Imagine feeling lost and broken but having no one to lean on. Picture yourself needing help and wanting so desperately to be nurtured and cared for, to be held and told that everything will be okay, but the emotional pain and mental suffering are kept a secret because of shame and insecurity. Mental illness is a rising concern, and suicide is the second leading cause of death for Canadian youth (“Suicide in Canada”). Moreover, because “mental disorders are a major risk factor for suicide,” not receiving help can be dangerous, and the undeniable stigma surrounding mental illness is a barrier that prevents many individuals from seeking and receiving care (Too et al. 311). Patients have even showed up to emergency centers throughout Canada desperately begging for support and been turned away from the exact place that is meant to help.

Unfortunately, providing information on the severity of mental health stigma in young people and the potential consequences of it is not sufficient to make a change, but using patients’ personal experiences of mental illnesses as education tools can. The storytellers have the power to guide others, including healthcare professionals, to treat mental illness seriously and enhance peoples’ empathy toward those who are sick, as right now, medical professionals’ biases are not only emotionally hurting patients but can even threaten their lives. Being vulnerable and speaking up about a mental health problem is difficult, but those who are given the chance to reveal their struggles in a safe place can develop a sense of agency and begin to heal. Narrative
therapy allows patients to confess their feelings through written or oral storytelling without the fear of judgment, and those who share their story can gain and give support. Storytelling from lived experience with mental illness is a helpful activity that aids survival for both the narrator and the listener and can help break the stigma by guiding others to understand the severity of the disease.

The narrative approach is an effective form of therapy that supports recovery for those who are mentally ill. Both Dodd and Seo et al. did studies to test the positive effect that narrative therapy has on individuals suffering from mental illness. Their studies confirmed that both written and verbal forms of narrative therapy support significant personal growth for their patients. Dodd’s article showed that creative writing, a form of narrative therapy, was a powerful experience for her patients. Through writing, patients can “re-write their life story,” and by taking control, they can “change how they view the past” (Dodd 133). Confronting hidden emotions and unleashing them onto the page is a relieving experience that can free patients from their “negative thoughts and emotions,” allowing them to create “self-enabling stories about their lives” (Seo et al. 381). As patients are not required to share their stories, they are still able to confess their feelings without having to explicitly vocalize them. Although not mandatory, patients also had the chance to share their stories with each other. One of the patients in Dodd’s study stated that narrative therapy was a “life-changing experience” (137). They had never shared their trauma with anyone and never planned to; however, after confessing their suffering in their written work, they decided to share their story with the other patients. The patient faced the aftermath of their traumatic event, and they “recognized this as an important step towards recovery” (Dodd 137). Narrative therapy guides patients to overcome internal shame by accepting their entire selves.
Many individuals with a mental illness believe it defines them, but narrative therapy allows patients to separate themselves from their illness. Narrative therapy can “liberate and empower individuals to break free from the dominant problem-centered story” (Seo et al. 380); ultimately, this helps patients “externalize the problem” and, therefore, locate their illness “outside of themselves” (Dodd 133). For example, many individuals who suffer from depression feel trapped by their disease. Giving these patients the opportunity to escape their troubled mindsets can allow them to discover the many qualities that define who they are rather than seeing themselves as only depressed. They are not the problem, their illness is. By forming “distance between the problem” and themselves, patients can begin to “change their relationship with that problem” and give it “its own identity” (Dodd 133). The patients’ new “increased self-awareness” allows them to start “developing a positive self-identity and positive self-efficacy” (Seo et al. 386). The narrative approach encourages each patient to “reimagine their strengths and identity” and use them to find their own “unique voice” (Dodd 136). By giving their illness a label of its own, patients can begin to understand that they are not at fault for their behaviour.

Individuals who find the bravery to share their stories have the potential to help others who are fighting similar battles. Williams et al. did a study on how recorded storytelling of lived experience with mental illness impacted the listeners’ recoveries. The listeners all suffered from mental health challenges, and the purpose of the test was to analyze how hearing other patients’ personal experiences made them feel. They state that the narrators’ personal stories can provide peer support to the listeners by “communicating how they have navigated issues in their own recovery” (Williams et al. 3). The patients said they were comforted when realizing the stories “resonated with their own experiences” and felt hopeful that “their own recovery is possible”
The narrators can give the listeners a sense of belonging and acceptance—feelings many believe are unachievable. By “providing patients with a sense of relief” that they are not alone, they can begin to trust their own voice and importance in life (Williams et al. 6). The patients were inspired by the willingness of others who share their personal experiences, which could lead them “to share their stories to help others” (Dodd 136). The narrators’ personal stories can influence others into accepting that mental illness is nothing to be ashamed of.

By hearing other patients’ stories and developing connections with the narrators, the listeners can begin to feel comfortable in their own skin and gain a feeling of security. Many of the patients in the study done by Williams et al. had major breakthroughs from listening to the recorded videos. Patient Pam said, “it made me feel less ashamed about having a mental illness” (Williams et al. 8, italics in original). Patient Kali stated, “I used the videos for confidence building,” and “I found it really reassuring…knowing that the people I was watching that had recorded their stories are now in recovery and they’ve stayed” (Williams et al. 8, italics in original). Many individuals who suffer from mental illness have a difficult time imagining their future, but when listening to the stories of other patients who have fought to live, they can be assured that change can happen. Patient Amy said, she felt comfort in hearing what “was being said out loud and being recorded,” as she mentioned, “this is stuff that I think in my head” (Williams et al. 7, italics in original). Feelings of isolation and loneliness are common for those suffering from mental illnesses, so recognizing similarities in others’ stories and resonating with the experiences of others can be validating. Even though not every story will solely focus on recovery but also on struggle, the listeners can be eased by knowing they are not alone.

