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MENTAL ILLNESS IN FAMILY MEMOIRS: AN INTERDISCIPLINARY STUDY
EXAMINING THE RELATIONSHIP BETWEEN MENTALLY ILL PARENTS AND THEIR
CHILDREN

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Abstract

This project explores the relationship between mentally ill parents and their children in the memoir form. These family memoirs offer insights into the effects of mentally ill parents on their children. The family memoirs of three famous twentieth century writers are studied to analyze the effects of mental illness in the written form, because a wide majority of the population does not have the privilege or skills to write about events effectively. Further psychological research also demonstrates how the coping mechanisms that children of mentally ill parents employ impact their development into adult life.

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Introduction

i. Memoirs and Authors

“A dysfunctional family is any family with more than one person in it.”
— Mary Karr, *The Liars' Club*

The word “memoir” is defined by the Oxford English Dictionary as “a record of events written by a person having intimate knowledge of them and based on personal observation” (*OED Online*). The history of the memoir form spans back centuries but recently gained mass popularity in the late twentieth century; shocking narratives would become instant best-sellers. The fascination with the memoir form stems from the basic human emotions of empathy and fascination; also, when reading a memoir, one is able to analyze their own suffering in comparison to the writers’. According to *Memoir: A History*, “memoir has become the central form of culture: not only the way stories are told, but the way arguments are put forth, products and properties marketed, ideas floated, acts justified, reputations constructed or salvaged” (4). In James Frey’s controversial *A Million Little Pieces*, the narrator goes through horrible ordeal after horrible ordeal. Even though Frey’s story turned out to be fiction rather than his actual experience, became a phenomenal bestseller, showing the power of what readers thought was a true experience; readers briefly escape from the struggles of their own lives and enter into the struggles of another person. In this aspect, memoir is more powerful than fiction: one may identify with the struggles of fictional characters, but it is the memoir form that causes the largest response of empathy and self-analysis to occur.

The history of the memoir and autobiography is extensive and spans back hundreds of years. St. Augustine’s *Confessions* are widely considered the first autobiographical account of significance (Yogada 7). The trend in the general populations’ fascination with others’ lives

continued as Europe expanded into the New World and the Americas slowly developed. Mary Rowlandson's captivity narrative helped establish the foundation and stigma that surrounded Native American populations that lasted generations; Frederick Douglass' slavery narrative illuminated the horrors of slavery in the American South and was a strong motivator for the Abolitionist movement in the North. Personal accounts and essays concerning the Vietnam War arguably changed the narrative and negative stigma that surrounded soldiers and veterans upon their return to America after the Fall of Saigon.

Narratives and personal accounts can act as powerful motivators for social action and overall change in human thinking. A universal and riveting story is ubiquitous across time and era, which is why the *Narrative of the Life of Frederick Douglass* is still widely read and discussed today. Stories are the foundation of the human experience, but "true stories" cause the collective human struggle to unite and make individuals feel less isolated in their personal sagas and struggles. A person living in 2016 can read historical accounts and fictional portrayals of the Holocaust. Reading Elie Wiesel's Holocaust memoir *Night*, however, is a completely different experience: understanding that Elie Wiesel is as real as the person reading it, and that he physically suffered in a concentration camp and lived to record the tale is a humbling experience and necessary to guarantee that history does not repeat itself.

But when did people begin to use memoirs to record their mental anguish and suffering? There seems to be an aspect of naiveté and insignificance when recording mental suffering over the great anguish of physically suffering in a Nazi labor camp: after all, all humans experience sadness and grief. Essentially, what makes one writer's mental distress more pressing and urging than an ordinary person's? Furthermore, mental illness was widely misunderstood throughout

history and continues to be negatively stigmatized today. Throughout history, people with mental illness were feared and locked away in state institutions; they were barely given any rights as human beings and would never be considered credible authorities on any particular disorders.

In 1936, F. Scott Fitzgerald published “The Crack-Up” essay in *Esquire* magazine, eliciting a response of shock and disbelief from his peers and critics. His peer Ernest Hemingway calls the essay inappropriate and tells Fitzgerald to “forget [his] personal tragedy...[everyone is] bitched from the start and [Fitzgerald] especially ha[s] to hurt like hell before [he] can write seriously” (*Ernest Hemingway Selected Letters 1917-1961*, 190). The essay details Fitzgerald’s mental suffering and breakdown that occurred in the years following the publication of his massively successful novel *The Great Gatsby*. He begins the essay: “Of course all life is a process of breaking down, but the blows...don’t show their effect all at once” (Fitzgerald 1). With the publication and eventual popularity of “The Crack-Up”, however, Fitzgerald becomes one of the first writers to record his mental grief and suffering, but to explore the negative stigma that has surrounded mental illness for centuries. Fitzgerald successfully paved the way for mental illness memoirs to continue their popularity into the twenty-first century. It is now entirely possible for writers such as Kay Redfield Jamison—author of *An Unquiet Mind: Memoir of Moods and Madness*—to become “authorities” on Bipolar Disorder because of their experience and eloquent writing about it.

This project analyzes the memoir form, specifically the family memoir. Memoirs provide an extensive analysis on mentally ill parents and the impact they have on their children or other family members. Furthermore, these memoirs reveal the coping mechanisms that these family

members employ to deal with and recover from the devastating effects of mental illness.

Specifically, memoirs of the children of famous mentally ill authors will be analyzed; they are to act as a voice and representation of ideas for a population that does not have the advantage of being able to write effectively or have the resources to be published. These memoirs are also representative of different time periods throughout the twentieth century in the United States of America and make a general comment about the changing dynamics of the American family life and the different responses to mental illness throughout recent history.

The argument that this project makes is that parental or family mental illness that a child experiences has long-lasting, detrimental effects on the child's development into adulthood and could eventually lead to their own mental problems throughout life. Children also employ conscious and subconscious coping mechanisms that they use to protect themselves; in some cases, they may be effective, and the child could go on to lead a healthy, functional adult life. In others, the coping mechanisms cause the child to repress the memory of their childhood and their mentally ill parents, which would lead to detrimental effects and a non-functional adult life. Three different mentally ill writers and their families from the twentieth century are studied throughout this project: Ernest Hemingway, William Styron, and Kurt Vonnegut.

