Barriers to Self-Determination for People Who Have Been Identified as Having Mental Illness in Western Society

By Pat Risser, B.A.

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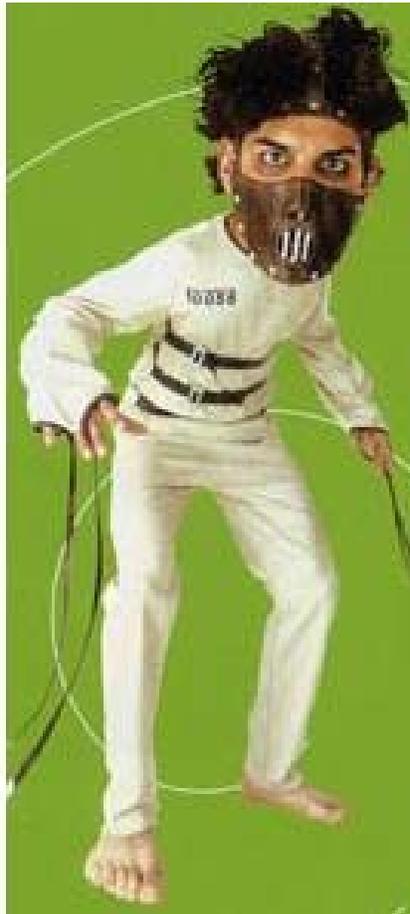
Introduction

Self-determination is the ability to make informed choices for one's own life with a reasonable expectation of hope for the future. Self-determination means being in

charge of your own life, having the resources you need to create a good life, making responsible decisions that are best for you and for others around you, and choosing where, when, and how you will get support and assistance for your mental and physical health problems.

These broad definitions don't fully address the specific and unique issues of people who have been psychiatrically labeled. Just as some have made strides in securing rights for people in the disabilities rights movement, other people are speaking out in the psychiatric consumer/ movement saying, "We want our voice respected and heard. We don't just want a seat at the table, we want to be the primary voice at the table!" The psychiatric consumer/survivor movement has gone so far as to borrow the saying, "Nothing about me without me" from the disability rights movement.

There are many barriers to self-determination for people with psychiatric disabilities/labels. Some of those barriers such as self-doubt are generated internally within the person. Some of those barriers are created by the treatment system itself. Other barriers are imposed by our society. This paper will address some of those societal barriers.

On April 29, 2002 President George W. Bush announced the creation of the President's New Freedom Commission on Mental Health at the University of New Mexico in Albuquerque. In his address, the President identified obstacles to quality mental health care. One such obstacle is the stigma that surrounds mental illness, "a stigma caused by a history of misunderstanding, fear and embarrassment."

Stigma and discrimination are commonly mentioned as barriers to self-determination. These are terms that reflect attitudes and practices in the way people are treated. To some extent, language itself expresses a type of

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discrimination however; more important are the thoughts, feelings and attitudes that are triggered in others when people use certain words in describing people with psychiatric disabilities/labels. There is a historical prejudice against "those" people, the nuts, the crazies, the insane, the retarded, etc.

[From the Oxford Thesaurus]
mad, insane, demented, deranged, unbalanced, unhinged, lunatic, non compos mentis, daft, certifiable, mental, touched (in the head), out of one's mind or head, mad as a March hare or hatter, maddened, crazed, barmy or balmy, cuckoo, cracked, crackers, crack-brained, dotty, daffy, dippy, gaga, goofy, crackpot, loony, off one's rocker, have a screw loose, screwy, batty, bats, bats in the belfry, barmy (in the crumpet), potty, bonkers, round the bend or twist, off one's chump, doolally, off one's trolley, out of one's gourd, screwball, nuts, nutty (as a fruit cake), bananas, out to lunch, meshuga, flaky, flaked-out, (plumb) loco, crazy, silly, absurd, foolish, nonsensical, inane, ridiculous, preposterous, laughable, risible, ludicrous, asinine, stupid, moronic, imbecile or imbecilic, idiotic, feeble-minded, hare-brained, crackpot, impractical, impracticable, unworkable, unsound, pointless, imprudent, rash, reckless, ill-considered, zealous, wild, maniac, mental patients, mentally diseased, neurotic, psycho, psychotic, schizophrenic, unsound mind