Personal stories of surviving mental illness not only help the listeners who are suffering but can also help healthcare professionals empathize with their patients. Healthcare professionals
are working in an environment where “people with mental illnesses are perceived as less competent, dangerous, and unpredictable” (Knaak et al. 112). Often, patients with mental illnesses have a difficult time having their “symptoms taken seriously,” and therefore, they leave the hospital feeling “devalued, dismissed, and dehumanized” (Knaak et al. 111). The strength it takes to seek help is immeasurable, so being disregarded by a medical professional can make patients feel incredibly undermined. If the individuals who share their “lived experience of a mental illness are not seen as patients but as educators,” the negative narrative surrounding mental illness can be changed (Knaak et al. 113). Patients who share “their experiences of illness and recovery, as well as their experiences within the healthcare system,” can help significantly with “stigma reduction in healthcare” (Knaak et al.113). Patients’ stories “have been shown to disconfirm stereotypes…and improve understanding of recovery” (Knaak et al. 112). Their stories can “help nurses understand each patient’s unique lived experience and its meaning,” and can guide them to view people with a mental illness in “holistic way” (Seo et al. 381). The holistic approach can train nurses to “not equate patients with their problems nor blame them for those problems” (Seo et al. 381). The discrimination towards patients who are mentally ill forces many of them to feel like their symptoms are not genuine.

By sharing their stories with each other patients can save the lives that are being jeopardized by medical professionals. Earlier this year, Ella Hale and Emma Epp, from Victoria, created a Facebook group that has over 1700 followers who “are sharing similar stories of being mistreated in the Psychiatric Emergency Services department at the Royal Jubilee Hospital” (Strain). The girls’ hopes are to create a safe place for individuals to share their experiences where they can give and receive support. Both girls have experiences of being emotionally abused by healthcare professionals, but by sharing their stories they have been able to begin
healing. Hale was brought to hospital out of concern for her safety, but she was dismissed for being perceived as hormonal, and a psychiatrist even had the audacity to tell her that if she were to kill herself her father would not care (Hale as cited in Sidaway). Hale “attempted suicide not even a month later” (Sidaway). Not being able to bear others being this ill-treated, Hale and Epp formed a community where individuals can support each other through storytelling. Too many psychiatrists view “the suicidal behaviour of patients” with mental illnesses as “manipulative or attention seeking” rather than symptoms of the disease (Ring and Lawn 15, 16). Patients are being “discharged while still in crisis” with no hope of ever receiving help (Grossman). Mental illness survivors are left with their stories: weights that can be lifted by narrating their experiences, through writing or speaking, thus changing the system, and helping other neglected patients.

Writing allowed me to confront my greatest fear—myself. Two years ago, I was left to battle the repercussions of two unsuccessful surgeries, due to medical malpractice, a trauma that left me devastated and hopeless. My surgeon made me believe that my body was at fault. His accusations led me to develop a lot of self-hatred—I despised my body for being unfixable. Eventually, the toxic feelings I had towards my body became so intense that I wished I had just died. For over two years, I kept my suffering a secret in fear of being viewed as ungrateful for the life I was gifted. During my first semester at university, I was given the opportunity to transform the most traumatic moments of my life into an essay I am proud of. I had to turn my most painful memories and emotions into the form of a research paper. Through re-enacting my trauma, not only did I learn that my body is not at fault but also, that I deserved more. By releasing my emotions onto the page, I developed a comforting connection with my writing: a
continual internal dialogue that I never wanted to end. Even though initially writing my essay was difficult, I discovered that I have my own purpose as a writer.

Being inspired by Ella Hale’s story of battling mental illness guided me to overcome my deepest insecurities and share my essay with the rest of my class. Ella and I have been friends for the past three years, and while I have known her, she has been passionate about suicide prevention. Ella shares her story to help raise awareness of mental illness. Her commitment to positively influence those with mental health challenges motivated me to want to share my story to help break the stigma. When my professor asked me if she could share my essay with the class, I was terrified. After many self-deliberations, I decided it was worth the risk if I could help others persevere through similar difficulties. Although choosing to share my essay with the class was difficult, I found courage in knowing my story could be a survival guide. If I could erase my terrifying memories and reoccurring nightmares, I would, but instead I used them to tell a story: my story. My journey has been difficult, and most days I still hurt; however, challenging myself allowed me to take my first step towards recovery. By writing my essay, I finally found my own voice. And I am going to use it to reassure others that they are not alone, their feelings are valid, and their voice matters!

Mental illness is not like a broken bone but is rather a disease one learns to live with. Constantly fighting an internal battle every single day is hard and can become unbearable, but the fear of being ridiculed may prevent individuals from seeking help. The stories of those with a mental illness are the most powerful tools in breaking the stigma. The more voices that are heard, the more people will start to understand and accept that the brain can get sick. If mental health challenges are going to be effectively addressed, healthcare professionals must learn how to view the behaviours of patients with mental illnesses as symptoms of the disease rather than attention
getting behaviours. Learning how to navigate mental illness is difficult, and especially when feeling you must do it alone because mental health continues to be dismissed, erased, and not viewed as real or deemed “all in the head.” For those who have personal lived experience with a mental illness, telling their stories can initiate hope, healing, and recovery for both the narrators and the listeners.
Works Cited