Representing the family of Ernest Hemingway is his grandson John Hemingway's memoir, *Strange Tribe*. *Strange Tribe* explores the relationship between John and his own mentally ill father, Gregory Hemingway, Ernest's youngest son; ties are also made to Ernest and explore the cyclical nature of mental illness in families and its detrimental, generational effects. William Styron's personal memoir about his 1985 psychotic breakdown, *Darkness Visible*, is studied to offer the reader a glimpse into the writer's mind and portray a more accurate depiction

of his mental illness symptoms that cannot be provided by his daughter's memoir, *Reading my Father*. Alexandra Styron's own memoir provides her coping mechanisms in relation to her father's mental illness. Finally, Mark Vonnegut's *The Eden Express* and *Just Like Someone Without Mental Illness Only More So* explores his own schizophrenia in relation to his father's quirks and oddities and will attempt to answer one final question: where can the clinical community draw the line in terms of defining mental illness symptoms? Are Kurt Vonnegut's oddities and vivid imagination mental illness or genius? Are Mark Vonnegut's schizophrenia symptoms exacerbated by his creativity or true reflections of his psychosis?

There is also an issue of "truth" that readers of the memoir form must constantly question. Who is telling this story? Do they have authority to do so? Are the events reliable or biased based on the narrator's perspective and standing in society? Since human memory is so unreliable, can memoirs actually be considered non-fiction? How likely is a typical person in the population to remember vivid conversations from their early childhood reliably? This is something that will be considered throughout the scope of this entire project. Since there is an analysis of parents written from the perspectives of their children, there will always be a strong bias present in the memoirs being analyzed, whether it is positive or negative.

Throughout this project, one must also keep in mind the fact that using these specific writers may not account for an accurate representation of mental illness in contemporary America. These writers are being used to offer the reader a general understanding of mental illness symptoms in relation to familial relationships that most ordinary people do not have the privilege, resources, or rhetorical skills to write and publish. The opinions of these writers do not

encompass the diverse experience of what it is like to be mentally ill in America and should not be interpreted as such.

ii. Background of Mental Illnesses

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (2013) will be used to refer to and reference symptoms. Throughout this entire project, one has to keep in mind that the invention of the DSM is a fairly recent addition to diagnoses in the field of abnormal psychology; people who struggled with mental illness in the early to mid-twentieth century did not have the advantage of ethical psychiatric diagnostic manuals and were often at the mercy of their medical doctors, for better or worse. However, the DSM-V is being used in this project to offer a modern analysis of these writers' symptoms that were not diagnosed properly in their respective time periods because of stigma, lack of knowledge, and/or refusal by the patient to be treated.

The mental illnesses that are explored in this project are the following: Major Depressive Disorder, Bi-Polar I Disorder, and Schizophrenia. A list of each disorders symptoms, according to the DSM-V, will be detailed in this section and briefly mentioned in each chapter; moreover, this chapter will act as a reference for the reader to refer to when each of the writers' symptoms are being discussed in detail later on.

1. Major Depressive Disorder ¹

Symptoms 1-6: Emotional/Cognitive Type of Depression

- 1) Depressed Mood
- 2) Anhedonia—The absence of pleasure/interest in usual activities
- 3) Anergia—Loss of energy
- 4) Worthlessness, guilt, self-blame
- 5) Difficulties in thinking

Symptoms 7-9: Vegetative Symptoms

- 7) Appetite Disturbance
- 8) Sleep disturbance
- 9) Psychomotor Agitation/Retardation

2. Bi-Polar I Disorder²

Presence of a manic episode along with periodic depressive episodes

Symptoms of Mania:

- 1) Elevated, expansive, or irritable mood
- 2) Inflated self-esteem
- 3) Decreased Need for Sleep
- 4) Talkativeness
- 5) Flight of Ideas
- 6) Distractibility
- 7) Increased Activity
- 8) Reckless Behavior

3. Schizophrenia²Positive Symptoms³:

- 1) Delusions
 - i. Persecution of Paranoia
 - ii. Delusions of Control & Influence
 - iii. Thought Withdrawal
 - iv. Delusions of Reference
 - v. Grandeur
- 2) Hallucinations
- 3) Disorganized Speech

¹ MDD: Overall, patient needs to display 5 out of 9 symptoms for at least 2 weeks to be diagnosed

²Bi-Polar I: Four or more symptoms of mania persistent for at least one week

³ Schizophrenia: Full symptom profile for at least one month with overall disturbance at least 6 months; person has to show at least 2 out of 5 possible symptoms

⁴“Positive” symptoms indicate that there is an “excess of a behavior”; symptoms include various forms of delusions, hallucinations, disorganized speech, and disorganized behavior.

i. Neologism

Person creates own vocabulary words, using in regular conversations, expecting people to understand

ii. Clanging

Person puts words in sentence because they sound alike or have rhythm

iii. Word Salad

iv. Disorganized or catatonic behavior

1) Stereotypy

a. Repetition of purposeless behavior

2) Catatonia

Negative Symptoms⁴:

1) Mood of Affect

1) Blunted

2) Flat

3) Inappropriate

2) Poverty of Speech or Content

3) Low Energy & Interest

iii. Link between creativity and mental illness

The clinical-psychiatric model called the Diathesis-Stress explanation provides an overall explanation for one's sudden descent into mental illness. The Diathesis-Stress explanation is one of the most comprehensive clinical theories that explains a sudden onset of psychopathology; both an individual's emotional and biological state are taken into account when determining the etiological cause of mental illness. According to researchers Hilsman and Garber, two factors are needed to develop disorders such as Major Depressive Disorder and Schizophrenia: a risk factor (the diathesis) and a stress factor. In their study, depressive symptoms were predicted by the interactions of negative cognitions with stressors; participants who "reported a negative explanatory style or lack of control and competence" expressed more

⁴ "Negative Symptoms" indicate there the patient is displaying a removal of a certain behavior; these include a blunted, flat or inappropriate mood, poverty of speech, and low energy and interest in life activities

distress after experiencing negative events, indicating that a stressor in one's environment can act as a trigger for various psychopathologies (Hillsman 3).

According to "The Fragility of the Artist: Art's Precarious Triad", Maja Djikic links the relationship between an artist's natural sensitivity and perceptive personality traits to a vulnerability to mental illness that the rest of the population may not share. For example, she defines that most successful artists will possess distinct characteristics of Paul Costa and Robert McCrae's Big Five personality traits, which include Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience (Costa and McCrae 6). Specifically, artists will have possess the traits of Neuroticism according to their Big Five explanation: "High neuroticism is characterized by the tendency to experience unpleasant emotions, such as anger, anxiety, depression, [and] vulnerability" (Costa and McCrae 8). If an individual possesses traits of being a "High Neurotic", they will also view the world with a highly sensitive lens, blurring the lens between "anger, anxiety, depression, [and] vulnerability," and simply being a sensitive, perceptive individual.

