# Overcoming Mentalism

The trip from mental patient to psychiatric survivor

PART II

**The result of mentalist discrimination and micro-aggressions is a "mental patient."**

**"Mental patients" are good, "compliant" folks who have acquired a sense of either "learned helplessness" or they have surrendered their power to those they feel are in authority.**

**Most "mental patients" have become "hopeless," "helpless," and overly "dependent" upon a system that is much too eager to "rescue" or "fix" them.**

**What the "system" calls a "safety net" is more often, a "straight-jacket" that doesn't allow people to learn and grow.**

**People learn and grow through their mistakes; through trial and error.**

**The "system" refers to mistakes and the process of trial and error as "failure."**

**Trial and Error = Learning Experiences**

**Making Mistakes = Positive Growth**

**The system labels these as failures.**

- **When we teach a child to ride a bike, it's expected and okay if they fall.**
- **It is expected and okay when a freshman in college changes their major an average of five times before graduation.**
- **It is expected and okay when people make a major change in their career path an average of six times in their lifetime.**

**When we are offered a minimum wage job doing some menial task that we find boring and unfulfilling, and things don't work out on that job, we are labeled a failure.**

**This sort of negative labeling is mentalism. It is directed at us and hurts us. It causes us to feel hopeless, helpless and overly dependent.**

**When I taught my kids to ride their bicycles, I did the usual thing;  I held onto the back of the seat and ran alongside while they learned some sense of balance.**

**Eventually, I let go of the back of the bicycle seat.**

**I risked that they might skin their knees or worse, that they might fall and crack their skull.**

**I contend that it was right and a good thing to do -- to let go of the back of the bicycle seat.**

**I contend that the reward of my loved ones learning freedom -- of having the wind blowing through their hair while they pedaled around the neighborhood -- was well worth the risk**

**I further contend that if I had NOT let go of the back of the bicycle seat, it would have been wrong. It would have denied my children the possibility of knowing that freedom.**

**I believe that if I hadn't let go, I might have been able to argue that I loved my children and didn't want to see them potentially skin their knees or possibly crack their skull.**

**However, I feel this argument is false and that it would have been abuse and not love to deny the potential of freedom and independence to my children.**

**Many parents, often members of NAMI (National Alliance for the Mentally Ill) as well as many mental health providers claim that they are protecting their charges by promoting an oppressive system of care. These misguided folks are doing the equivalent of holding onto the back of the bicycle seat and depriving folks of freedom and independence.**

**Many in the system and many within NAMI would create a safety-net that is smothering like a straight jacket instead of promoting freedom and independence!**

**The overprotectiveness of the system helps to create "mental patients" who are overly helpless, hopeless and dependent!**

Learned helplessness, hopelessness and dependence all contribute to feelings of worthlessness and low self-esteem:  commonly called "Depression."

**Depression is a vicious cycle --**

**Low self-esteem causes one to feel depressed and,**

**Depression causes one to have a lowered self-esteem!**

Depression causes a loss of self-esteem, confidence and the ability to concentrate

**Depression makes it impossible for employees and executives to work efficiently and causes massive absenteeism.**

Most researchers agree depression has its origin in the genes.

This supposed agreement represents a conveniently biased view.

**Many people are depressed because day in, day out, year in, year out, they do work that is meaningless to them, pursuant to the orders of people they do not like and often do not know, get too little sleep (and thus are seldom able to psychologically catch their breath and recuperate), have no sincere community, take in a steady diet of appealing but injurious mass media tripe, and spend little or no time on anything of their own design, of meaning to them. These people spend nearly all their time on things they do not care about, and they shut down, dying inside.**

**A diagnosis of depression seldom takes into account issues such as poverty, homelessness, stresses (environmental, physical, emotional and spiritual) and micro-aggressions. More often, a label of depression is given so that insurance will cover prescribed medications.**

**The greatest factor in living, and in recovery from any illness or injury, is the patient's determination to live and recover. It is more important by far than the best of medical advice, supervision and treatment. To destroy hope is to seed defeat. The focus at home and in the professional environment should be directed at encouragement and a positive attitude.**

