, the language will follow. We will show characters doing or saying things for reasons well founded in their context and not according to assumptions based on inadequate knowledge. Getting it right is important - one in four of us has or will experience a mental health problem and everyone is a potential reader. In addition to the moral consideration, that's an alienation we can do without so getting it right has to be a win-win, doesn't it?

[Links #1](#)

BIPOLAR DISORDER

- Profound mood swings – extreme highs (manic, excited, disorganised) & lows (flat, almost catatonic, unable to think)
- Grandiosity – buying an airline while on benefits, feeling invulnerable, full of ideas. Can be very creative and able to drive ideas forwards on the way up but crash and burn if they reach the peak
- Risk of death – by suicide towards but not at the bottom of the curve, or by thrill-seeking risky activity
- Most common treatment – lithium

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SCHIZOPHRENIA

- Many different classifications – most common is paranoid schizophrenia
- Experiences include – believing people are talking about you, criticising you, out to get you, that people on TV or radio are speaking to you, that messages are coming through the electricity sockets, that your thoughts are public & everyone can hear them, that your body is inhabited by supernatural entities, beetles, aliens.
- Most common treatment – chlorpromazine or a derivative but see also the [Hearing Voices Network](#)
- Jonny Benjamin's videos - Jonny Benjamin: http://www.youtube.com/watch?v=M3_hny4GFIY 3 minute film
- Jonny Benjamin: <http://www.youtube.com/user/johnjusthuman> documentary 24 minutes

OCD

- An unshakeable belief that something bad will happen if a particular ritual is not carried out
- People know it isn't true but find it hard to resist
- Related to superstition. One example of a relationship between the belief, failing to do the ritual, and a negative outcome is sufficient
- Most common expressions are hand washing, touching items in order, checking (gas, doors, switches), not touching items such as door handles (germs), ritualised hair combing
- Distressing & incapacitating & people want to be rid of it
- Most common treatment – medication + cognitive behaviour therapy (CBT)
- Video from [OCD-UK](#)