Djikic understands the connection between Neuroticism and Sensitivity in the case of the artist: "one can see that there is likely to be an association between artistic compulsion in the exploration and experience of the world..." (286). The same factors that may lead to the creation of art (sensitivity, artistic compulsion, and lack of self-deception) are behaviors and personality traits that also may lead to mental illness if not properly understood or fostered. In many cases, the "artist's sensitivity" may very well be undiagnosed mental illness that the artist may use to their advantage to create meaningful art. The factors that Djikic names are traits and behaviors that are genetic and biological factors more than they are environmental factors: simply being

born a sensitive, perceptive, and creative individual may act as a risk factor in terms of the clinical diathesis-stress model.

In all fictional pieces, it is evident that most writers are sensitive and perceptive individuals based on the metaphorical and poetic language that are typically used throughout a novel to describe the people and settings that surround them. Djikic correctly states that while a scientist objectively studies the laws of the world, artists subjectively study the laws of human nature (288). The metaphors that authors use to try and understand the world support the idea that they may not necessarily observe the world around them concretely and objectively; places and people do not exist as they simply are but exist based on potentially distorted worldviews. An example of a piece of writing that blurs the lines between truth and fiction is Sylvia Plath's novel *The Bell Jar*. In *The Bell Jar*, it is evident that narrator Esther Greenwood is a sensitive and perceptive individual based on the metaphorical and poetic language that she uses throughout the novel to describe the people and settings that surround her. The metaphors that Greenwood uses to try and understand the world support the idea that she does not see the world concretely and objectively; places and people do not exist as they simply are but exist based on her distorted worldview. In the novel's exposition, for example, Greenwood describes summer in New York so that the readers are not only able to see it in their minds, but experience it as coherently as Greenwood does: "By nine in the morning the fake, country-wet freshness that somehow seeped in overnight evaporated like the tail end of a sweet dream" (Plath 1). The poetic and metaphorical imagery observed throughout the narrative comment on the narrator's skill as an able and advanced writer and artist.

Memoirs also often blur the lines between non-fiction and fiction; writers employ fictional techniques to tell their stories and create more effective language than traditional nonfictional pieces of writing. Throughout this project, one must keep in mind the clinical diathesis-stress model when mental illnesses are being discussed; there are a variety of environmental and genetic factors that may lead to the onset of mental illness in an individual, especially in the case of a sudden onset late in life. Furthermore, all of the authors being analyzed are highly creative individuals, more prone to mental illness and psychopathology than a majority of the general population, as is suggested by clinical researchers such as Hillsman and Djikic.

The Hemingway Family: *Strange Tribe*

“Families have many ways of being dangerous.”

-Ernest Hemingway, *A Moveable Feast*

Ernest Hemingway’s reputation and personality is interwoven throughout his literature and has even become embedded in American history and culture. Hemingway is widely regarded as the stereotype of a *man’s man*: brawn, lover of all things masculine who writes using tight, lean prose. The themes of his novels and stories often support these stereotypes: they often feature mostly male protagonists who take pride in their masculinity and often have trouble understanding the motives of females. Ernest Hemingway’s personal views of masculinity are accounted for in a letter written to F. Scott Fitzgerald on July 1, 1925 in Matthew J. Buccoli’s book *Fitzgerald and Hemingway: A Dangerous Friendship*. It is called the “Masculinity Letter” by critics because it sets up clear distinctions between what Hemingway considered to be masculine and feminine. After a brief description about his recent activity and his wanderings of the French countryside, Hemingway says: “[heaven would be] a big bull ring, holding two barrera seats and a trout steam outside that no one else was allowed to fish in [and] two lovely houses, one where [he] would have [his] wife and children and be monogamous...[the other house] would have nine beautiful wives...” (Buccoli 29).

A fact less widely known about Hemingway was his experience with Major Depressive Disorder. Throughout his adult life, he faced numerous “black-ass periods”, where he was unable to write or function socially or intellectually. Furthermore, the genetics of mental illness and depression are often synonymous with the Hemingway surname. Ernest was born on July 21, 1899 to Dr. and Mrs. Clarence Hemingway. Ernest’s father suffered from unpredictable and dramatic mood swings characterized by episodes of depression and irritability. In December of

1928, Clarence Hemingway faced extreme financial burdens, a host of physical ailments, and was in the midst of a debilitating depression; he ended his life with a gunshot to the head. Similarly to Gregory Hemingway, Ernest's son, it is speculated that Clarence Hemingway suffered from Bi-Polar I Disorder and was never properly diagnosed. Grace and Leicester, Ernest's mother and uncle, suffered from extreme "nerves", but were also never properly diagnosed (Martin 52).

The family legacy of mental suffering extends into several generations of Hemingways. Ernest's son, Gregory, was Bi-Polar and dealt with Substance Use Disorder. His granddaughter, Lorraine, also suffered from Substance Use Disorder and almost took her life because of her alcoholism, an experience eloquently detailed in her own memoir *Walk On Water*. The rate of suicide in the Hemingway family is startling: Hemingway's father Clarence, uncle Leicester, sibling Ursula, and granddaughter Margaux have all committed suicide. Suicidal ideation was also prevalent throughout Ernest's lifetime. In a letter to his friend Gertrude Stein in 1923, he wrote that he "understood for the first time how men can commit suicide simply because of too many things in business piling up ahead of them that they can't get through" (Martin 358). Ernest Hemingway passed on the genetics for mental illness, including his father's alleged Bi-Polar I disorder. Furthermore, he passed on a worldview to his children that was defined by a life-long persistent urge to kill himself.

On July 2, 1961 Ernest Hemingway shot himself to death. The implications of this act did not end as soon as he pulled the trigger; the lasting effects of his suicide left his various surviving family members haunted and blaming themselves. In John Hemingway's family memoir *Strange Tribe*, Ernest's son Greg feels the effect of his father's suicide almost two

decades later during a trip to the cinema; during a scene in a film where a man kills himself, John looks at his father Greg who has his “head in his hands, shaking his head, saying ‘No, no’ over and over” (John Hemingway 18). Instead of seeking help or some sort of therapy, Greg internalizes the pain of his father’s death, ultimately blaming himself and his own perceived inadequacies.

Throughout Greg’s life, he suffers from Bi-Polar I Disorder, alcoholism and various identity disorders, including an eventual sex change in the 1980s. There seems to be no disagreement in the clinical community that Bi-Polar Disorder is mostly a genetic disease of the brain. According to the Diathesis-Stress theory referenced in the Introduction, a variety of environmental factors may activate the disorder suddenly, but Bi-Polar is mostly understood as being inherited through genetics. Once called manic depression, Bi-Polar is categorized by an extreme shifting of moods, from an elevated and expansive mania to a debilitating depression. There are two classifications of Bi-Polar Disorder: Bi-Polar I and Bi-Polar II. In Bi-Polar I, the patient must experience an episode of mania; the disease is typically categorized by an influx of mania and depression. Popular culture, however, has portrayed this “influx” as being immediate, but mania can last for a number of weeks. Bi-Polar II Disorder is similar but instead requires the presence of Hypomania—a low-grade expression of full-blown mania—and at least one Major Depressive episode. Hypomania is, in fact, quite manageable, and many that experience it often lead healthy and (very) productive lives.