**Eugene S. Kilgore, Jr., M.D., retired 80 year old general surgeon from Tiburon, CA responding in a Dear Abby column seen in the Oregonian on Tuesday, September 5, 2000**

**As Dr. Kilgore stated, “To destroy hope is to seed defeat.”**

**Much of the system, through it’s “mentalist” practices, destroys hope!**

**Mental patients are told:**

- **You’ll never get better**
- **You’ll have to take drugs for the rest of your life**
- **You’ll never be able to maintain a stable relationship**
- **You’ll never be able to maintain a responsible job**
- **The best you can hope for is living in a shared-apartment**
- **You have an incurable “brain disease”**

**It's easy to envision someone with a blown knee in rehabilitation.**

**They would be told, "Come on!  You can do it!  Just two more minutes on the treadmill!  Hang in there!  You can recover!**

**Physical rehabilitation focuses on recovery and wellness.**

**The mental health system focuses on illness.**

**For many years, on the Jerry Lewis Muscular Dystrophy Labor Day Telethon a gentleman would come out in a wheelchair. He was a Vice-President with United Airlines, the largest airline in the world.**

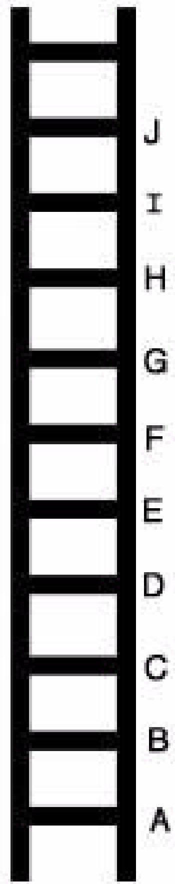
**Imagine how much support he must have had to attain his position; how unlike the mental health system with it's mentalist attitudes!**

**From somewhere, he must have gotten hope.**

**What are the effects of the system stripping us of hope?**

**We can get stuck in the system and remain there for a very long time because we feel hopeless and helpless to change our situation.**

**On the next slide, there are three ladders. The first represents my path in life up to the point where I started interacting with the mental "illness" system.**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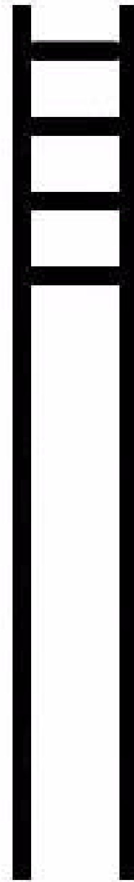

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**I had climbed and progressed fairly well in life. Each step represents significant life tasks. I had graduated high school, I'd gotten married, I'd gone through a series of jobs which were progressively better, either in terms of pay or responsibility or both, I'd gone to college, etc.**

**Then I hit a point in life where I missed a step. I fell from point H on the ladder and crashed at the bottom.**

**I spent the next ten years of my life under the second ladder jumping up and down in frustration trying to get back to where I was on the first ladder when I'd fallen.**

**Imagine standing under a ladder where the rungs are all missing up to the one from which you'd fallen.  Then imagine the frustration as you jump up and down under that ladder stretching and reaching for that rung but never being able to reach it since it's just out of range.**

**I felt entitled to return to where I'd left off and I wanted desperately to be back where I was before falling.**

**It took ten years to finally figure out that I could return to where I'd been but, I'd have to move to the third ladder and take things one step at a time.**

**I didn’t have to repeat each and every step -- I didn’t have to repeat high school -- but, I would have to create a new path for my life.**

**By creating a new path for my life, I found that I could not only climb as high as I had previously, I could exceed that and move even further along a life's path.**

