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Masked Darkness:
Concealment and Disclosure
in the Writings of *Open Minds Quarterly*

For ten weeks I served as an editorial assistant at the Northern Initiative for Social Action (NISA). My primary task during this time was to review the past issues of NISA's literary journal, *Open Minds Quarterly* (OMQ), and designate an appropriate set of keywords for each piece of writing. These keywords were added to a database to allow for the searching of works published in the journal based on subject and relevant topics. This project was tied directly into another: the editor of OMQ is intending to put together an anthology of works, and the keywording process helped collate the corpus of works into themes for anthologizing.

Open Minds Quarterly is a literary journal which publishes fiction, poetry, and the firsthand accounts of people who have experienced mental illness¹ (OMQ also publishes work by those who are close to such people, such as family members or lovers). The publication itself falls under the social action mandate of NISA; the stated mission of the journal is:

to decrease the stigmatization surrounding mental illness by enlightening others of our experiences and illustrating that mental illness should be viewed the same way as any other illness - it is not asked for, it is not a personality flaw or a weakness. It is debilitating and scrutinizing, but it becomes even more so when society cannot see beyond the mask of mental illness and view the individual underneath with an Open Mind. (NISA)

The issue of the "mask of mental illness" is precisely what I wish to address here, with regards to the ways in which, contra this mission statement, the writings themselves can also effect a kind of mask, while also serving to disclose and reveal "the individual underneath". By its use of the mask-metaphor, the mission statement presumes that masks are not reflective of the individual, but rather something that hides them. However, any mask, in its particular form, *means* something. The masks that are imposed by mental illness (and the social perception thereof) are not of the author's choosing; however, the masking that the author produces in their own writing

¹ Often referred to in the publication (and here) as "consumer/survivors".

can be read as intentional and meaningful. I suggest that the kind of rhetoric of disclosure employed in these works also effects a concealment (a mask, of sorts) and can be seen in the rhetorical tropes and metaphors in the works presented here.

I will approach the task of examining this dual movement of concealment/disclosure in the writings by taking a selection of works from OMQ (mostly first-hand accounts, but some poetry) that are particularly accessible. One of the most self-aware and intelligibly-reflective body of narratives can be found among the OMQ works written by those who are struggling with (or have struggled with) depression, and it is this group of works that I would like to focus on. I am approaching this project with two elements in mind – the “mask” and the “individual underneath” – in order to understand their function as themes within the narratives employed by those who have struggled (or continue to struggle) with depression as they disclose their stories.

I have chosen works regarding depression because the rhetorical and narrative movements of concealment and disclosure are clearer in these works. This is perhaps due to the fact that depression does not interfere with communication skills or cognitive coherence in the way that other mental illnesses do. It is important to note, however, that one does not know with certainty that the author writing about a work of depression has indeed suffered from depression (or does not suffer from other disorders); we are taking the authors at their word here, as they present themselves as writing honestly about their personal experiences. Regardless, there is a clarity present in these works that establishes a greater potential for accessibility and interpretation (i.e. we are more likely to find writings on the schizophrenic’s experience to be more obscure or less intelligible, and in interpreting and drawing inferences from the works we are more likely to be doing a sort of hermeneutic violence to the text since the frames of reference are themselves less common and often more difficult to access). There are shared

meanings to words (shared hermeneutic assumptions) that provide intelligibility to narratives; this intelligibility is present in the works regarding depression more often than other works in OMQ.

That these texts were written for publication highlights some interesting issues surrounding personal disclosure. Disclosure creates vulnerability, but this vulnerability is also built into the kinds of stories that are being told in OMQ – stories which are mostly about vulnerable people facing difficult or tragic situations. Vulnerability of this sort can be read as a rhetorical device to generate a compassionate response from the reader. However, there is also the vulnerability involved in telling one's story, in going public with private experiences. While this holds true for anyone publishing personal stories, the “mentally ill” or “consumer/survivors”² are already in a socially vulnerable position due to the stigmatization and marginalization that comes with being perceived as different or unwell. Many do not want the added vulnerability of speaking out, of telling their story to the public. Dinah Laprairie, the editor of OMQ, wrote in the *Message from the Editor* section:

Last month, one writer withdrew her story from publication in *Open Minds Quarterly*. I understand her reticence. The beauty of printed magazines is that we can embed our stories in history; we can make our stories part of the authoritative history of our times. But publication does make you vulnerable to the opinions of others. As much as it can be cathartic for the writer, purging emotions held too long inside, it can be frightening. / We have to remember that the printed word serves another purpose: it can broach discussion. Accurate and honest accounts of who consumer/survivors are as humans are essential if we want to challenge stigma ...We can beat stigma. How? By offering our stories, orally and in print. By showing that our identity is more than an illness...By showing our faces. (4)

