

Section on Person-centered Clinical Care

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

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

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

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

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

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

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

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

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

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

References

1. A new face for mental illness awareness week 2004. Canadian Psychiatric Association Bulletin, September 2004. Available from: <http://www1.cpa-apc.org:8080/publications/bulletin/current/news4En.asp>.
2. Out of the shadows at least transforming mental health, mental illness and addiction services in Canada. Final Report of the Standing Senate Committee on Social Affairs, Science and Technology, May 2006.
3. Ontario Medical Association Physician Health Program Website. [webpage on the internet]. Available from <http://www.phpoma.org/>.
4. Kafka F. *The metamorphosis*. USA: Bantam Books; 1972.
5. John Lennon. *Imagine*. Lyrics available from: <http://johnlennon.com/html/videos.aspx>.