“We’re not maniacs.”

South students speak on stigmatized mental health disorders

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Harry Susalla

Harry Susalla ’18 was feeling the happiest he had ever felt in his entire life.

And given his circumstances, there was no reason for him not to be. Having exchanged a stressful summer job and the stuffy scene of Grosse Pointe for a fresh start at a small liberal arts college in Wooster, Ohio, Susalla had found himself completely enveloped by his newest chapter in life. The excitement of freshman year, coupled with first-month jitters, was what Susalla thought had been energizing him.

In fact, his energy was so intense that he didn’t feel tired at all-- instead, he felt great. Euphoric, even, as he threw himself into wild experiences that he believed were mere rites of passage into college life.

Susalla didn’t sleep for four days straight. He grew delusional, believing things about himself that weren’t true and believing experiences that never happened.

He was later checked into a psychiatric hospital; within a week, he was diagnosed with bipolar disorder.

“I remember when [I was diagnosed], I just thought, ‘Okay, there’s a word for this, I’m not just making this up,’” Susalla said. “But I also felt a little unclear; I had heard the term before, but I didn’t really know what it actually meant.”

Today, Susalla is a junior studying sociology at the College of Wooster, taking daily medication and attending therapy. He hasn’t experienced a major episode for over two years. And yet, Susalla expressed that a lack of prior knowledge surrounding bipolar disorder did affect how quickly he was able to receive treatment, and he found himself combating misconceptions held by others and, occasionally, himself.

“When people think of bipolar disorder, they think of people experiencing very quick, short mood swings, alternating back and forth between mania and depression. Even I thought that, originally,” Susalla said. “People can feel manic, then fall into a month-long depression-- my manic episode lasted for almost two weeks.”

While Susalla was able to access the resources he needed to thrive, according to Susalla, there is much that the general public still doesn’t understand about the reality of living with bipolar disorder. And, for those newly diagnosed, the ambiguity can feel isolating.

“Bipolar disorder can take control of you.” Susalla said. “It’s important for people without bipolar disorder to know it can be scary for us, and those with bipolar disorder need to know that it’s okay to be scared. Sometimes even I get scared that I’ll do something really stupid, just because I’m ill.”

Anna Johnson

Since Anna Johnson ’21 was in elementary school, paying attention has been a daunting task.

From navigating the school environment to executing her everyday responsibilities, Johnson always felt distracted. But unlike her peers, her focus wasn’t being drawn to the playground beyond the classroom window or to the clock counting down the minutes until lunch time.

It was the bugs.

“Every day, I was riddled with sensory hallucinations,” Johnson said. “I would feel bugs crawling on my skin, leg by leg. I would see them, too-- it was obviously distracting.”

Hallucinations made perceiving reality as it truly was difficult for Johnson, fueling an overwhelming and occasionally debilitating paranoia that made it hard to attend class. At the end of her freshman year of high school, Johnson spoke to a psychiatrist in search of answers.

“I said, ‘I don’t know what this is,’” Johnson said. “‘But I feel that I’m being watched. I feel that there are bugs wherever I go. I feel like the way I perceive things is sometimes inaccurate.’”

Johnson was later diagnosed with psychosis. Unlike Susalla, the clarity was poorly received.

“I didn’t want to believe it.” Johnson said. “I rejected it because I thought only ‘crazy’ people [have psychosis],” so I skipped my medication.”

Johnson’s distress was rooted in not just the negative portrayals of psychosis across mass-media and entertainment outlets, but the abruptness with which her medication changed the very world she lived in.

“I just didn’t take [my medication],” Johnson said. “Because the one time I did take them, the medication brought me to a reality that was very, very different from the reality I was used to. It put me into a shock.”

Following her initial negative experience, Johnson took an active role in developing her own healthy coping mechanisms to manage day-to-day struggles. However, both the change in structure and the subsequent isolation brought on by the COVID-19 pandemic has required Johnson to learn how to navigate new feelings and perceptions.