Facing one's vulnerability and responding with honest openness seems fundamental to the strategy Laprairie is suggesting here. Stigma keeps “the individual underneath” from being seen;

² The term “consumer/survivor” is employed variously to describe those who have had experience with mental illness and/or the mental health system, both of which can be very traumatic kinds of experience.

the “mask of mental illness” dictates the content of one’s visibility. In the act of disclosure that this strategy proposes (the publishing of “accurate and honest” accounts), the audience is called to see “beyond the mask of mental illness” (“that our identity is more than an illness”).

The themes of disclosure and concealment (withdrawal from the public, the social) are figured prominently in the passage above. Many of the works examined here contain these kinds of rhetorical movements of disclosure, concealment, fear, and understanding. We see similar themes arising from a work entitled “Potholes, or Living with Depression” by Misty Grimes. Speaking of her diagnosis (of both depression and borderline personality disorder), she writes: “I didn’t like having either of these labels, but I did like knowing that there was a name, and a treatment for my condition” (7). She continues: “many times over the years I was told, ‘You’re only as sick as the secrets you keep.’ I was keeping a lot of secrets, and I was very sick. (8)”

It is interesting to note here how the narrative arcs through the overwhelming of the author’s resistance to the diagnostic labelling with the promise of knowledge and the hope of treatment. At this stage in her story, she writes of her “condition” – a condition is something one *has*, not something one *is*. However, when the frame shifts to the voices of others in the discourse around her (directed towards her), her status shifts from a condition of *having* to one of *being*: she is “as sick as the secrets [she] keeps” (having-illness to being-ill). While resisting the labelling, she possesses her illness; when others define her illness, she possesses the characteristics (by their definition – secret-keeping in this case) and *becomes* the illness. These movements in the narrative, I believe, reflect the degree of intimacy the author has with her situation. In the first part of the passage, she has not yet accepted the knowledge, nor fully accepted her condition. In the second part of the passage, she has identified a source of her illness, and has come to terms with the causal factors within herself. In this regard, I believe the

use of the terms of possession and of being are metaphoric, and the movement from one to the other reflects an increasing degree of self-awareness and closeness with her condition.³

This conclusion I am making here is, by necessity, a highly interpreted one. Little of the subjective experience of her condition is explicitly stated in her writing. Grimes' work is remarkable among those written from a condition of depression in that one reads very little explicit personal disclosure in this work; she writes of the events (e.g my next suicide attempt happened when I was 28...) but not of the process, what was going on within her, what was really happening. As if on the outside looking in, we're not allowed to see what's underneath her surface (the "underneath" here not even being the "underneath the mask of mental illness" – the reader does not even get to see the illness beneath the surface appearances of her behaviours). Here we have the traces of a rhetoric of disclosure which serves also to conceal. Grimes presents herself such that her own motivations and feelings are obscure or invisible, and her agency is externalized: "the one thing I learned through all of this: You cannot do it alone. You have to trust the doctors and the therapists, no matter what, and know that they only have your best interests at heart." In this passage above, we come to know that she believes in others, in the power of others over her life, and a faith in the efficacy of that power. Anything we might know about her as a person, "beneath the mask of illness", or even know about her experience of mental illness is hidden behind an exteriorization – the rhetorical movement is towards others, and is even addressed to "you". The reader is deflected away from the subject, the author, and thus she remains concealed.

³ Another work that exemplifies this kind of journey-towards-acceptance and a progressive closeness with one's condition is Jane Rousso's "Meet Black Cloud". In this piece, the protagonist struggles with a seemingly foreign presence ("black cloud") that follows her constantly and darkens her days (20). As she realizes that this cloud is invisible to those around her (visibility will be a recurrent theme in many of the works here), she comes to accept "black cloud"; her life becomes better as she no longer struggles with this dark presence, but rather lives with it.

She concludes with a note to those suffering as she was: “remember, the blue times are not vast, deep, dark pits, they’re only potholes” (9). This closing line of Grimes’ piece is quite dense with metaphor. My impression, having read many past issues of OMQ, is that temporal metaphors are common in the works of writers with chronic depression, though the spans of time are long, and the metaphors tend to draw from the seasons (e.g. ‘winter approaches, but I know spring will come again’). Spatial metaphors quite common as well (as we will see in other works), with depictions of falling down, or being in a deep depression (“depression” itself carries a spatial meaning); in Grimes’ piece above, the “pothole” metaphor carries with it the metaphor of a road, which itself can be a spatial metaphor of journeying.

