MENTAL ILLNESS

Overcoming Our Ignorance and Fear

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Tony Stone

On a recent rerun of a popular TV sitcom, one of the main characters told another to stop fidgeting with his hands, saying, "You look like a mental patient." The studio audience laughed raucously. Friends watching the show with me giggled a bit, but I didn't. I sat there silently, feeling a paralyzing mixture of fury and shame. The fury came from the psychologist me—the one who understands that ignorance and fear toward people who suffer with mental illness is one of the truest examples of adding insult to injury.

The biggest culprit contributing to the stigma associated with mental illness isn't cruelty but ignorance.

The shame is another story. It comes from a place in me different from the thoughts, feelings, and self-confidence I have as a professor, psychotherapist, writer, and an advocate of those with a mental illness. The shame is not in my head; it's in my gut, in my bones. I'm one of those "mental patients" at whose expense the TV star got his cheap laughs. The knowledge I've gained from years of professional training and experience in psychiatric wards will never even come close to the wisdom I gained from spending three long weeks as a patient in one of these wards.

I suffered from depression so severe that I could not sleep or eat. I could barely speak. Moving was like trying to push through molasses. I became a stranger to my husband and daughter, a ghost in my own house. Even though I knew my life was abundantly blessed, I prayed for that life to end. And after months of suffering, I became obsessed with thoughts of ending it myself. I remembered enough as a psychologist to know that thinking about suicide most of the day is the direct route to attempting it.

One of the most difficult decisions I've ever had to make was agreeing to be admitted to the hospital as a psychiatric patient. I checked my professional credentials at the door and entered a world I thought I knew, a realm of suffering I thought I understood—only to find I "didn't know nothin'." I saw that when it comes to mental illness, there are innumerable levels of hell. Some of my fellow patients had attempted suicide. Some were tormented by voices that persecuted them, making them suspicious of even the most harmless people and things. Others were stuck in such inflated moods that they couldn't manage their escalating, out-of-control behaviors, which brought disastrous consequences for themselves and their families.

On our medical charts at the nursing station, we were labeled as schizophrenics, manic-depressives, and depressives. Many people—including professionals who should know better—might have erroneously thought that those labels could tell them all they needed to know about us. But they could not see us for what and who we were: women and men, young and old, single and married, poor and rich. Our formal education ranged from little or none to advanced degrees. Although our recent histories looked fairly distressed, many of us had successful careers. For others, just the struggle to keep minimum-wage, part-time jobs was heroic. Many of us were someone's parent. We were all someone's child.

Labels are not inherently bad. They can help us organize and plan. Determining whether something is a virus or a bacterial infection helps a doctor decide what medicine to prescribe. I can save a conservative Republican candidate a good deal of time by identifying myself as a rabidly liberal Democrat. My mother used to silence even the most persis-

tent door-to-door missionaries by straightening her back, sticking out her chin, and proclaiming, "I am a Roman Catholic!"

Problems arise, however, when labels that can be useful in determining general categories and treatments are believed to capture the essence of a person. Such beliefs guide our thoughts, feelings, and behavior in ways we don't even recognize.

Science has made tremendous strides in recent years toward understanding the functions of the human brain, and these advances have taught us a great deal about psychiatric illnesses. Although we still have much to learn, it is clear that different types of mental illness are associated with a variety of changes in the brain. In many cases these changes are so significant that without treatment, no amount of good intention, effort, love, or faith will "cure" them. Many people are now helped by one or a combination of approaches, including medication and psychotherapy or counseling. Even though a cure has not yet been found, symptoms can be eased or erased as long as individuals follow their treatment program.

Unfortunately, a huge gap often exists between excellent treatments that are available and people's use of them. Two main barriers that prevent appropriate treatment are *access* and *stigma*.

Access to mental health services is tremendously hindered by economics. Poor people must make do with woefully limited, often low-quality, resources which almost guarantee that recovery will be difficult, if not impossible. Even middle-income families often find that their health insurance benefits aren't particularly generous when it comes to mental health, and it's not long before an ill family member is facing the same limitations as those in poorer families. Instead of improving, this problem is escalating. For things to improve, vigorous advocacy with insurance companies, healthcare providers, and lawmakers is required. To a large extent, the stigma attached to mental illness blocks that advocacy.

Stigma is the burden of shame our culture attaches to the label of mental illness as a mark of humiliation, a sign of fault, proof of personal failure. While we no longer believe that sufferers of schizophrenia are witches or that terribly depressed people who commit suicide are eternally condemned, the stigma associated with psychiatric disorders still prevails.

Unlike other groups, people with mental illness are still considered fair game by the media. They are often the target of jokes; furthermore, descriptions, news reports, and character depictions are cruel in ways considered unacceptable for others—minorities, people infected with HIV, or children with physical disabilities. While people with AIDS courageously rejected society's initial stigmatization and discrimination on the basis of their illness, people who suffer with mental illness are terrible advocates for themselves. People with AIDS or other serious illnesses can harness their personal strengths to fight for their own needs, as well as demand more money and attention for research and support for their fellow sufferers.