“When I went on walks during quarantine, I started seeing people (that weren’t there),” Johnson said. “Whenever something like that happens, I count five things around me that I know are true. I know that the sun is shining. I know I’m present and with my dog. And I know I’m in the city of Grosse Pointe.”

According to therapist and founder of Starting Pointe Therapy Ellen Miller, Johnson’s experiences mirror that of many who have been tasked with juggling mental health struggles and the distress caused by the pandemic.

“[COVID-19] is somehow constantly in front of our faces,” Miller said. “Thus, it’s really hard to have conversations surrounding mental health without it playing some part.”

Susalla and Johnson are just two of the thousands of individuals living with real diagnoses that have failed to appeal to the “aesthetics” of the digital push for mental health awareness. And, by restricting the conversation while simultaneously allowing for dangerous stereotypes and caricatures of those with bipolar disorder and psychosis to flourish in the media, more harm is done than good, according to Johnson.

The Problem in the Pointes

“When someone thinks of psychosis, the first example that comes to mind is a scary movie, where the murderer is someone who sees or hears things.” Johnson said.

In a poll released by The Tower Pulse, 76 percent of students have used phrases that normalize the ostracization of those with psychiatric disorders, ranging from “you’ve lost your mind” to “you’re such a schizo;” of those polled, 74 percent have been called those phrases, and 73 percent acknowledged that such phrases are harmful. Of the students who both use such phrases and find them harmless, over 65 percent derive most of their knowledge on schizophrenia, bipolar disorder, or psychosis from television, rather than personal experiences.

“In Grosse Pointe, we talked about depression and anxiety, but we barely talked about mania, psychosis, or hallucinations,” Susalla said. “When I took a semester off from college after my diagnosis, I learned that bipolar disorder is more common than I thought it was. It’s comforting to know there’s other people that have gone through the same things, and there are people that will go through the same things in the future.”

From the aforementioned poll, 94 percent know someone with anxiety or depression, while only 59 students know someone with schizophrenia, bipolar disorder, or psychosis. And while 70 percent of students feel as though there aren’t enough mental health resources available in Grosse Pointe for those with anxiety or depression, less than 4 percent of students believed the opposite to be true for those such as Susalla or Johnson.

“Psychosis is a very serious disorder, and I don’t know if it’s appropriate to expect the school to help me when I’m experiencing an episode,” Johnson said. “But, at the same time, there were many teachers that harmed me by treating me as though my behavior was attention-seeking when I was genuinely very afraid.”

For Susalla, his experience as a member of the Grosse Pointe community has indirectly provided him with necessary time for self reflection, leading him to the positive attitude surrounding his diagnosis that he continues to carry with him today. For both those experiencing bipolar disorder and those otherwise feeling as though their life’s path is unclear, Susalla asserted that taking time for oneself and traversing one’s own unique path will bring the most security.

“When I came back to Grosse Pointe, I went to a program at the Pearson Clinic, and I went to the Detroit Institute of Arts literally all the time,” Susalla said. “That’s when I realized: we have so much time in our lives. Not everything has to be immediate or ‘according to plan.’”

As for Johnson, learning how language affects how diagnoses are perceived is a large part of becoming a supportive family member, friend, or ally. Miller echoed these sentiments, stating that it’s always better to motivate and encourage struggling loved ones, as opposed to criticizing and attacking their realities.

“Let me talk without judgment,” Johnson said. “Don’t say what I’m experiencing is ‘all in my head.’ It’s very real to me, and it’s very scary.”

In order to support those with less common psychiatric disorders, Johnson emphasized the importance of not just exposing oneself to accredited research and information, but listening to the stories, experiences, and needs of actual individuals living with the disorders.

“If I went through everything I wanted people to know about psychosis, we’d be here all day,” Johnson said. “But I want people to know that you do not need to be scared of us. In fact, people with schizophrenia have been shown to be less dangerous than the general population-- so don’t assume we are violent, raging maniacs.”

GRAPHIC BY **EVA MCCORD ’21**