

We're only human

Four vividly honest accounts of living with a psychological disorder go to the heart of humanity, hypochondria and what it really means to be well. By Harry Eyres

In an age when people live longer and healthier lives than ever, new borderline or psychological disorders are being diagnosed with almost reckless frequency. Many of these are not killer diseases, but maladies, malaises, disorders and disabilities, ranging from moderate to severe. Though generally considered in a medical context, examining our personal experiences of such illnesses raises philosophical questions as much as medical ones; we question the very nature of life and humanity when we consider what it means to be "well".

Since Michel de Montaigne, writers have been examining themselves and serving up strange quirks and symptoms for the reader's attention. But as traditional religious systems weaken, there seems to reign a greater confusion about what it means to be well or ill and a more anxious searching for authoritative diagnosis. So it makes sense that there is a rash of books about being ill. Faced with these first-person accounts of malaise, the reader may either enjoy the schadenfreude of the relatively sane or start to sound out his or her mind and body for worrying signs.

Hypochondria seems a good place to start. Hypochondriacs worry chronically about being ill, but often live to a ripe old age (though as Woody Allen once said, hypochondriacs die too, and sometimes from the disease they fear). In his witty guide to hypochondria, John O'Connell characterises it as intense worry about what symptoms mean. "The hypochondriacal patient", according to the psychologist Fugen Neziroglu, quoted by O'Connell, "seems more concerned with the authenticity, meaning or etiological significance of symptoms than with the unpleasant physical sensations."

O'Connell is, you might have guessed, himself something of a

hypochondriac. *I Told You I was Ill* interweaves personal accounts of the author's bouts of hypochondria with a selective, anecdotal cultural history of the condition. He begins with concern over an alarming spot that won't clear up. One of the funniest sections of the book concerns a trip to Los Angeles to interview Gwyneth Paltrow, during which Paltrow is upstaged by the author's monumental migraine. (Paltrow comes out of this with flying colours, appearing both humane and unegotistical.)

The hypochondriac, it soon turns out, is almost always involved in an intense and unsatisfying relationship with his or her doctor, or the entire medical profession. This is almost inevitable, given that the hypochondriac requires diagnosis, explanation and meaning, and looks to the doctor for such things. For the doctor, on the other hand, the hypochondriac may well be "a problem patient", or, in the vernacular, a pain in the neck.

An amusing thread running through the book consists of O'Connell's repeated visits to his patronising, rugby-playing doctor (nicknamed Gimface),

who frustrates him by regarding his symptoms as hardly worth investigation.

The doctor, as well as the patient, has in some sense a choice about where he takes the hypochondria. O'Connell does not seem to take his hypochondria, and the questions it poses, seriously enough to allow it to power a narrative all by itself, so perhaps two-thirds of the book are taken up with accounts of the hypochondria of other people (Johnson, Boswell, Larkin, Jerome K. Jerome) and general and historical reflections on the condition.

He notes that hypochondriacal anxiety seems to have migrated in the past hundred years from the digestive tract to the head. Charles Darwin, one of the 19th-century's (and history's) great hypochondriacs, suffered for years from a daily and nightly disorder of the stomach that caused "great prostration of strength", yet during this time worked steadily on *The Origin of Species* and *The Descent of Man*.

A contemporary hypochondriac such as O'Connell is plagued instead by migraines, which he fears could be caused by a brain tumour. The logic of hypochondria being "all in the head" might ultimately lead the hypochondriac to seek the interpretation and clarification he or she needs not from a doctor but from an analyst or philosopher.

Though in many ways at the opposite extreme, Victoria Leatham's memoir of self-harm raises many of the same questions. *Bloodletting* is narrated in a curiously impersonal style, a cross between chick-lit and medical case-history. Leatham seems at first like an Elizabeth Wurtzel without the overt neurosis. Things just seem to happen to this intelligent but lost young woman living in Sydney in her twenties; she drifts in and out of university courses, jobs, relationships, shared flats and houses. Nothing

appears to have much consequence or colour, other than the repeated occasions when she cuts her arms with razor blades and the blood flows.

Self-harm brings her into contact with the medical profession and specifically with psychiatrists, which may ultimately have been part of its purpose all along, though Leatham is slow to acknowledge this. Perhaps no less than a hypochondriac such as O'Connell, she wants diagnosis, meaning and explanation. Or, for her, the first need may be more fundamental: to have some kind of authentic feeling.

Leatham's problem is an unacknowledged but desperate need to feel something – temporarily assuaged by the undeniable feelings generated by cutting herself. A shocking alternative narrative in the book is the inadequacy of response provided by mainstream psychiatry. The first six psychiatrists Leatham sees seem quite uninterested in any existential or psychological aspect of her case, but extremely quick to prescribe powerful drugs, often in unstable cocktails and without explaining the side-effects.

Finally, her seventh psychiatrist suggests, an intensive course of cognitive behavioural therapy, as well as antidepressants. Here at last Leatham is encouraged to make some connection between her frightening propensity to harm herself and her thoughts, feelings and relationships. The book induces a mixture of exasperation and sympathy, as Leatham, almost in spite of herself and her desperate desire to appear "normal", convinces the reader that she has the capacity to confront her demons rather than run from them. Despite her mixed experiences at the hands of the profession, Leatham has retained a faith in psychiatry; the book carries an endorsement from an expert in the field.