Further stigma occurs when our whole social system participates in discrimination via the naming of laws after sensationalized and isolated tragedies. Kendra's Law in New York, Laura's Law in California and Brian's Law in Ontario, Canada are examples of the larger social discrimination against people who have been psychiatrically labeled. These laws are all designed to expand the ability of the mental health system to forcibly "treat" people. However, at the same time, these laws erode the rights of many other people. There should not be a single model of treatment applied to everyone – "for every story."

Barriers to Self-determination and Recovery within American Society

We commonly speak of people who suffer from or struggle with mental illness. Words like "suffering" and "struggling" have a negative tone, reinforce

stereotypes, evoke pity and may even set up "self-fulfilling prophecies" for people with psychiatric disabilities/labels. They may also help to perpetuate some of the myths that exist regarding "mental illness."

A recent search of the worldwide web on the Internet yielded almost 25,000 results when searching for "myths mental illness." A sampling of the first 100 of those results found over 75 instances where people who had been psychiatrically labeled were described as "suffering" or "struggling." From this sampling, it would appear that even those who are allegedly working to dispel myths are actually perpetuating myths! Many people who have been psychiatrically labeled are not suffering or struggling. Many are focused on hope, on recovery or on becoming more self-determining. Even those who may feel they are suffering or struggling do not suffer or struggle all the time.

To refer to someone as a victim of mental illness, suffering with or afflicted by a mental illness sensationalizes the issue. One person reports that he missed hearing his "voices" when he took psychiatric drugs. In fact, he stopped taking the psychiatric drugs and said he felt sorry for the rest of us because he never realized how truly alone we are until he stopped hearing his "voices." He is one example of someone not suffering.

> "Although the world is full of suffering...it is also full of overcoming it." -- Helen Keller

Part of the problem with our language is that we lack a common definition to the term "mental illness." Current models that describe "mental illness" all look at behaviors to describe a deviance from prevailing social and cultural standards. These models all differ in their explanation of the causal effects of "mental illness." The medical model believes that "mental illness" is either a physiological disorder of the brain chemistry or else an inherited problem rooted in faulty genes (although perhaps amplified by environmental factors). Under this model, the

"cure" would be to restore the mysterious balance of the chemistry of the brain or else to pursue genetic engineering to stop the proliferation of this "disorder."

The spiritual model of "mental illness" believes that differing behaviors are basically a discomposure of the "soul" and that relief for this discomposure is to be found through a mysterious balancing of the psyche and the environment.

The functional model believes that "mental illnesses" are deviations of proper, statistically "normal" behaviors and is therefore, an unhealthy sickness. This "sickness" is repaired when a person is rendered "functional" again within the statistically "normal" culture.

All of the above models infer the source and definition of "mental illness" from the success or failure of their treatment modalities rather than from an a priori causality. The result is a confusing cacophony of claims about "mental illness" and a constantly changing list of diagnoses with little internal consistency.

> "Neurosis, a historically fundamental "condition" vanished after 1980. Homosexuality, according to the American Psychiatric Association, was a pathology prior to 1973. Seven years later, narcissism was declared a "personality disorder", almost seven decades after it was first described by Freud." Sam Vaknin "Myth of Mental Illness"

One fairly common myth is that a diagnosis of mental illness means that a person is incapable in <u>all</u> areas of their life. Imagine the hundreds of thousands of decisions you make every day. You decide when to get up, whether to hit the snooze alarm, once or twice, what to wear, whether to go to the bathroom now or after your boss has finished his little speech, what to eat, when to eat, how much to eat, when to speak, how much to speak, when to sleep, how much to sleep, etc. Now think about the relatively small number of decisions a person might make that might create the impression that they are "mentally ill." It is a very tiny

percentage of actual decisions that a person makes that generate behaviors that vary from socially acceptable norms. For the most part, people already have good decision-making skills and just need to be taught how to use them in those instances where they might be making decisions others would consider "unusual."