**In short, I "*recovered*."**

# What is RECOVERY?

**The American Heritage Dictionary defines it as:**

**Recover (v.) [also recovered, recovering, recovers]**

**—tr.**

**1. To get back; regain.**

**2. To restore (oneself) to a normal state.**

**3. To compensate for.**

**The dictionary definition of “recovery” isn’t particularly useful!**

# Other definitions of “RECOVERY”

**In 1991, William Anthony with the University of Boston wrote:**

**Recovery is what people with disabilities do.**

**Treatment, case management and rehabilitation are what helpers do to facilitate recovery.**

**Well, that's not particularly useful either. Think back to the gentleman with muscular dystrophy. While he still has muscular dystrophy, he is doing quite well and could therefore be considered, in a meaningful way, recovered.**

**Bill Anthony later gives us this definition of "recovery." This is much more useful.**

**Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by a disability. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the effects of a disability.**

**The concept of recovery does not mean that the suffering has disappeared, all the symptoms removed, and/or the functioning completely restored.**

**Recovery means that people are able to live and thrive in the community as full, free and equal participants to the extent that they choose so long as they do not impinge upon the space of others.**

## A Psychiatric Rehabilitation Mission Statement

**To increase client's <u>success</u> in the <u>environments</u> of their <u>choice</u> so that they can function with the least amount of help from the mental health system.**

## How the system impedes recovery:

**The system's biological approach reduces human distress to a brain disease, and recovery to taking a pill.  The focus on drugs obscures issues such as housing and income support, vocational training, rehabilitation, and empowerment, all of which play a role in recovery.**

# What are Some Other Impediments to a Quality System that Promotes Recovery?

## Impediments to a system that promotes recovery -- 1

- **Clients are trained to be "mentally ill" and not mentally healthy**

## Impediments to a system that promotes recovery -- 2

- Efforts are focused on disability instead of strengths and abilities

## Impediments to a system that promotes recovery -- 3

- **Dependency is maintained under the guise of good care**

## Impediments to a system that promotes recovery -- 4

- **The system creates a suffocating "safety net"**

## Impediments to a system that promotes recovery -- 5

- **Clients are not given the right to make mistakes (fail) without it being judged negatively**

## Impediments to a system that promotes recovery -- 6

- The system is deaf, dumb and blind to research and ignores it's implications in practice

## Impediments to a system that promotes recovery -- 7

- **The system is staff-oriented as opposed to client-oriented**

## Impediments to a system that promotes recovery -- 8

- School based inculcation is so strong as to be nearly totally immutable

## Impediments to a system that promotes recovery -- 9

- **Severe and persistent mental illness is perceived by staff to be an intractable condition for at least 75% of the clients**

## Impediments to a system that promotes recovery -- 10

- **Severe and persistent disabilities associated with mental illness are grounds for assuming clients are incapable of choice**

## Impediments to a system that promotes recovery -- 11

- **Pervasive belief that treatment (symptom control) must precede substantive rehabilitation efforts**

## Impediments to a system that promotes recovery -- 12

- **Belief that impairment in one life area affects all abilities**

## Impediments to a system that promotes recovery -- 13

- **Absence of clarity as to the product precludes evaluation and effective management**

# Impediments to a system that promotes recovery -- 14

- There is confusion about mission and goals;
  - What is the desired product?
  - Treatment hours?
  - Tenure in the community?
  - Quality of life?
  - Normalization?

## Impediments to a system that promotes recovery -- 15

- **Pay is too highly correlated with credentials that are not indicative of the skills required to do the job**

# Impediments to a system that promotes recovery -- 16

- Public dollars continue to subsidize the education and preparation of practitioners for the private sector with no pay back to the public sector despite some fairly massive workforce shortages

## Impediments to a system that promotes recovery -- 17

- Notable major advances are accomplished by rebels yet the system rewards conformity and punishes non-conformity

## Impediments to a system that promotes recovery -- 18

- **The system subcomponents are underfunded and non-integrated**

## Impediments to a system that promotes recovery -- 19

- **The governor has minimal interest in mental health aside from cost-containment**

# Impediments to a system that promotes recovery -- 20

- People argue about causes and attempt to make clients "compliant" instead of teaching them coping skills regardless of causes and in spite of them