According to the DSM-V, Bi-Polar I is marked by symptoms of a Manic Episode in conjunction with a depressive episode; while there is no set amount of time that these episodes last, it was understood that there is a manic-depressive influx. However, for the condition to be

diagnosed, the patient must display four or more symptoms of mania that are persistent for at least one week. The patient must also experience impairment in their daily lives and social relationships. Greg's specific mania is defined by grandiosity, elevated, expansive, or irritable mood, decreased need for sleep, talkativeness, flight of ideas, Increased Activity, reckless behavior, Sexual behavior and irresponsible buying sprees. These instances of mania last from a few days to a few months and often destroy his family, social and financial aspects of his life (DSM-V).

According to John, in the manic phase, Greg "act[s] irrationally, thinking only of himself" (211). He also is unable to remember things that he said or did; when John meets with Greg in 1975, Greg is unable to remember anything because his treatment is "frying his brains". However, Greg does not remember that in his manic phase he buys John a boat (84). When John visits his father after his return to the United States from Italy, he describes the chaotic state of his appearance and living quarters in vivid detail: "[the carpet] had not been cleaned in months...[it was] engrained with crumbs and hamburger patties...[there were] stains on all of his clothes" (70).

Greg also experiences inflated self-esteem, verging on grandiosity. When John and Greg pick up John's long-time girlfriend from Canada, Greg makes several attempts to flirt with her and steal her away from his son: "Greg had decided, whether genuinely or not [to provoke John]...to start courting her with roses" (55). During the trip, Greg loses touch with reality and displays increasingly abnormal behavior. On their frequent stops, he begins acting aggressive, walking around without a shirt, and provokes strangers in an attempt to fight them. Greg's Bi-Polar symptoms also sets up the theme of possessing "two inner selves" that are fighting to take

over one's life; on the surface, Greg acts as a typical male throughout his life and tries to live up to his father's "machoism" standards; internally, however, he identifies with being a female. His sex change and lack of secure gender identity acts as a parallel to his mental illness; on the surface, he may appear as a functioning member of society, but internally he is dealing with mania and depression that generally define his outlook on life.

Greg's Major Depressive Disorder is treated by Electroconvulsive Therapy, or more commonly known as "shock treatment". This controversial treatment was used throughout the twentieth century to treat various forms of mental illness and depression. Until recent ethical additions regulated by the American Psychological Association, shock treatment was typically dangerous to perform and resulted in long-term memory loss, a worsening of symptoms, or losing cognitive functioning altogether. Popular culture and films such as *Girl, Interrupted* and *One Flew Over the Cuckoo's Nest* may exaggerate the negative effects of shock treatment, but the importance of its various side effects must be noted: the loss of memory would be devastating to any sort of artist. With all forms of creative acts there is a reliance on memory, whether the memories are of (good or bad) childhood events, historical dates or events, or even what one's hometown or favorite vacation spot looked like.

The side effects of shock treatment were written about as recently as 1999 in *The New York Times* in an article by Andy Berhman called "Electroboy: He was hooked, switched on, blissed out". Berhman recounts the devastating memory loss that took place following his shock treatments: "[there are] huge gaps in memory...[he] avoid[s] friends and neighbors because [he cannot] remember their names" (Berhman 2). In Ernest Hemingway's case, his experience with shock treatment was arguably his downfall: many scholars agree that the lapses in his memory

rendered him a useless writer, exacerbated his depression, and led to his suicide. Gregory Hemingway had a similar experience with shock treatment: his specific treatment was successful in ameliorating his depressive symptoms, but he could not function at work as a medical doctor due to the lapses in his memory. In the end, his mania symptoms ended up being exacerbated because of the ECT treatments, furthering a cycle of mania and crashing that could not be treated.

John also explores the complexity of gender identity and sexuality in the Hemingway family in relation to Greg's Gender Dysphoria. Greg reveals that "wearing nylons" calms him down, and it is important to feel good when "dealing with manic depression" (52). Crossdressing and Greg's eventual sex change operation are to be understood as a coping mechanism rather than a pathology. Greg still exemplifies symptoms of the DSM-V's definition of Gender Dysphoria Disorder: the patient experiences significant impairment and subjective distress because there is a mismatch between their gender and biological sex. However, Greg's eventual operation results in a lessening of his depressive symptoms because he is able to live as the gender he was supposed to be born as⁵. Before his operation, Greg seeks comfort as a cross-dresser, but he is repeatedly arrested because of his antics in socially conservative Montana.

To understand how mental illness has impacted John, one must understand the pathology of his father, Gregory. When discussing the Hemingway family history, John provides some background about Ernest's second wife, Pauline Pfeiffer (who is Greg's mother). For example,

⁵ The writer is very sensitive to issues surrounding the use of pronouns and gender and hopes to avoid offending any readers. For convenience of this paper and to avoid confusion in any reader's understanding of the issues presented, Greg will be continued to be referred to in the masculine pronoun because most of his life and symptoms occur when most of the world thought of him as a male.

John describes his grandmother Pauline as “never really claiming [Greg] as a son... [she had] no maternal instincts at all...” (Hemingway 19) Pauline would constantly refer to Greg as a “horrid little child” and not provide him with any sort of love that would meet his emotional needs (20). Greg was raised by the family governess, Ada, who was a cruel alcoholic who emotionally abused him. Greg’s commitment and attachment issues that surface later in his life are seen at a very young age and, according to John, are mostly attributed to the neglect of his parents and the abuse of Ada: “His childhood fear of being abandoned never left him...he married four times, and with each divorce he [was reminded] that he had no one to depend on.” (33) Furthermore, when Pauline was pregnant with Greg, both her and Ernest longed for a baby girl; instead, Greg was born, and he was constantly reminded that he was supposed to be born a girl rather than a boy, an important fact to remember when analyzing his sex-change operation later in his life.

The cyclical nature of mental illness can be observed in John’s own upbringing through both his schizophrenic mother, Alice, and his bi-polar father. John’s childhood, he notices, is similar to his father’s. Although John’s childhood was more secure than Greg’s, he remembers his parents’ marriage falling apart at a very young age. Furthermore, Alice’s schizophrenia defines a majority of his childhood: “in [his mother’s] schizophrenic paranoia, the neighbors were always ‘out to get them’ and they moved from place to place.” (40) After Greg and Alice divorce, she suffers nervous breakdowns that define her life and symptoms. John remembers her nervous breakdowns occurring every few years, and were often dealing with subjects that were not grounded in reality and led to hospitalizations and electroconvulsive therapy treatments.