The medical profession contributes to the problem through its use of words that bombard people with a sense of hopelessness. "Mental illness" is spoken of as though it were a life sentence. The media perpetuate stereotypical myths every time they report that, "A Former Mental Patient Killed…" The media seldom emphasizes acts of violence that are committed by formerly 'normal' people or people with some other disability or physical ailment. Also, when the media speak of "mental illness" they speak of it as though it were a single all-encompassing problem.

The fact that we speak of mental "illness" rather than mental "health" contributes to the overall sense of helplessness and hopelessness of individuals who are psychiatrically labeled. People have said that the loss of the mind is seen as the worst thing that could happen to them as a disability. Additionally, the use of negative descriptive language adds to the barriers that keep people from being able to be more self-determining.

> "Why do we use the language of war rather than the language of love in the human services. For instance we talk about sending staff out into the field to provide front line services to target populations for whom we develop and implement treatment strategies whether they want them or not." From "Spirit Breaking: When the Helping Professions Hurt" by Patricia E. Deegan, Ph.D.

Often people who have been psychiatrically labeled are condescended to, patronized, infantilized and otherwise treated like children. Attitudes and language reinforce each other. Both terminology and attitudes must be changed.

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News Media Sensationalism

Sensational and grossly inaccurate and incomplete media reports conjure up stereotypical portrayals of people who have been psychiatrically labeled as crazed and violent lunatics, dangerous to others as well as themselves. The news media often considers stories in terms of how much sensationalism they may generate. They are at liberty to cover a story in any manner in which they choose. They are free to decide which "facts" of a story are relevant. In the past, the color of a persons skin was considered noteworthy whenever covering a crime. Homelessness and poverty are frequently noted with regard to criminal actions. Almost always mentioned is whether someone has a history of using psychiatric services. More recently, it's usually mentioned whether the person is or was taking any psychiatric medication and often, this fact is blamed as a precipitating factor (both that a person is taking psychiatric drugs and that they are not taking psychiatric drugs).

People should not be grouped as diagnostic categories. Yet, the media commonly speaks of "schizophrenics" or "alcoholics" or other labels instead of referring to people as people. The media often makes "blanket" statements such as, "schizophrenics are dangerous" and they will write and publish editorials that extrapolate from the isolated sensational "Kendra" to push for more forced "treatment" for all people who have been psychiatrically labeled.

It is difficult to overcome the negative image that is portrayed daily in blaring headlines. In July 2003, The National Review carried an article by purported experts criticizing the report of the President's New Freedom Commission on Mental Health. This article claimed that the report didn't go far enough in advocating for more use of force in "treating" those who have been labeled as "mentally ill." The National Review then heaped more criticism upon the report

and advocated for more use of force in the form of an editorial by the editor of the magazine.

The media speculates regarding all forms of what they consider deviance that the cause might be "mental illness." For instance, it is common for the news media to identify "mental illness" as the cause of increased homelessness. The media has the power to scare people into reacting negatively toward people who have been labeled as "mentally ill" because ordinary people use the media as their primary source of information.

Fear Factor Fuels Stigma

A survey, of some 2,000 adults, started annually in 1993 and became three-yearly in 1997. The 2003 findings show a marked worsening of attitudes since 2000 and a general increase in fear and intolerance over the entire 10-year period.

Twenty-five per cent of those surveyed said that people with a history of mental health problems should be excluded from public office, while 16% thought they should not be given any responsibility. Fewer than half disagreed with a contention that women who had been psychiatric in-patients could not be trusted as babysitters.