But what is the significance of noting these metaphors? There is a strong sense of correlation in these works between language and experience. Most especially in works that are autobiographical (such as first-person accounts) or even in fiction that draws heavily from the author’s experience (of mental illness, for instance), the words and metaphors that the author employs to tell their story are chosen because they are appropriate to the experiences that they are trying to relate to the reader (which, one can reasonably presume, correlates somewhat to the originary experience that inspired the writing). In short, the writers use expressive, sensuous metaphor (color, space, seasons, etc.) because the sensate meanings therein reflect the experience of the authors. One gets the sense while reading these works that the metaphors, while sometimes simply a rhetorical or literary device, are also honestly descriptive of the author’s experience. Perhaps this is merely an effect of authorial skill, but I suggest that the reader sees something of the author in the particular choice of metaphors (at least sometimes).

One must be wary here, as language itself can be considered metaphoric, and metaphors, when taken as truth, become problematic. Nevertheless, one can read into the fact that a

particular metaphor is employed, and that the writer's experience (of which the intent is to communicate via the writing) is somehow expressed in the metaphor; through the metaphor the writer is empowered to speak of their experience, of their truth. That they are using the common metaphors and metonymies to describe non-normal experiences unsettles the fixedness and loosens the "binding" qualities of what would typically be cliché, potentially revitalizing them with the sensuous force that they may have lost in common usage. In this manner, cliché and common metaphor can have performative kind of power within the discourse when used artfully by those who are expressing unusual experiences.

This performativity might be more available to some than others, given its reliance on shared metaphors in the unsettling of hermeneutic assumptions. Metaphors can become metonymic for particular experiences (hence the ubiquity of the previously discussed metaphors in both common parlance and the writings of authors with depression), and this very metonymy creates an accessibility for a diversity of persons that might not otherwise be possible. For instance, how could a person who has experienced clinical depression adequately narrate that experience to someone who has not had the experience without the use of shared metaphor? Perhaps this is why the writings of authors with depression are more accessible and intelligible than authors with schizophrenia (for instance) – the common metaphors "fit" the experience better, and can be more readily employed to effectively speak of those experiences.

However, although the common metaphors may fit the experience, they rarely (if ever) fit the experience perfectly; in some author's writings, there is a sense of isolation and frustration with the inadequacy of the metaphors. Consider this passage from the poem "Death Wish" by George Longenecker:

Osmore Pond with its icy water might be better; / I could plunge like Virginia Woolf, / My pockets weighted with metaphor, / Slipping into the waters and beneath ice, / With one last look through the icy lens of despair and doubt. (16)

His being “weighted with metaphor” aids his descent, though he relies heavily on the sensuous metaphors of icy coldness to describe his state. He concludes the poem with a cliché of a season-metaphor – “Winter would pass into spring mornings” – but makes it meaningful to his narrative, infusing it with the vitality of his desire to live amidst the pull of despair towards suicide: “Mornings too bright and love too dear to leave behind” (16).

We have seen how the use of common metaphors can be a communicative bridge between those who have had non-typical experiences and those who have not had those experiences, but such accessibility is sometimes problematic. When one who has not had an experience like one that the writer is referring to, but one knows the words and metaphors being used, one may mistakenly believe that the writer has just had normal experiences – the sorts of things typically referred to by the words. Perhaps this is where the skill of the author (to convey such experiences to the inexperienced) becomes crucial.

For many, however, such conveyance does not take place in the communication, and the result is misunderstanding, even a sort of masking (the “mask of mental illness” again). See, for instance, Barry Daniel’s piece on depression. Since “depressed” is a common term, people think they understand what having clinical depression (i.e. being depressed) is like. After providing the dictionary definitions of depressed and depression (e.g. low in spirits, feelings of gloom and inadequacy), he depicts how these terms fail to communicate accurately the experience of having depression – thus invoking replies like: “what has he got to be depressed about? He’s got a good job... good marriage... robust health. He has no *right* to be depressed. He should snap out of it...” (26), as though one could cease being ill by a simple act of will. To give the condition and

the experience thereof a less ambiguous place in such discussions, Daniels suggests that clinical depression be re-labeled by the medical authorities for common parlance (26) – he proposes “NTSD”, acronymic for “Neural Transmitter Disassociation Syndrome.”