I TOLD YOU I WAS ILL:

Adventures in Hypochondria

by John O'Connell

Short Books £9.99, 168 pages

BLOODLETTING:

A True Story of Secrets, Self-Harm and Survival

by Victoria Leatham

Allison & Busby £6.99, 240 pages

A FRACTURED MIND:

My Life with Multiple Personality Disorder

by Robert B. Oxnam

Fusion Press £10.99, 275 pages

STUTTER

by Marc Shell

Harvard University Press £17.95
320 pages



A relationship between patient and psychiatrist is at the heart of Robert Oxnam's account of his life with multiple personality disorder (MPD), *A Fractured Mind*. In this case the relationship, which continues over years, appears to have been profoundly therapeutic and perhaps life-saving: the book ends not just with an endorsement but with an impressive and moving 25-page account of the therapy by the psychiatrist, Jeffrey Smith.

Oxnam's story is a remarkable and dramatic one. On one level he is an eminent and highly successful Asia expert, academic and lecturer, who is president of the Asia Society, and on another a man suffering from a variety of psychological problems (alcoholism, bulimia) that turn out to be deep-rooted. He is diagnosed as suffering from MPD, now more commonly known as dissociative identity disorder (DID). The memories uncovered in therapy, whose veracity is not questioned by either patient or therapist, reveal this as a response to early childhood abuse (in his case extreme cruelty).

Oxnam discovers that, far from being a unified personality, he is split into a number of sub-personalities: his younger selves, a bully who identifies with the abusers and even more sinister authority figures. These make up a psychic structure he

calls "the Castle". These "characters" take turns to narrate chapters, in voices that sometimes sound manufactured and range from the world of Holden Caulfield to that of *Psycho*. All the time "Robert B. Oxnam" continues a life of high achievement – he hob-nobs with George Bush Sr. and accompanies Bill Gates and Warren Buffett on a trip to China – and emotional drama, including divorce and remarriage.

One could question the diagnosis of dissociative identity disorder as being both a function of psychiatry and good business for the therapist. But for a psychiatrist Dr Smith is refreshingly undogmatic. He prefers the lower-case "multiple personality" to the more officious sounding diagnoses, and calls it "an effective and natural way for a child to cope with inhuman degrees of abuse. Multiple personality is made up of ordinary parts of human experience, rendered extreme by circumstance."

In other words, all of us, as Plato and Freud recognised, are to some extent split or divided selves, but for some the splits are deeply entrenched as a result of trauma and the need to wall off parts of experience and memory.

Oxnam himself seems to have no doubts about the diagnosis and has complete faith in Dr Smith. Even if not integrated,

Oxnam comes across as a larger-than-life character who has managed, better than most, to preserve his boyish liveliness. But the most moving part of the book is where Smith speaks plainly and eloquently of the undeniable and terrible sufferings inflicted on children, which blight lives.

In Marc Shell's *Stutter* we reach the lowest grade of medical severity and the highest philosophical and literary ambition. Though himself a stutterer – indeed a stumbling stutterer, victim of both speech impediment and polio – Shell, Harvard professor of comparative literature, is even more interested in the cultural and philosophical aspects of the condition than in the autobiographical or quasi-medical ones. He is fascinated and inspired by the questions and creative possibilities raised by stammering.

This erudite book is sometimes maddeningly digressive, eschewing clear narrative thread and coherent argumentative structure. Yet Shell does convince the reader that stuttering is an intriguing and enigmatic phenomenon. Why, for example, should some stutterers – W. Somerset Maugham, Henry James – stutter in one language, English in both cases, and not in others? Why should stutterers cease stuttering when they sing or chant, a more or less universal phenomenon,

noted by Charles Darwin whose own father was a stutterer? Shell is as versed in the neurophysiological discussions of stuttering as he is in the literary and popular cultural ones, and is probably as well qualified as anyone to pronounce that "the best theory of stuttering, as a neuronal and motor event linked with problems of breathing and questions of ontogenetic and phylogenetic origin, still remains up in the air – with the birds." Or to put it more simply, stuttering is a mystery and may always remain one.

Though humiliating and socially isolating for the sufferer, stuttering also seems to be a curious source of creative energy. Because it forces speech into new patterns, stuttering may enrich writing. At least, a surprisingly large number of writers are stutterers. But the boldest claim in the book connects Moses' "heaviness of tongue" with his momentous finding of a script for the Hebrew language and the engraving of the Ten Commandments. Stutterers, as much as poets, may be the unacknowledged legislators of the world.

Stuttering can be seen as a creative, rhetorical, neurological anomaly, both curse and blessing, which puts in question any simple-minded distinction between normal and abnormal.

The explicit message of this book, and an implicit one in the other three, is that some of the disorders that cause us to stumble and suffer are not simply pathologies to be knocked on the head with drugs: they also offer rich ground for the exploration of what it means to be human.

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