Although John accurately understands his mother's symptoms as a "chemical imbalance in her brain" that needed medication in order for her to function in society, Alice was in love with her "'creative voices'...and were a source of entertainment and protection from the outside world" (43). Alice's mental illness acts as an opposing point to Greg's mental illness; instead of fighting the symptoms and trying to heal, Alice gives in to her symptoms when John is very young. Throughout the rest of her life, Alice lives in the false protection of her imbalanced mind and is unable to cope with the cruel hardships of reality. John distinguishes the differences between his mother and his father; instead of giving in to his suicide temptations like Ernest did, Greg would say that "courage is under pressure" and refers to his father's suicide as the "family exit" (212). Alice does not end her life by suicide, but she embarks on a comparable "family exit" that her father-in-law Ernest does; she is still alive, but embraces her schizophrenic symptoms rather than fighting them and is unable to live in reality.

Strange Tribe exemplifies the devastating long-term effects of parental mental illness on various family members. The cyclical nature of these events is seen across generations, and eventually deals with John disavowing his family and moving across the world to escape them. In 1983, he moves to Italy in hopes to become a writer and translator, but is ashamed of his surname. John also spends years avoiding his father's mental illness rather than confronting it. However, *Strange Tribe* also proves that family's gravitational pull is strong, and the only way to deal with mentally ill family members is to confront them and embrace their illnesses rather than hide or kept symptoms hidden away.

The memoir raises several key questions about the nature of mental illness. Is mental illness as an adult the result of a chemical imbalance in the brain or the result of a devastating

and abusive childhood? *Strange Tribe*, in align with the clinical community's understanding, proves that it could be a combination of both; Gregory Hemingway and John Hemingway exemplify how to understand one's inherited traits (both good and bad ones), recognize one's own "dark side" and past traumas, and confront it with various coping mechanism in order to live a healthy life. The use of writing acts as a coping mechanism that is seen throughout the Hemingway family. Ernest would combat his "black-ass" periods through extensive periods of working on his novels and short stories. John, Ernest's grandson, inherited this specific coping mechanism: *Strange Tribe* is a piece of writing that allows John to learn to accept the mental illness of his father and grandfather that preceded him. In this way, writing the memoir is a process of therapy that allows him to rise above the "Hemingway curse" and live a productive life free of psychopathology.

The Styron Family: *Darkness Visible* and *Reading my Father*

“I have learned to cry again and I think perhaps that means I am a human being again. Perhaps that at least. A piece of human being but yes, a human being.”

-William Styron, *Sophie's Choice*

In 1985, in addition to being a best-selling and prize-winning novelist, William Styron became an unofficial authority on depression. From all over the world, fans of his literary work would write to him, seeking advice on how to cure themselves of their symptoms and escape the suffocating fog of mental illness. According to his daughter Alexandra Styron in *Reading my Father*, he replied to all of the letters he received. Furthermore, he was even called to the scene when a fan of his work threatened to jump off of a New York City high rise; he arrived and talked them down of the ledge, using stories of his own experience and the comforting words of a writer to save the man's life (108).

In 1985, Styron was at the top of his literary power; recently coming off the massive success of his novels *Sophie's Choice* and *The Confessions of Nat Turner*, he was viewed as one of America's great writers during his fateful trip to Paris, France. During the trip, he experienced severe Major Depressive Disorder and even faced a psychotic breakdown, losing touch with aspects of reality. His experience is vividly described in his memoir *Darkness Visible*: “[when dealing with depression there is 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 102). When discussing depression, Styron establishes the theme of two fractured inner selves that is presented to the

world as one, unified whole: this is also a theme that was also prevalent throughout his life as both a writer and a father.

Styron's diagnosis of Major Depressive Disorder, as previously mentioned in the Introduction, is defined by the DSM-V as being persistent for at least two weeks, showing at least five symptoms, and showing impairment of subjective distress in one's social and personal life. Alexandra remembers her father's depression and psychotic breakdown vividly: "When I was upstairs to his room he was lying there, with his long gray hair all tangled and wild...[he was] not quite there..." (Alexandra Styron 223). He spends seven weeks in the psychiatric unit at Yale-New Haven and is treated with multiple Electroconvulsive Therapy, and similarly to the Hemingways, his memory and intellect are permanently compromised.

Styron's depression occurs suddenly during a trip to Paris. After the universal acclaim of his novel *Sophie's Choice*, he is invited to Paris in 1985 to receive the Prix Modical Cino del Duca, an "award given to an artist or scientist whose work reflects themes or principles of a certain humanism" (*Darkness Visible* 5). The symptoms that he displays are clearly in line with the standard Major Depressive Disorder Diagnosis. The DSM-5 defines "Anhedonia" as "an absence of pleasure/interest in usual activities" (DSM-5). When Styron first arrives in Paris, he is not "cheered by the festive occasion that [brings him] to France" (5). Another notable instance is Styron's extreme difficulty in thinking and ability to concentrate. When he receives a check for \$25,000 that accompanies the Prix Modical Cino del Duca award, he carelessly places it in his pocket and loses the entire check.

After his 1985 Paris breakdown, Styron returns to America and is placed in a psychiatric hospital for seven weeks. His treatment consists of ECT, intensive individual and group therapy

sessions. He is also given a high dose of tranquilizer to ease his insomnia symptoms. After visiting a psychiatrist, undergoing successful rounds of Electroconvulsive Therapy, and taking Styron displays his own coping mechanisms during his first breakdown and is inherited by his daughter: humor. In 1992, First Lady Barbara Bush talked about her “Moral Umbrella” in an attempt to define America’s Family life: she clearly outlined a wholesome family life that was impossible for a typical American family to replicate. Styron quickly wrote an article in reaction to her platitudes dealing with his stay in the Yale-New Haven hospital and his eccentric family’s devotion to his recovery: he argues that family morals are not what helped him recovery from his mental illness: it was the laughter and love of his family: “How delicious it is...in that chill and laughter-less place to hear sound of pure hilarity” (Styron 227).

Alexandra’s earliest memories of her father stem from her early childhood; she remembers a man who was completely devoted to his work, distant, and often drunk. One of her first memories occurred when she was four years old was a result of her father’s neglect. Her traumatic head injury occurred while her father was upstairs napping; she remembers that “Father’s tempestuous spirit rules family’s private life” (*Reading My Father* 5). Furthermore, there was also an unspoken rule in the Styron family about William’s work: Don’t Ask Daddy About His Work. Alexandra remembers that her father would spend years on a novel without any definable results; he was a slow writer, and each day he would only write a few words or sentences. His massive novel, *Sophie’s Choice*, took years to write as his family was neglected and subsequently suffered in terms of being fed and properly nurtured.