Daniels is jesting, and the tone of the piece is comical (though rife with righteous anger and frustration), but this brings up an important point about how such clinical terms can themselves serve both to conceal with a “mask of illness” and to reveal “the individual underneath.” A diagnostic label (as we saw in Grimes’s piece) serves to mark one as different from the body of the healthy collective. The labels, names, and stigma that follow create isolation and marginalization, and become part of the “mask of mental illness”; in the case of depression, which has become so common that the term is employed casually more often than clinically, the “mask” is one of the commonplace, the everyday – masking the suffering and creating a barrier to sympathy. Daniels writes: “If I said I’d developed type 2 diabetes, or cataracts, or shin splints or just a god-damn cold, then there would be no cause for misinterpretation and I might even get some sympathy” (26).

Depression is somewhat unique among mental illnesses in that the word is commonly used, and depression (to some degree or another) is experienced by a great number of people. With other illnesses there is a tension and dual-movement involved in the use of diagnostic labels: they may serve to mark and exclude, they also point to the fact that one’s experiences are not those that are referred to in common language, and impels the sensitive subject to listen to (or read) the words of those so labeled with a greater degree of sympathy and open-mindedness.⁴

⁴ Of course, this is not always the case, even between those who have experienced mental illness and their care givers. In an open letter to his psychiatrist, Michael Enright is openly hostile to the fact that his care-giver’s illness was due to something that could be surgically removed (a tumor), while his own illness cannot be “cured” by any known means. His care-giver, despite having experienced mental illness before the surgery, seems no more sympathetic to Enright’s plight than he was before having the experience (Enright 26).

With depression, however, the ubiquity of the label can function to mask the real difficulties that the sufferer is experiencing by placing them in the realm of the prosaic.⁵

Therein lies the challenge of using language (the roots of which are grounded in conventional and shared experiences) to describe private and unusual experiences. As one uses language to refer to a particular experience, the audience may be mistaken in their interpretation. Furthermore, language itself is always deflecting attention away from various realities and possible perceptions in the very fact of its use. Kenneth Burke noted that “even if any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a selection of a reality; and to this extent it must function also as a *deflection* of reality” (45). The terms used in any given expression draws one’s attention in a particular way (the selective function), but also turns one’s attention away from differing perceptions (the deflective function). However, it is important to note that the terms may well be, in fact, an adequate representation of the expression being intended (the reflective function). This is also true of metaphor; the terms employed in metaphor are often more open-ended, requiring more interpretation (though sometimes not, in the case of cliché). The use of metaphor, therefore, contains the same functions of reflection, selection, and deflection, but is founded upon an interpretive relation that the audience has to recognize in order for the reflective, selective and deflective functions to operate. Furthermore, these functions are potentially more ambiguous, and more fecund in their possibilities (both for the direction and for the deflection of attention). This, I propose, is why metaphors are employed so widely in the works of OMQ: the ambiguity of metaphor within

⁵ There are two distinct rhetorical strategies being addressed here: first, metaphor and cliché create a common ground with the reader through familiarity, allowing the author to begin to unsettle that familiarity in order to express non-normal experiences; second, as highlighted in Daniels’ piece, unfamiliar clinical language evokes the gravitas of medical diagnoses and the pathos appropriate to confronting a seriously ill person.

creates an interpretive space where the reader's sympathetic imagination can be reached by the author.

Let us take a look at a work that is particularly rich in metaphor. Lena Ulises, in her work "The Smile that Fades", writes:

This is what I used to think: act happy, be happy, look happy and everything will be all right. And being miserable seemed to be my purpose in life. I had to hide these feelings because I didn't believe anyone else should have to deal with them, or that they would want to, so I stayed isolated, alone in my head. Only my hell grew everyday and I could no longer hide behind the smiles and the pain, things started falling apart and I couldn't control it anymore. (14)

There is a great deal of masking and invisibility in this passage: "act happy, be happy, look happy and everything will be all right" – she controls the mask in order to control her life, but masks create distance between oneself and others, and the isolation that these masking behaviours engender magnifies her suffering (correlated here with the spatial and spiritual metaphor of "hell"). She can no longer maintain the mask of happiness when the "hell" behind it outgrows her capacity to hide it; the invisible suffering becomes visible only once her control over it is overwhelmed.