# Impediments to a system that promotes recovery -- 21

- **Legislators are naïve and pay more attention to providers' and family members' wants than to consumers' needs**

# Impediments to a system that promotes recovery -- 22

- Provider boards of directors are inadequately trained to do their jobs. What little training they receive is generally done by staff within the agencies creating inbreeding that is not beneficial

# So, how does all this work on an individual level?

**Like most who enter the system, at the time I fell from my ladder (my life's path), I had been raised in our society with a belief system about doctors.**

**We enter into a relationship with a doctor with a belief that we are ill, sick or broken and with an open faith that the doctor can heal us.**

**We often place ourselves at the mercy of the doctor to make us well.**

**This belief system causes us to elevate the doctor to a position of authority and in the process, we place ourselves in a position of subservience to that authority.**

**The first thing we are told is that we are indeed ill and that we will never recover.**

**We are given a diagnosis or label that comes to define us**

**We surrender our personal power to the authority of the doctor and we accept that we are hopeless, helpless and powerless to do anything to effect the outcome of our "illness."**

**Our identity subtly shifts to that of being a mental patient instead of trusting and believing in ourselves and our own personal power to heal.**

**We lose our identity as a person and our diagnosis becomes our primary identity.**

**Sadly, I can't count the number of times I've heard someone say, "I'm a schizophrenic," or "I'm a manic-depressive."  Their identity has become their diagnosis.**

**The subtle shift in our identity occurs in such tiny increments that it's often not noticeable**

**This is where the bombardment of micro-oppressors that was spoken of in the beginning of this document enters and begins to impact on our sense of self.**

**I felt emotional distress. I went to the psychiatrist. I wanted to be healed. I wanted an end to my distress so I followed the doctor's advice. I was a good compliant "mental patient."**

**For ten years, I followed the advice of the doctors. I took all the drugs. I went into the hospitals over twenty times. I went through episodes of seclusion and restraint.**

**The more I followed the advice of the doctors and the system, the more I lost my sense of self; my self-esteem, my self-confidence, my ability to care for myself.**

**My primary role became more and more, that of a "mental patient."**

**We all have many roles in life. I am husband, father, worker, student, lover, friend, etc.**

**As “mental patient” became my “primary” role, other roles became less important.**

**When faced with having to choose between attending to some need of my wife or children or attending “day treatment” I chose “day treatment” because my primary role in life had become “mental patient”**

**I lost my “self” identity as I came to more closely identify as “mental patient”**

**The more I placed my faith and trust in the system, the less I was able to find the strength within to heal myself.**

**Eventually, it dawned on me. All of the efforts of the professionals to heal me failed. The drugs didn’t work. Being locked up against my will in hospitals didn’t work. The seclusion and restraints didn’t work.**

**In fact, the drugs, the forced hospitalizations, the seclusion and restraints seemed to hurt rather than heal**

**What did help was being with my fellow patients! Sitting and playing cards with other patients in state hospital did more to help me retain my sanity than all the efforts of the mental health professionals.**

**With my fellow patients, we could all be ourselves without being judged negatively. We shared with each other as real people and not just as a diagnostic label. We stuck together in a caring way against a common enemy -- the staff.**

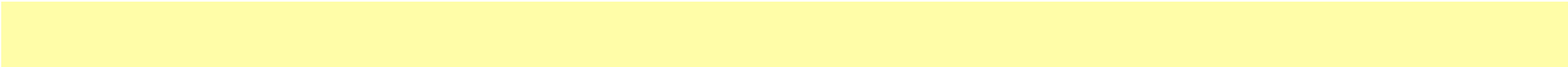
**It finally dawned on me that I could find the support of others without being locked in a hospital. I set out on a journey to build a personal system of support away from the mental health system.**

**Like any journey, I didn't reach my destination in a single step. I was far too brainwashed into a state of helplessness, hopelessness and dependency to recover that quickly.**