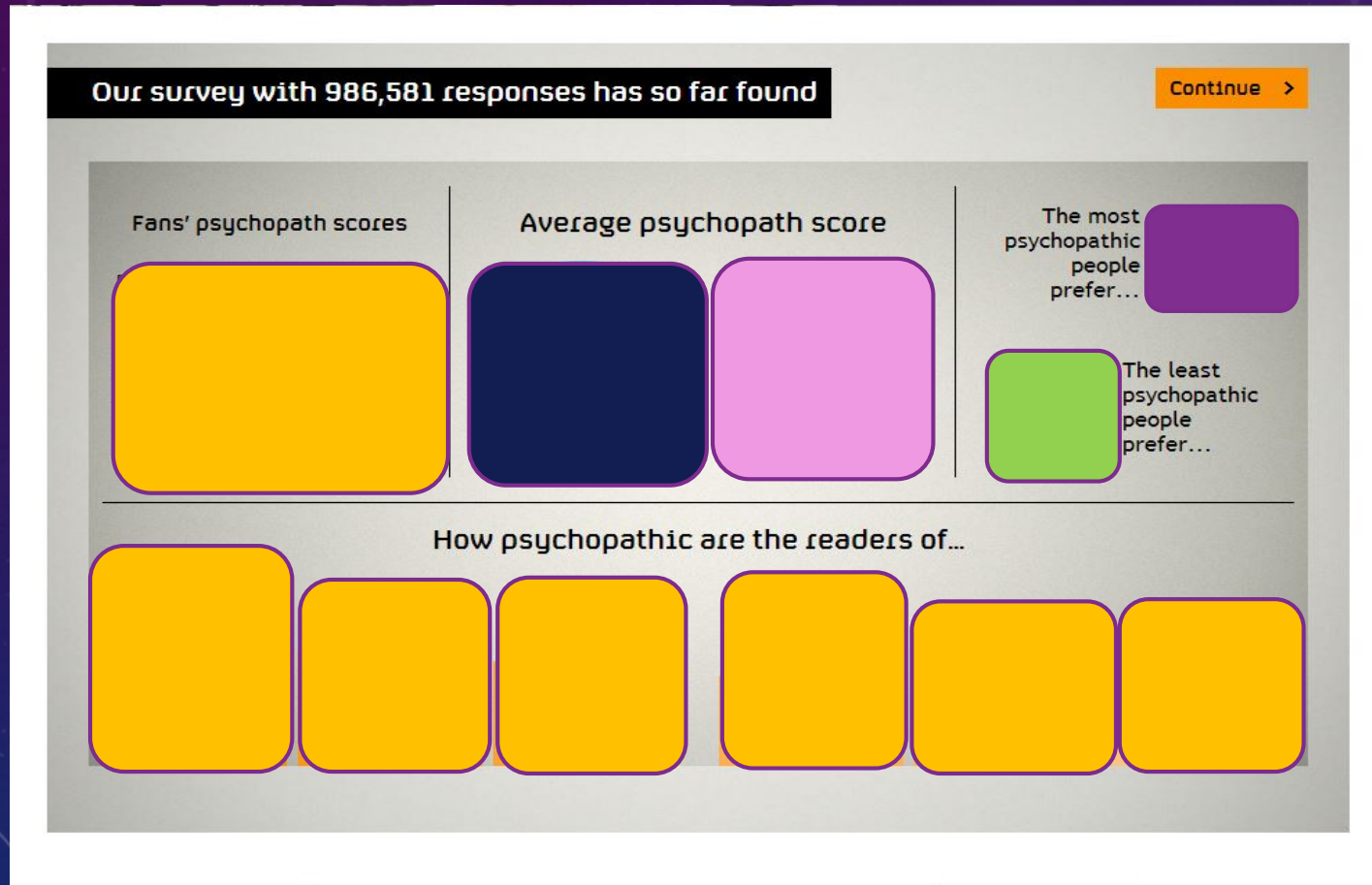
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PSYCHOPATHY

- A wide spectrum of expression – from cold, calculating killers through ruthless empire builders in business and successful entrepreneurs, to office wheeler-dealers who leave chaos in their wake
- Charming, convincing, calculating, self-interested, lying, risk-taking lone wolves. Perceive victims as being to blame for what happens to them, enjoy cruelty, lack empathy but know how to manipulate people's emotions. Easily bored, need to be in control & admired for cleverness
- Often manifests in childhood with a triad of disorders – cruelty to animals, fire setting, bed wetting
- May be genetic but seems to require exposure to violence or abuse in childhood for full expression
- Distinguished from Narcissism by lack of concern for what others think
- No treatment although CBT & psychotherapy both tried
- Best reference – Robert Hare's [*Without Conscience*](#)
- Population statistics – [a 'quick and dirty' survey by Channel 4](#)

[Ch4 profiles](#)

PSYCHOPATHY SURVEY



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From Channel 4's website [Psychopath Night](#)
Diagnostic cut-off: 62.5-75%

Narcissism

- Core signs include a need to be admired & a failure to recognise the needs or feelings of others
- Can be destructive in the face of perceived competition – your success is their failure even when it's unrelated to them
- Tend to exaggerate achievements & talents & expect to be seen as superior
- Believe they are “special” and unique and can only be understood by, or should associate with other special or high-status people.
- Sense of entitlement – hogging centre stage, ‘knowing’ more than anyone else, talking as if expert while lacking the necessary expertise
- Manipulates others for own ends but often shocked to find they have hurt people
- ‘Attention seeking’ – may include people who claim to be seriously ill or involved in high profile tragedies such as 911 (e.g. [Alicia Esteve](#))

Differences Between a Narcissist and a Psychopath:

- They may both abuse your feelings but the Narcissist will be genuinely surprised that you have feelings of your own and the psychopath genuinely couldn't care less that you do.
- Narcissists attempt to make relationships with people and are disappointed when their efforts fail. Psychopaths only make relationships with people to meet their own ends.
- Narcissists do experience feelings of attachment to others but they don't realize that others have their own feelings or thoughts about things. In this Narcissists do exhibit more warmth in how they deal with those around them (unless of course you upset one!)