With mental illness the "self" sustains a direct hit, making it very difficult for individuals to express their needs. For example, severe depression cripples confidence, motivation, even things like concentration and memory—assets that are important when one is faced with a personal crisis. By its very nature, depression obliterates hope, making it difficult for a person to believe that anything she (or anyone else) does will make things better. Even when she knows what she has to do to get better, she may lack the energy to transform a good idea into action.

People with a mental illness suffer not only from careless cruelty but also from the hurt inflicted by well-meaning words and gestures. Those of us who know nothing of architecture or carpentry would not presume to advise others about how to build a house. I could be sued for malpractice for dispensing professional advice and recommendations outside the specialties in which I'm licensed. But no such limit exists when it comes to advice regarding mental illness. Such advice is usually based on a person's conscious or unconscious beliefs about the *causes* of the problem. For example, if we believe depression stems from selfishness and preoccupation, we recommend thinking about other people. We tell people who struggle just to get out of bed in the morning and put two sentences together to do some volunteer work. If we believe that their despair arises from their lack of faith in God, we tell them to pray more. Interestingly, several hundred years ago when people hallucinated, it was assumed that they were possessed by demons and could be "cured" only by being thrown from a cliff or burned at the stake.

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Now when we see muttering, tattered, smelly strangers on the street who confront us with odd demands and wild tales, we blame them or their families. Because we are accustomed to images of "psycho killers" in the entertainment media, our first response to these people is fear. Our second response usually involves planning the quickest getaway to ensure the least amount of interaction possible. These reactions are natural, but they are not helpful. They compound the sense of isolation and can make people so afraid of being perceived as weak or "crazy" that they don't seek treatment. That is a tragedy.

The biggest culprit contributing to the stigma associated with mental illness isn't cruelty but ignorance, a common malady for which there is a simple prescription: learn, reflect, and react.

Learn: Several excellent sources of information about mental illness are available for those who want to learn more about it. These sources are typically free and easily accessed by phone, the Internet, or mail. Each organization usually has a catalog from

SuperStock

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Where to Get Help

National Alliance for the Mentally Ill (NAMI)
200 North Glebe Rd., Suite 1015
Arlington, VA 22203
Helpline: 800-950-NAMI (6264); Website: **www.nami.org**

National Depressive & Manic-Depressive Association (National DMDA)
730 N. Franklin St., Suite 501
Chicago, IL 60610-3526
Phone: 800-826-3632; Website: **www.ndmda.org**

National Mental Health Association (NMHA)
1021 Prince St.
Alexandria, VA 22314
Phone: 800-969-NMHA (6642); Website: **www.nmha.org**

Depression / Awareness, Recognition, and Treatment (D/ART)
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857
Phone: 1-800-421-4211; Website: **www.nimh.nih.gov/dart/index.htm**

Anxiety Disorders Association of America
11900 Parklawn Drive, Suite 100
Rockville, MD 20852-2624
Phone: 301-231-9350; Website: **www.adaa.org**

which to order books and videotapes about specific illnesses. Most of these organizations can also refer you to local chapters for more specific information and support. (See sidebar.)

Reflect: Learning more about mental illness will inevitably lead to a greater sensitivity toward sufferers and the tremendous stigma they face. Develop a heightened awareness of the way people talk about psychiatric illnesses. Just as a stronger prescription for eyeglasses will improve your sight, an increased awareness will sharpen your compassionate vision. Examine your own attitudes and try to understand how they developed.

Allow yourself to remain in the uncomfortable presence of someone who looks *crazy, insane,* or any other word that flashes on the screen of your mind when you register a "strange" person coming toward you. You don't have to make a lunch date with the person. Just look him in the eye and acknowledge his presence. Allow yourself to be curious about this person. Try to see this individual—no matter how broken—as a *whole* person, as someone who is more than a diagnosis. Remember that just as a person who has problems with his arteries isn't a *heart disease,* a person who suffers from hallucinations, poor judgment, and has difficulty caring for himself isn't a *schizophrenic.* The difference between *having* something and *being* something is enormous.

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React: When you are offended by an ad, a joke, or a TV program, register your protest with a quick call, an E-mail, or a note to the station or sponsor. If you are involved in a conversation in which disparaging, stereotypical language is being used to describe the appearance or behavior of someone who suffers with a mental illness, speak up. You don't have to make a huge fuss, but you can gently ask someone to think about what she just said and how those affected by mental illness (the sufferer and his family and friends) would feel if they overheard it. Volunteer at one of the many community programs in your area or through the organizations listed in the sidebar. If you are concerned that you or someone you care about may be suffering with a psychiatric illness, apply the same knowledge, judgment, and compassion that you would for *any other illness.* ■

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