**One of the significant steps on my journey to "recover" my sense of self occurred in "day treatment."**

**“Day Treatment” is a fancy name for the way the system babysits adults they consider to be a problem. In day treatment, you are generally taught the same old tired worn out fare of occupational therapy (sometimes making a pottery coffee cup), recreational therapy (an occasional field trip or outside volleyball), stress management (everything from dancing to simple meditative techniques -- like napping) and assertiveness training.**

**I sat there waiting for the therapist to enter and I felt a heavy sigh. This would be about the twelfth time I'd heard the same old garbage about stress management. They would draw the picture contained in the next slide.**



passive
(bad)
assertive
(good)
aggressive
(bad)

**I'm sure that most of you who have been exposed to this will recognize that we are taught that Assertiveness is in the middle and it is good. Aggressive and Passive are located at the ends of the line and they are considered bad.**

**Well, for some unknown reason, I was feeling particularly intolerant so that day, when the therapist entered, I let out an audible groan. The therapist responded as I knew he would and he asked me what was the matter. I said that I was tired of their crappy way of teaching this and that I could do it better.**

**Unable to let this challenge pass (therapists have to maintain their position and role of authority or it becomes a threat to their ego strength) the therapist smugly returned the challenge and told me to step to the board and demonstrate.**

**I'm sure that he didn't really expect me to do it so when I stepped to the board, and drew the following diagram, he was quite put off.**

aggressive

passive

assertive

**I contended that none of the three "tools" were good or bad in themselves. I gave the example of going into a tough bar and how proper it would be to assertively state that you had just as much right to a drink in that establishment as anyone else. You could also get beat up just like anyone else who was that foolish. Instead, the proper course of action would be to quietly ease out of there as quickly as possible and to recognize your mistake of entering in the first place. In other words, the correct action would be to be passive.**

**Likewise, about the fifth time in a week that you take your car in to have the same problem fixed and you are given the run-around, it might be appropriate to get a bit aggressive and to demand that they fix it right this time or else you will report them to the Better Business Bureau and anyone else you can think of who might be able to take action against them.**

**My simple little two dimensional model was very advanced compared to what the therapist was used to teaching. My model not only accounted for the mysterious label of "passive-aggressive" but it also allowed that if you start in the middle, you could be a little bit assertive or a lot assertive and you could be somewhere in between assertive and passive. In other words, my model accounted for a whole range that the other model lacked.**

**The end result of this demonstration was that the therapist got angry and irritated with me for making him look foolish and therefore, I ended up with a new label -- "low functioning."**

**I could now add “low-functioning” to my other perjorative labels -- “treatment resistant” and “non-compliant”**

**Labels add nothing to the process of helping people heal or recover. In fact, they are a mentalist impediment to healing and recovery.**

**Labels say little about what you are and even less about who you are.**

**The mental health system loves it's labels! They label everything!**

**To be a mental patient is to participate in stupid groups that call themselves therapy -- music isn't music, it's therapy; volleyball isn't a sport, it's therapy; sewing is therapy; washing dishes is therapy.**

**Even the air that we breathe is labeled. It's called "*milieu.*"**

**The system also likes to mislabel to deceive! Often psychiatric drugs have unpleasant or painful effects such as muscle cramping, twitching, lethargy, weight gain, loss of libido, etc. The system mislabels these very real effects as "side effects" to minimize and negate our discomfort.**

**Normal people have a “bad day” or a “down week” or even an “off month.”**

**Mental patients have “episodes” or “breaks”**

**“Normal” people get sad;**
**“Mental patients” get depressed.**

**“Normal” people laugh and cry;**
**“Mental patients” get “Manic.”**

**“Normal” people commune with god;**
**“Mental patients” get delusional.**

# Feelings just are!

**Not all therapy is bad and not all therapists are bad.**

**Abuse, neglect or trauma has been implicated in upwards of 80% of all instances of psychiatrically labeled “mental illness”**

**As a survivor of child abuse, I had learned to handle feelings in certain dysfunctional ways.**

**Because of the abuse, I learned that feelings weren't safe. Whenever possible, I stifled any feelings I had.  This caused the emotional pressure to build to the point where the feelings couldn't be stifled and felt overwhelming in size.**