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DOWN'S SYNDROME

- Once called Mongolism, people with Down's have very particular, recognisable facial features
- They also have physical difficulties such as heart & other internal defects
- Cognitive impairments are universal and relatively stable within individuals but differ widely across the population
- Used to be stereotyped as 'always happy'. Untrue but do seem to be more emotionally literate than people with similar cognitive limitations
- Lifespan in early 1900s was fewer than four years, now living to 70s
- Disproportionately vulnerable to Alzheimer's
- See [Sarah Gordy's page](#) & [TED Talk](#) for positive image

AUTISTIC SPECTRUM

- Probably present from birth but more obvious when speech emerges (or doesn't or is lost)
- Wide variety of presentations from people with no speech to others with complex speech but usually involves routines, rituals, sensitivities (to light, touch, sound, taste), a need for order, detail over 'big picture'
- Autism v Asperger's – same disorder but people with autism have no interest in relationships, those with Asperger's do but struggle to understand them.
- Empathy is lacking or impaired but differs from psychopathy by lack of insight by which to manipulate the feelings of others
- Often seen as 'geeky', interested in single topics, patterns, rather than social signals
- Savants are people with very specific exceptional skills that stand out from their other capabilities
- Affects more men than women but this might be due to under-diagnosis in women who express ASD differently
- ASD Head Honcho – [Prof Simon Baron-Cohen](#) but see also [Temple Grandin](#) and Amanda Baggs ([showing & describing her behaviour](#) and also [as she is in the virtual world, Second Life](#))

LEARNING (INTELLECTUAL) DISABILITY

- Defined clinically (and contentiously) by IQ 70 or below – the bottom 2.5% of the population
- Defined practically by a global impairment in intellectual function so that thinking, reasoning, literacy, learning, socialising, self management are all affected to a degree that means most need input from services of some kind
- Present from birth (or acquired by brain trauma/infection before age 18 when ‘the mind’ is said to have fully developed)
- Can be genetic such as Down’s Syndrome, Williams Syndrome, or due to pre birth difficulties or birth injury
- Most people were institutionalised in the previous century but these were gradually closed during the 1980s & 90s
- People who lived there were often abused, neglected, & led impoverished lives
- Most now live in the community, in specialist services or their own homes supported by organisations such as the [Grace Eyre Foundation](#) in Brighton and the [Aldingbourne Trust](#) in Chichester
- Good fiction includes [The Skallagrigg by William Horwood](#). Judge-for-yourself fiction includes [Lovely Girls](#) and [If It Ain’t Broke](#) (SCH)

WRITING

- Writing characters with mental illness: <http://robbtrees.com/post/33718573616/5-tips-for-writing-characters-with-mental-illness> web page
- Writing PTSD and other mental disorders accurately: <http://writeworld.tumblr.com/post/37760448322/writing-ptsd-and-other-mental-disorders-accurately> web page
- Writing characters with mental illness – motivation and the empathic lens: <http://writingstrange.wordpress.com/2013/03/21/writing-characters-with-mental-illness-part-1-motivation-and-the-empathic-lens/> web page
- The character is not the disorder: <http://whataboutwriting.tumblr.com/post/58633378836/mental-illness-the-character-is-not-their-disorder> web page
- How to use mental illness in your writing: <http://fantasy-faction.com/2012/how-to-use-mental-illness-in-your-writing> web page
- Writing characters with mental illness: <http://larissaniec.com/main/mental-illness/writing-characters-with-mental-illness> web page
- Time to Change (mental health charity) media advisory centre: <http://www.time-to-change.org.uk/media-centre/media-advisory-service/soaps-dramas> web page
- Charles Fernyhough, psychologist & fiction writer: <http://www.theguardian.com/books/2005/oct/15/scienceandnature.society> The mind and fiction, news article
- Lovely Girls – short story <http://thispersonalspace.wordpress.com/2013/09/21/lovely-girls/> Web page
- If it Ain't Broke – flash fiction <http://thispersonalspace.wordpress.com/2012/05/20/if-it-aint-broke/> Web page
- Rachel Cohen-Rottenberg, Doing Social Justice: Thoughts on Ableist Language and Why It Matters: <http://www.disabilityandrepresentation.com/2013/09/14/ableist-language/> blog page – see also well-argued comments