Alexandra rationalized her father’s neglect as a solitary figure with a “rich, inner life” (Styron 120). Styron’s neglectful early relationship with his own mother, Pauline, defined a lot

of his outlook in life: “There was an edge of fear to his perspective...and [there was] no one to share it with...” (121). A permanent feeling of isolation was instilled in Styron as a child and was replicated across various situations of his adult life and his literary work. Furthermore when he joined the military, he was able to add isolation and trauma as a main theme in his literary works. These are also the themes of his family life: as a writer, he isolated himself all day from his family; the result was trauma, neglect, and the eventual disintegration of his home life. Marriage to his wife Rose was often filled with loud arguments, extreme dissent, and threats at divorce. While Styron hid all day in his study, Rose was absent and never around, travelling and writing poetry, leaving children to essentially raise themselves.

Alexandra was forced to raise herself; the rich, inner life that she defined as her father’s inspiration was also inherited through her childhood of neglect. For example, since there were not authority figures around, she watched hours of television until her mind “melted and numbed” (179). She only ate junk food; family meals were rare and reserved for special events with special, celebrity guests invited over. During these events, her parents would become marvelous hosts, talking with their guests late into the night about politics, social issues, literature and philosophy. She spends most of her childhood loving her father deeply from afar but mostly ignoring his wrath and temper. She remembers, as a young teen, her father came down from his study in a fit of rage as Alexandra was watching television and threw it outside. Later, when the television is returned by her mother, Styron has seemingly no recollection of his outburst and does not comment on the returned television.

The coping mechanisms that Alexandra incorporates are a sense of humor and unyielding resilience. The sense of humor actually creates a bond between her and her father; he appreciates

it and understands her. She identifies with being his favorite daughter because they can laugh at the same jokes and appreciate the same humor. Furthermore, she employs humor in her memoir, telling humorous anecdotes about her childhood and father; another writer would have simply stuck to the darkness part, but she uses this sense of humor to not only help her father recover from his mental illness but to help herself deal with it.

Mark Vonnegut, *The Eden Express* & *Just Like Someone Without Mental Illness Only More So*

“A sane person to an insane society must appear insane.”
-Kurt Vonnegut

In the memoir *Just Like Someone Without Mental Illness Only More So*, Mark Vonnegut recognizes that the blurred line between mental illness and creativity is directly associated with the Vonnegut surname. Similar to the Hemingways, mental illness is a characteristic that has often categorized a literary family in the public eye. Mark also recognizes that mental illness is prominent on both sides of his ancestry; essentially, mental illness is simply another genetic component that he could not escape inheriting. While discussing his ancestors' episodes with various forms of mental illness, Mark comes to terms with his own severe schizophrenia: it is an essential part of him, and no matter how hard he tries, he cannot escape its symptoms because of the family he was born in to. Mark also establishes the crucial link between creativity and mental illness in terms of having a successful, happy life: “the reason crazy and creativity go together is that if you're just plain crazy without being able to sing or dance or write good poems, no one is going to want to have babies with you” (7). According to Mark, being creative is a crucial aspect of being mentally ill.

Mark also recognizes that “craziness runs in the [Vonnegut] family” (8). For example, he can recall that his maternal grandfather “drank to keep the voices quiet”; his maternal grandmother was institutionalized and her mental illness was never talked about, hidden for years as Mark's grandparents attempted to create a quiet, normal life for themselves. Mark's paternal grandmother was a well-known drug addict who never left her home and eventually committed suicide by overdosing on drugs. Mark's famous literary father, Kurt, was never properly diagnosed and lived with severe Post-Traumatic Stress Disorder from his service in

World War Two. He lived away from society on Cape Cod and was a “proud antisocial [who] spent most of his life behind a typewriter” (Vonnegut 11).

It is debatable on whether or not Kurt’s parenting style is a contributing factor in the developmental of Mark’s severe schizophrenia in his early 20s. Mark admits that he was essentially “raised by wolves” and left to fend for himself throughout his childhood. He recounts how he had to teach himself basic hygienic rituals—such as teeth-brushing—and important social skills that his father ignored or did not care about—such as wearing proper dress attire and being able to talk with people. There were even some points throughout Mark’s childhood that flipped the parent-child relationship around and Mark was forced to teach Kurt important life lessons. For example, when Kurt attempts to make a living as a car salesman, Mark understands that his father’s erratic driving on test-drives is causing him to lose sales, a fact that should seem obvious to a well-functioning adult in society.

So is Kurt’s neglect a contributing factor to Mark’s schizophrenia? It is possible, but there is not enough conclusive evidence to support this claim. It must also be understood that Mark is describing his childhood and his father’s behavior through the advantageous lens of hindsight and recognizes that Kurt’s parenting style was a developing new norm: “[Mark] just had beautiful, slightly broken, self-absorbed parents like a lot of other people” Kurt’s neglect is not necessarily a negative reflection of his character, but comments more on a new familial dynamic that developed following World War Two. Before Kurt’s success as a writer, he raises his family in a low-income setting, forcing his children to fend for themselves while he provides for them through various jobs; Mark has to fend for himself in a world that increasingly valued

self-sufficiency and individualism. The traditional family structure of the 1950s is challenged with the Vonnegut's modernized family.

Furthermore, since Kurt and Jane's parents teaches them to internalize their authentic thoughts and feelings and not express grief or sadness, it would be impossible for Kurt or Jane to ever understand Mark's earliest symptoms. For example, when Mark is young he tells his mother that he wants to commit suicide; she does not understand the depression or his threat, and dismisses it. When Mark begins hearing voices during his first psychotic breakdown, he admits that at first he "internalize [the voices] as if they were [his] thoughts [and not abnormal]" (*The Eden Express* 157). In a cultural context, people are used to internalizing maladaptive feeling and symptoms; it is generally unacceptable to casually discuss feelings of extreme distress or psychosis in a casual setting. Kurt and Jane Vonnegut's neglect that may be a contributing factor in the development of Mark's schizophrenic symptoms is a cultural phenomenon based on the traditional way that a parent and offspring are supposed to act, not necessarily a maladaptive character trait.

