Section on Person-centered Clinical Care

## Person-centered medicine from deep inside: personal reflections of my depression and recovery

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I myself have suffered from serious mental illness. This is my story of suffering and recovery. In the year of 2006, I volunteered as a Face of Mental Illness Awareness Week, a Canada wide anti-stigma public service campaign organized—in part—by the Canadian Psychiatric Association [1]. I voluntarily chose to do this public service to fight against the stigma of mental illness. This stigma against illnesses of the mind/brain are the result of both internal stigma (self-stigma), and external stigma (social stigma [2]) and both types of stigma are especially strong in the field of medicine [3].

It is very difficult to know how to describe how depression really feels. So I'll try to get some much needed assistance from the author Franz Kafka [4]; the painter Salvador Dali; and by using the lyrics of the Beatle John Lennon [5].

A student taking a science degree in college I suffered from what is sometimes called double depression. For a while I functioned fairly well externally: meaning only that I could put one foot in front of other and wasn't actually flunking out. I did not realize at the time that I was suffering a serious combination of two depressive disorders. I was unlucky enough to be afflicted with a newly diagnosed case of major depressive disorder, yet also—in addition to this very unwelcomed bio-psych-brain condition—I was also suffering a preexisting—more chronic depressive condition called dysthymia. It was not quite a second dose of destructive depressive despair, but it sure felt that way. So I went from feeling weird and crappy to feeling very much worse.

At times I felt I was mentally falling apart. This strange impression was due to the unfortunate fact that I was, indeed—in a sense—falling apart inside. I became increasingly socially anxious, developed progressively more and more alienation and, little by little, withdrew from most social contact. To simply say that I was excessively 'self-conscious' and that I had a problem with a 'negative self image' and leave the explanation at that—would be to use horribly ludicrous hyperbole.

In point of fact I actually had a horrendously sadistic relentlessly self punishing self image. To say I hated aspects of myself is, a huge understatement. I had an enormously exaggerated sense of my own social, academic, intellectual and physical imperfections.

As it is often said: it is very difficult to know how to accurately describe how depression actually feels. In this case the cliché is absolutely correct: it is simply not possible to adequately describe the experience of depression in mere words. For this reason I have decided to use some visual images to communicate where words plainly fail. My life was like living inside a Dali painting. Dali is rightly regarded as a first class artistic genius and his paintings are highly treasured. Nevertheless, even hard-core aficionados would balk at actually being an inhabitant 'in' Dali's strange surrealistic landscapes!

Not only was the world around me perceived as exceedingly dangerous; but also my own self was seen as horribly dangerously alien. I did suffer from some acne, nevertheless I progressed to being overly and intensely ashamed of my acne—which was objectively never really that bad. I progressed to a psychologically distorted cognition, where I didn't simply have a bad case of pimples—(even huge ridiculously embarrassing pimples): but rather I had a (non-psychotic) belief that I was a bad case of acne. Indeed I saw myself as a huge walking and sometimes

talking pimple. It's bad enough for a person's self-esteem and self-confidence to have a bad case of acne, on the other hand, it's a quantum jump of shame and embarrassment to actual be a 'giant walking pimple'.

At times I felt like the central character in Franz Kafka's novel: The metamorphosis—I felt like a bizarre awkward giant insect in a world of human beings.

In his very popular album 'Imagine', John Lennon sang these memorable lines: "You can wear a collar and a tie, one thing you can't hide, is when you're crippled inside." And this is surely how my life often felt to me. I felt like a giant insect in a suit and tie.

Nevertheless, when around my family I was able to fake some sort of passing performance of mental health. Basically to do so I simply kept my mouth tightly shut, and basically that was enough to convince them that I was ok. Nevertheless, internally I was increasingly hopeless, intensely anxious and filled with a profound and hostile self-loathing.

And then my depression got worse.

I suffered huge harrowing pangs of emotional pain; I felt I was the outsider, the alien, the freak, the weirdo. I was in almost constant psychological turmoil. For me depression was like an endless and relentless burning of my mind. I felt my brain was on fire. Eventually that feeling of burning alive was completely consuming. At that point I started thinking of suicide. I felt almost constant mental torture: day by da

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It was not so much that living was painful, it is more correct to say that living was pure pain. For most people the words: 'Living', 'Life', and being 'Alive' when heard or contemplated lead logically to at least some positive emotional associations. These words bring with them some positive connotations of: physical health, positive enjoyment, connection and friendship, and various pleasurable and meaningful activities. Yet for me these words were by some means translated by the deeply distorted neuronal lexicon buried in my disordered brain (in it's profoundly depression state) as: 'Living' = 'Burning alive'; 'Life' = 'Endless suffering'; 'Alive' = 'living hell'. These feelings went on for many agonizing months with only an occasional brief mirage-like oasis of relief. Eventually there was no oasis and no emotional relief at all.

And then my depression got even worse.

I went from thinking of suicide to carefully planning my desperate escape from life by any means. To escape the endless torture, I made a truly serious suicide attempt by taking a very large overdose of muscle relaxant pills. I took enough pills to kill myself. I was admitted to hospital in a coma, yet I was quickly helped by medical and psychiatric treatment.

After being discharged from hospital, I immediately entered individual psychotherapy and also took part in group psychotherapy. I soon returned to college and resumed my previous academic life. At first I was still very shaky but at least I was much less depressed.

The pimple (that was me) had been popped, the contents drained. That fulminating abscess excised, opened, drained and cleaned. My damaged psyche, had been somewhat renewed, and definitely rejuvenated, and although certainly not yet entirely restored, at least was on the way in a positive healing direction.

A few months after I attempted suicide I got into university—a bachelors of science program. I had a new more hopeful attitude—and although I would need many more years of psychotherapy, I was substantially better and on my way in life. I have not suffered from depressive disorder for over twenty-five years. I am so lucky to have survived, I came close to not making it.

I am now a physician and medical psychotherapist who treats patients (including fellow physicians) suffering from clinical depression and other emotional disorders. I believe my own experience of severe depression has helped me identify with, and have extra empathy for these victims. I have also been keenly motivated—because of my own traumatic emotional experiences—to help educate the public and decrease the stigma experienced by others who have also been afflicted by mental illness.

In medical training and practice the stigma of mental illness is—if anything—even more of a problem than with the general public. Although physicians are taught that they are super-human beings, in actual reality physicians are,

of course: simply people. Or as the psychiatrist Harry Stack Sullivan said: "All of us are much more human than otherwise." And doctors are at least as vulnerable to mood disorders and stress as are other people.

I now have a very rewarding and successful career in clinical medicine. My work has several interesting and constructive facets including: patient care, teaching, educational development, administrative innovation, and with further learning and scholarly components as well. With the essential and much appreciated help that I received, I am so fortunate to not only have survived a severe depressive illness, but even, in many ways, to actually have thrived.

## References

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