**The overwhelming feelings resulted in emotional distress. This distress is what lead me to seek help from the mental health system to begin with.**

**Treating emotional distress with drugs isn't a cure. It's like putting a clamp on the lid but ignoring the fact that the pressure continues to build.**

**As a result of abuse, I also developed a mistaken belief that feelings were real and powerful and needed the acknowledgement of being acted upon.**

**In other words, like many others, I came to believe that if I felt angry, I had to act angry and if I felt sad, I had to act sad and *if I felt suicidal, I had to act suicidal.***

**When someone claims to feel suicidal, the usual response of mental health providers is to *PANIC!***

**As a result of the providers' panic over my feelings, I'd get locked up, drugged up, secluded and restrained -- for my own good (and protection)**

**Of course, none of this helped me to actually learn to cope with my feelings.**

**Finally, I got a therapist who, instead of panicking, asked, *"How's your impulse control today?"***

**She said, “Congratulations, you’re having a feeling…and feelings just are.”**

**Feelings are no bigger or more powerful than you allow them to be!**

**She further said, “If you don’t think you can control your impulse to act suicidal, I’ll be obligated to place you in a secure setting to protect you from yourself. However, if you think you can control your impulses, then we can talk about your feelings.”**

**It dawned on me like a FLASH!**

**I couldn't control my feelings but, I could control my actions!**

**I could freely choose to go home and swallow a bunch of pills or cut myself or pull a trigger but, I could just as freely choose to not do any of those things.**

**I no longer had to let my feelings dictate my actions. I might not be able to control the feelings but I could control how I acted in response to those feelings.**

**In one brief flash on insight, I learned that I could feel suicidal but I didn’t have to act suicidal.**

**I learned that I didn't have to stifle my emotions. I didn't have to control the emotions and keep trying to stop them from becoming overwhelming. Emotions just are. They are feelings. They might feel awful but by themselves, they cannot consume you.**

**Feelings are like the weather. We can survive through an emotional storm without being consumed by it.**

Like the weather, we are guaranteed to have stormy times and sunny times in our emotional lives.  If we wait, it's a sure thing that it will change.

**Some contend that the emotional storms and seasons through which we pass are our growth. We may be responding to growth in sensitivity to our environments and to others around us and to our society. An internal response which is a growth in our personal sensitivity may be outwardly expressed as an emotional storm.**

**My therapist granted me permission to feel my emotions. More importantly, my actions no longer had to match my feelings. I could choose to act out of sync with my emotions. I could feel suicidal but I didn't have to harm myself or others just because I had these awful feelings.**

**Thanks to the patience of this one therapist -- and the fact that she didn’t panic when I told her of my suicidal feelings -- I would reach the point where I would never be placed in a psychiatric hospital again!**

**I learned to talk about my feelings and to express them in non-harmful ways -- thus breaking the cycle of waiting until the feelings became overwhelming.**

**While the process of learning to talk about my feelings and to express them in non-harmful ways was a long and arduous one, at least I was on the right path.**

# ANGER!

**One of the hardest feelings with which to cope is anger.**

**For survivors of abuse, neglect or trauma, anger is especially difficult since this was the feeling that was the scariest.**

**Anger in others is scary since it can be reminiscent of the anger of those who hurt us.**

**Anger in ourselves can be scary since it can make us feel as if we might be as out of control as those who hurt us.**

**There are ways to deal with anger (and other feelings).**

**The usual (and boring) way that is commonly recommended is to find some physical way to vent the feelings. One of these ways is to pound on a pillow.**

Far more innovative ways of coping with feelings are available.

We are limited only by our own imagination and the imaginations of those around us.