In the end, Mark recognizes the profound and lasting influence that Kurt leaves behind after his death in 2007: "[Kurt gave Mark] the gift of being able to pay attention to [his] inner narration no matter what...it's better to live in a world where you can write and paint and tell a few jokes than one where you can't" (193). According to Kurt, the lines between mental illness and creativity are extremely blurred: is being a creative individual an essential component of being a mentally ill individual? Kurt Vonnegut's own life story would support the theory: he wrote his famous breakout novel, *Slaughterhouse Five*, based on his traumatic experience fighting in Europe during World War Two. There would not be *Slaughterhouse Five* without

Kurt's struggles in World War Two and his subsequent undiagnosed Post Traumatic Stress Disorder.

When Kurt became a well-known literary figure in America, Mark always lived in the shadow of his father's success. Kurt Vonnegut became a world-renowned author after the massive success of novels such as *Slaughterhouse Five* and *Breakfast of Champions*. In Mark's first memoir, *The Eden Express*, Mark writes about when he graduated college in the late 1960s from Swarthmore College, he was clearly able to distinguish that being the son of a famous writer granted him privileges in a volatile 1960s America: even after he graduated college, he avoided being drafted to fight in the Vietnam War. He was also able to make the decision to leave behind the civilized "nine to five" career job and live on a commune in the wilderness outside of Vancouver, British Columbia, living off of the land and engaging in a wide variety of recreational and illicit drugs. During his travels after university, Mark recognized the power of his name: while other fellow "hippies" disavowed their last names, Mark was always introduced with the "Vonnegut" still attached (47).

Mark actively tried to escape a life of monotony. He also wanted a life of individualism and left home in his 1965 beat up Volkswagen to live on the Vancouver commune. He rejected clearly defined norms that were expected of a recent college graduate and pursued the life of a "hippie," as many of Mark's peers chose to do in the late 1960s and early 1970s. His behavior to reject a life of materialism and comforts is not out of the norm; in fact, he clearly remembers that his parents, peers, and professors embraced his free-form mindset and encouraged him to leave society behind and travel to British Columbia. Mark remembers the revulsion against the chaos

of the assassinations of President John F. Kennedy, Martin Luther King Jr., and an escalating war in Vietnam: “sending the children naked into the woods seemed like a good idea” (28).

During his cross-country travels, Mark finds satisfaction in not being recognized as the son of Kurt Vonnegut, but a potentially drug-induced hippie who could cause locals trouble. For example, when he was pulled over and arrested outside of Pittsburgh, Pennsylvania, Mark is not granted any privileges because of his beat-up car, long hair, and generally disheveled appearance. When he is arrested for the possession of illicit drugs, he uses his imprisonment as a chance of gaining valuable experience: “a real-life experience, something to write about, [a chance to become] a good story-teller...” (33). While it is significant to note that Mark values the ability to tell a good story in the same way Kurt does for a living, he recognizes this his own experience and stories must be derived from a different life path.

Before his life on the commune, Mark is generally a healthy, functioning adult. While he rejects various norms in the society that he lives in, he does so actively based on the atrocities of the Vietnam War and other injustices in America. He does have quirks, but these quirks are clearly recognized by Mark: he understands how society views him being a hippie; he understands that the value of a Liberal Arts degree in Religion may not necessarily be valuable in a modernized America that values concrete skills. However, he is able to make his life decisions consciously and without the influence and impairment of psychopathology: he chooses to grow his hair long and object society’s norms, partly because it was the zeitgeist of the time, partly because it his own choice.

Mark was never shy about his relationship with marijuana; he smoked it profusely, especially after college and on his cross-country road trip to British Columbia. At the farm, his

drug experimentation stretched beyond marijuana and he took a variety of different pills and drugs. He remembers his relationship with drugs clearly: “I rarely admitted even to myself that I was afraid of drugs...but the drugs were always there and more tempting...” (102). As a graduate of a Liberal Arts college with a Religion degree, Mark was aware that there were ways to experience feelings of “love, beauty, and peace” without the influence of drugs. At the commune, temptation and peer-pressure triumphed, and he experienced a “bad trip” on acid: “[Mark] was shaking...crying...[and] scared” (101). According to the *clinical diathesis-stress* theory, drug use is a common explanation that explains one’s sudden onset of schizophrenic symptoms. While schizophrenia is a disease of the brain that has clear genetic components, it is fairly common that its symptoms could be dormant or be experienced without extremity for one’s entire life. A stressor in one’s environment could potentially “activate” the symptoms. Once the schizophrenic symptoms are activated, however, there is no “turning them off” without medication and potential hospitalization (Hillsman 4).

Mark’s schizophrenia symptoms are activated after his “bad trip” on acid and other experiences with various drugs. He recognizes that drugs did not affect him in the same way they did others: “It wasn’t just the psychedelics that hit [Mark] differently...[when he smokes marijuana he would] get activated and hyper...” (102). After his “bad trip”, various positive symptoms of schizophrenia are activated. As referenced in the Introduction, the symptoms of Schizophrenia are divided into Positive and Negative Symptoms. “Positive” symptoms indicate that there is an “excess of a behavior”; symptoms include various forms of delusions, hallucinations, disorganized speech, and disorganized behavior. “Negative Symptoms” indicate there the patient is displaying a removal of a certain behavior; these include a blunted, flat or

inappropriate mood, poverty of speech, and low energy and interest in life activities (DSM-V). According to the DSM-V, a patient must display a full symptom profile for at least one month with overall disturbance for at least six months; to be diagnosed, the patient must display at least two out of five possible schizophrenic symptoms. The patient must also display an impaired social or occupational functioning in their lives.

Mark begins hearing voices soon after his drug experimentation, one of the most prominent forms of hallucination that schizophrenic patients experience: “the voices [were] very clear...[Mark realizes] that they have always been there” (157). As the disease progresses, the voices develop into different personalities; he grows so distant from reality that he names them and begins to speak back to them; he names one Virginia, after his girlfriend, and eventually is not able to distinguish that actual Virginia from the voice hallucination Virginia. Mark also experiences extremely disorganized behavior during his first psychotic break: “[Mark was] moaning, screaming, smashing things” (164). He also endures severe insomnia and is not able to speak coherently. He also creates his own “neologisms”, which are created, nonsensical words and phrases that a schizophrenic patient uses in regular conversations, expecting people to understand. In total, at its peak in severity, Mark’s schizophrenia is made up of all four positive symptoms: he hears voices that are not present (hallucinations); he is extremely paranoid and believes the voices and his friends are conspiring against him (delusions); he has a rambling, disjointed quality in all of his speech and creates his own words and phrases (disorganized speech), and his behavior is aggressive and wild (disorganized behavior).