ARTICLES & WEB PAGES

- Oliver James, Why your boss could easily be a psychopath: <http://www.telegraph.co.uk/news/newstoppers/howaboutthat/9828914/Why-your-boss-could-easily-be-a-psychopath.html> News article
- The Hearing Voices Network: <http://www.hearing-voices.org/> Web page
- Robert Hare, 'Without Conscience': http://www.amazon.co.uk/Without-Conscience-Disturbing-World-Psychopaths/dp/1572304510/ref=sr_1_1?s=books&ie=UTF8&qid=1388487632&sr=1-1&keywords=%27without+conscience%27 Easy to read book. **Publisher:** Guilford Press (6 May 1999), **ISBN-10:** 9781572304512
- Channel 4's Psychopath Night: <http://www.channel4.com/programmes/psychopath-night> Web page
- Alicia Esteve – the 911 fake survivor: http://en.wikipedia.org/wiki/Alicia_Esteve Head Web page
- Prof Simon Baron-Cohen: http://www.autismresearchcentre.com/people_baron-cohen Autism Research Centre web page
- Grace Eyre Foundation: <http://www.grace-eyre.org/> Web page
- Aldingbourne Trust: <http://www.aldingbournetrust.co.uk/> Web page
- OCD-UK: <http://www.ocduk.org/>
- MIND – schizophrenia: <http://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/#.Usa-gfRdXNk>
- MIND – OCD: [http://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-\(ocd\)/#.UsbCRPRdXNk](http://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-(ocd)/#.UsbCRPRdXNk)
- Learning Disability – NHS-Choices: <http://www.nhs.uk/Livewell/Childrenwithlearningdisability/Pages/Whatislearningdisability.aspx>

VIDEOS & BOOKS

- Liane Holliday Willey: <http://www.aspie.com/> 'Pretending to be Normal': http://www.amazon.co.uk/Pretending-Normal-Living-Aspergers-Syndrome/dp/1853027499/ref=sr_1_1?s=books&ie=UTF8&qid=1388498345&sr=1-1&keywords=pretending+to+be+normal an autobiography of Asperger's syndrome. Jessica Kingsley Publishers Ltd; 1 edition (1 May 1999) ISBN: 1853027499
- William Horwood, 'Skallagrigg': http://www.amazon.co.uk/Skallagrigg-William-Horwood/dp/0140072063/ref=sr_1_1?s=books&ie=UTF8&qid=1388498422&sr=1-1&keywords=skallagrigg Novel. **Publisher:** Penguin Books Ltd; New edition edition (7 April 1988), **ISBN-10:** 0140072063
- Amanda Baggs – severely autistic, describing her behaviours & communications <http://www.youtube.com/watch?v=JnylM1hI2jc> and how she built & uses her avatar in Second Life <http://www.youtube.com/watch?v=pmTXGQ2BhUA> Videos
- Temple Grandin – TED Talk http://www.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds.html Video
- Sara Gordy, actor - homepage <http://www.sarahgordy.com/>, and TED Talk <http://www.youtube.com/watch?v=R47mjhJvRs> Videos