In Ulises' work there is a correlation of the isolating processes (masking included) and the pain one feels; isolation, after all, can be a socially traumatic and painful experience. The line about being "alone in [her] head" is worth looking at, as it seems to describe a double-isolation: not only is she alienated from the social body, but she has become alienated even from her own body. Ulises continues:

once in a blue moon I would be able to smile and think things were finally over and I would be okay, but that would only lead to a deeper, darker place in my soul. For each time, I would drop down farther and farther into the depths of hell created by me and meant for me. No one would notice and I felt safe hidden behind the happiness, because I thought if everyone perceived me as happy, I could ease the pain a little. The misery grew and I was isolated. Letting no one in and letting nothing out. I was more and more depressed every year. (14)

In this passage there is a strong emphasis on visibility and the tensions between visible expressions of self (such as smiling, hiding behind happiness) and the actual experience of one's self. When one is isolated and depressed, the self-space becomes fortified – “letting no one in and letting nothing out;” the greater the divide between the self she was performing (the persona, or mask of happiness she employed), the greater the sense of isolation, and the more depressed she became.

But what is the impetus for this sickening performance? (I mean this literally, in that her performance of happiness was making her more ill.) In Ulses' work (and many others I encountered in OMQ), there is an ambiguous relationship to visibility and invisibility in the consumer-survivor's life: visibility creates vulnerability, and stigma falls upon the visibly ill; invisibility provides safety, but also creates a space (metaphorically, but sometimes literally) in which one cannot find fulfillment for one's social needs, a space for becoming more ill. David Cohen explains that

more than others, depressed and neurotic people are caught in an existential dilemma – what hope of being loved with understanding, yet what use being loved through misunderstanding? There are two solutions to this dilemma, openness or distance. Choosing openness means forging ahead in being oneself, risking love while cultivating self-verification. Choosing distance means avoiding contact, or maintaining a psychological distance with masking behaviours that limit both being loved and understood. (207)

It is worth noting here that Cohen, a clinical psychologist, is employing some of the same metaphors that have been identified in the works here. “Openness or distance” is a spatial metaphor, and the “forging ahead in being oneself” that openness requires is a metaphor of both journey and progress. This is an excellent example of a clinician who is meeting those who are experiencing depression in the ambiguous space that metaphor creates, a space that linguistically bridges the experiences of the clinically depressed and those who have not had this experience.

Looking at Ulses' disclosure of her attempts at self-concealment (behind a mask of happiness), one can see how Cohen's admonishment about "maintaining a psychological distance with masking behaviours" might be appropriate. In a similar manner, Marilyn Elliot's story seems to correspond to Cohen's metaphor of openness. In her work entitled "Through the Darkness," Elliot writes of her experience of depression and the isolation that grew around her: "I felt like I was standing on the outside of a world that I would never fit into" (4). Deeply implicated in these feelings of exclusion, difference, and isolation, was her sense of invisibility. She writes: "no one noticed my pain – I was always quiet and shy – and my withdrawal into myself wasn't apparent" (4). It is only when she became visible to others (a depression support group – those who could recognize what she was experiencing and sympathize) that she began healing (5). Contrary to Ulses' story, it is Elliot herself who is visible, rather than a contrived persona (as the mask of happiness was in Ulses' case), and thus in her work visibility is tied to healing through honesty (as per Cohen's "being oneself").

I would like to finish by examining a poem by David Naik Raju, entitled "Clouded Thoughts" (13). He writes:

Tears keep falling / on this raining damp day / but much to my surprise / they're
not from me // I guess it's because / i've quit crying / unlike the heavens / which
keep opening up / for more and more // Tired of partial tears / that can never / be
squeezed out right / is why i'm content / watching nature's outbursts / rather than
my own

Note the displacement of emotion – the writer's self becomes absented by the vicariousness of his self-experience. His rhetoric discloses his experience, but simultaneously conceals himself. We only get a sense of his frustration at not being able to express himself fully (the "partial tears / that can never / be squeezed out right"). His response to this frustration is to project the drama of his emotions onto the weather. We see only his surface: frustration and repression ("i've quit

crying”), but little beyond this. He makes himself visible to the reader as the locus of the poem, but nevertheless his self remains invisible in this disclosure.

Raju’s poem, like Grimes’ “Potholes”, seems to employ a rhetoric of disclosure that simultaneously effects a concealment. This fact highlights the ubiquitous tension between visibility and invisibility, the mask and the individual underneath. Interestingly, many authors who are published in OMQ also publish their current hometowns and photographs at the back in the “About the Authors: Meet our Contributors” section (a bold act of personal disclosure, given the possibilities of stigma and social harm). The goal of these authors seems to be to reach out, to share their stories and to meet the reader in a place of understanding. To this end, the writers employ metaphor both extensively and intensively, providing an ambiguous hermeneutic space wherein even the use of cliché can unsettle of its conventional meaning, reinvigorated with sensuous force and artfully calling the reader to feel *with* the author, not simply *for* them (which would be doing their work of self-expression an injustice), and, ultimately, to open one’s mind.

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