Mark’s story differs from Gregory Hemingway’s and William Styron’s: he is able to live a fairly productive life as a pediatrician. While he has experienced a symptom reduction, he has

always learned to rationally explain his more severe schizophrenic symptoms (delusions and hallucinations) by having the support of his loved ones understand and be aware of the symptoms. Also, he has the advantage of living in a world with access to resources that is able to treat his schizophrenia with the latest medicine and technology. Mark is also a medical doctor, so he has a vast knowledge of various abnormalities of the brain that cause his abnormal behavior: he has the abilities of a scientist and writer, while Hemingway and Styron mainly viewed the world from an artists' lens. In the early twentieth century, the only effective cure for Major Depressive Disorder that doctors deemed effective was Electroconvulsive Therapy. Even in the late 1980s, William Styron did not have access to the knowledge and resources that Mark does in the twenty-first century.

Vonnegut's coping mechanisms also differ from John Hemingway's and Alexandra Stryon's based on his life circumstance. While Kurt Vonnegut was never diagnosed with a mental illness, he arguably suffered from Post-Traumatic Stress Disorder and developed various personality disorders that led him away from other people to a life of isolation. This raises various questions about the nature of reality and the severity of Mark's symptoms. Where can the clinical community draw the line between mental illness and simply having quirks or being considered "odd" by society? Mark is encouraged by an emerging counterculture to defy authority figures and carve one's own path; he does so, and attempts to leave behind society after college to try and "live off of the land" (8). When making a diagnoses, one must also keep in mind the difference between mental illness symptoms and an eccentric person in different cultures when making a diagnoses or judgement.

There are many cases of normally-functioning people in a society choosing to give up their worldly possessions and become homeless. In the book biographical *The Man Who Quit Money*, Daniel Suelo is a man who lives in contemporary America, does not have a home, and does not carry around any money or personal belongings, only relying on nature and the goodwill of others. Is Suelo mentally ill because he rejects his social norms and is displaying behaviors that are considered abnormal? Based on the various interviews and descriptions that the book provides, Suelo is a highly intelligent person that is grounded in reality, but his nomadic lifestyle in the placement of his environment (contemporary, consumerist California) would suggest otherwise. While condemned by some, Suelo's actions are considered heroic and he is praised for living life on his own terms and "defying the norm"; the same cannot be said about a homeless individual that is clearly displaying symptoms of psychopathology. In terms of a mentally ill homeless individual, the person is usually disgraced and viewed as "sub-human"; a combination of their mental illness and their breaking a culture norm causes society members who follow norms to automatically discriminate against them.

Culture is defined as the "shared beliefs, values, and norms of a given racial or ethnic group" (Abdullah & Brown, 935). More importantly, however, is the stress on the human-environment interaction of culture; there cannot be the development of human culture without the interacting of humans with their various surrounding environments. One's culture and environment act as strong influencers on a patient's specific mental illness symptoms. Research has proven that these symptoms are likely to differ depending on what culture or part of the world that they are being exhibited (938). In the same way that the idea of culture cannot exist without a human-environment interaction, mental illness symptoms exist within an individual

because of genetic and environmental factors but could be exacerbated or extended depending on the acceptance of a culture to a specific psychopathology or mental disorder. Psychopathology and mental illness symptoms exist and are essential parts of the human condition throughout history and across the planet; however, one's understanding of the world based on their culture causes some symptoms to appear to be more dangerous and harmful than others.

A specific example is hallucinations. In a Westernized setting, hallucinations are typically viewed as harmful and a complete loss of touch with reality. However, in many Middle Eastern religious settings, hallucinations are celebrated and interpreted as the soul becoming closer to God. In Melody Moezzi's memoir *Haldol and Hyacinth: A Bi-Polar Life*, the writer's Bi-Polar I Disorder issues are explored in relation to her cultural separation from her homeland, Iran. In Moezzi's home in the United States that she shared with her traditional American husband, the hallucinations that she experiences are extremely alarming and echo symptoms of paranoid schizophrenia and extreme forms of psychosis (Moezzi 133). However, in various Middle Eastern cultures and religious contexts, hallucinations that Moezzi experiences would have been interpreted differently: these visions could have been celebrated as Divine Interventions or a message from God rather than the ravings of a lunatic who missed a dose of medication (Abdullah & Brown, 942).

There is usually a clear distinction between mental illness and creativity, but Mark Vonnegut often blurs the lines between them based on the lessons he inherited from his eccentric father, Kurt, and the messages that the counterculture movement in the 1970s sends him. Mark inherits Kurt Vonnegut's eccentricity and uses his father's outlook on life to lessen the severity of his schizophrenic symptoms.

Conclusion

Stories are the foundation of the human experience. My own family story has led me to this project. I am the child of two parents who dealt with mental illness their entire adult lives. My father dealt with severe Substance Use Disorder for the past thirty years, leading him in and out of the United States prison system multiple times. My mother dealt with extreme Major Depressive Disorder: during the best of her symptoms, she was unable to leave the house for weeks at a time; during the worst, she tried to take a bottle of pills to end her life. The clinical Diathesis-Stress theory states that the sudden development of psychopathology is attributed to both genetic and environmental triggers: the individual always possessed the trait for the mental illness, but some sort of environmental factor activates it. In 2009, my mother's younger sister passed away from terminal cancer and she lost her job in the same month. She internalized everything, and these two life stressors led to a case of extreme depression. Their stories have left me wondering on a daily bases where my own mental health fit in. Am I subjected to the same fate because of the genetics I inherited? Or can I lean on my environment to carve my own path that steers clear of any psychopathology?

Throughout my life, I also had some preconceived notions about mental illness shaped by my own culture. I always considered those with mental illness negatively; these negative and false images surrounded my upbringing and stemmed from movies, television, my parents' lessons about what it means to be a success in the world, to the "crazy" homeless man begging for change and muttering to himself on the street corner.

I looked to memoirs for some answers. I found that it was easy enough to read a memoir about an individual who suffered from Bi-Polar I Disorder or Major Depressive Disorder. When I read Melody Moezzi's *Haldol and Hyacinths: A Bipolar Life*, I was shocked at the extremity of her mania symptoms and how they paralleled extreme schizophrenia. The list of mental illness memoirs available is extensive, and it is easy enough to read about a detailed account of any disorder that you wish to read about. I wondered, though, how specifically the child of a mentally ill parent is impacted? I started this project with a theory in mind: the child's risk at inheriting the parent's mental illness is too great for the child to overcome on their own and they are automatically subjected to the same fate.

This project has led me to the conclusion that while mental illness may be inherited through genetics or may be activated through environmental triggers, children of mentally ill parents often employ coping mechanisms to help them live their own lives. John Hemingway attempts to disavow his father Gregory and the Hemingway name by running to Italy to try and live life for himself. Alexandra Styron uses her sense of humor to make sense of her father's Major Depressive Disorder; her sense of humor was also the element of her personality that bonded her and William the most and actually alleviated some of his more severe symptoms.

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