**A recommendation that helped me to cope with anger was to:**

**Go to a thrift store and obtain a bunch of very inexpensive dishes. Then take them and go to someplace private and safe. Then smash those dishes and release some of that pent up anger!**

**The beauty of smashing dishes was that it was safe, physical, loud and it didn’t harm anyone. I always felt an easing of the emotional tension after a session of smashing.**

**While smashing dishes might not be the thing that helps you to cope with your feelings, the idea remains that there is some way to help you. You only need to find the right way that works for you.**

**So how do I find the right way that work for me?**

**FACT: Those who are psychiatrically labeled live in greater social isolation than the general population.**

**All the drugs and all of the being forcibly locked up and all of the seclusion and restraints and all of the condescending attitudes of staff did not help me at all!**

**What helped while I was in the hospital were my fellow patients. We played cards, we talked, we laughed, we discussed the shortcomings of staff and we treated each other as "normal" people.**

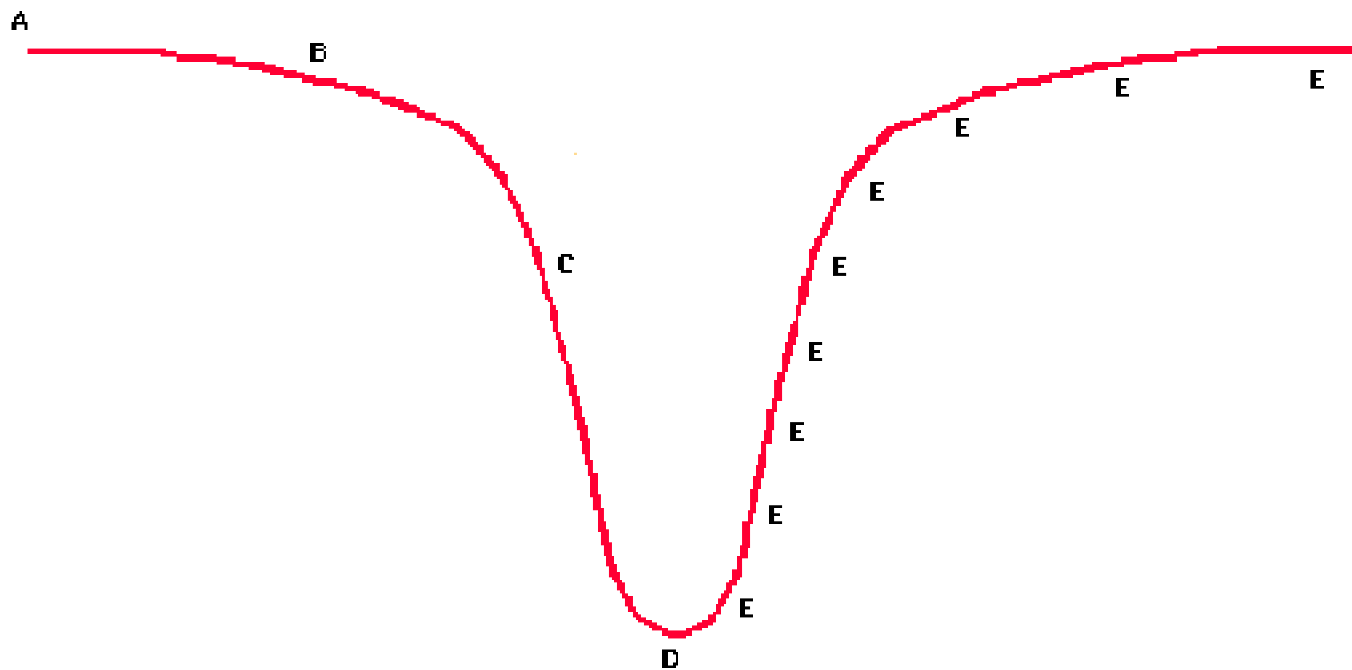
**I realized that I didn’t have to get locked up and abused by the system in order to have meaningful interaction with others who could care and be supportive.**

**I needed to develop my social support system outside of the system.**

**I forced myself to go out and interact with others. This was one of the most difficult things I have ever done but it was vitally necessary to avoid crisis and hospitalization.**

| Stay stuck | Get a life |
| --- | --- |
| | |

In this section do some of the personal crisis
Management stuff




Pat Risser's "E'sy" Living

Personal Crisis Support Plan