David Brindle, Tuesday July 01 2003, http://www.societyguardian.co.uk

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The news media can even generate stigma by omission. A recent article in the September 4, 2003 Los Angeles Times newspaper ("Nurse Injured in Inmate Attack at State Hospital") stated, "Hospital officials said [the nurse] and another employee were talking with resident [the patient] when he suddenly became enraged and started punching the employees." My immediate reaction was to wonder what the staff people might have said to trigger and upset the resident to make him so angry. Of course, it is terrible that the nurse was hurt but, by omitting the patients' side of the story the impression is created that people who have been psychiatrically labeled are all ready to pounce upon and attack innocent bystanders without provocation and without warning.

There are rare instances where the media investigates and creates some pressure to help change things for the better. Clifford Levy won a Pulitzer Prize for his reporting on New York's adult homes and the gross mistreatment of people labeled "mentally ill." The Hartford Courant won national recognition and acclaim for their expose on the use of seclusion and restraints. However, even when the news media get something 'right' there remains an absence of public outcry.

Entertainment media portrayals

The news media aren't the only ones to sensationalize. The entertainment media also tends to stereotypically portray those with psychiatric labels in either the classic heroic (seldom) or tragic (frequent) sense. Dramatized films have long depicted mental institutions as places of hopelessness, despair, isolation, abuse, and punishment. (In some films the ultimate punishment is to lose one's mind and end up in a mental hospital.) Even though mental institutions are hardly considered places of great healing, the negative portrayal impacts on society by creating an image of those who occupy such places as only worthy of loathing.

People who have been psychiatrically labeled are usually portrayed on television or in the movies as poor, suffering unfortunates who owe all of their recovery (if that's even portrayed) to the expertise and benevolence of some wise and insightful psychiatric professional. Like most stereotypes, these images are full of inaccuracies.

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MEDIA IMAGES OF MENTAL ILLNESS FACT SHEET
From http://mason.gmu.edu/~owahl/MEDIA.HTM

Americans report that their most common source of information about mental illness is the mass media.

About 6-10% of theatrical films involve portrayals of mental illness, making psychiatric disorder the most commonly depicted disability in that medium.

Approximately 3-9% of the major characters on prime time television are depicted as mentally ill

Mentally ill characters on television are more likely to be depicted as criminals and villains than as honest, productive citizens. They are the only subgroup portrayed more often as villains than as heroes.

Over 70% of mentally ill characters in prime time television drama are portrayed as violent; more than one fifth are shown as killers.

The typical newspaper depiction of individuals with mental illnesses shows them to be psychotic, unemployed, transient, and dangerous.

Research has shown that media depictions of mentally ill killers lead to less favorable attitudes toward community care for persons with mental illnesses.

Tainted Educational and Professional Training

Higher education and professional training are tainted with out-of-date biased information. Many college textbooks still inaccurately identify "borderline" as on the border between neurosis and psychosis. Textbooks not only lack in using "people first" language, they continue to present antiquated concepts in language that is no longer even used. For example, one textbook classification ranges human intelligence from: idiot, imbecile, moron, borderline, dull, normal, superior, very superior, to gifted. While these words may have had some more precise meaning in the past, they have fallen into disuse. Adjectives like wise, brilliant and genius are used but they have no precision to them. This lack of precision then contributes to a lack of precision later in the career of the professional who

will use such labels as if they had some useful meaning instead of just being stigmatizing and discriminating.

Psychiatrists are generally taught that psychiatric disorders are incurable and will demonstrate a lifelong deteriorating course. There is little taught about recovery and there is little in the training and teaching that is presented by those who are most intimately familiar with the issues – those who have been psychiatrically labeled themselves. Although there is an overwhelming amount of evidence, many mental health professionals and others still believe that recovery is not possible for people who have been labeled with psychiatric disorders. This archaic belief, instilled in the educational process, later contributes to an overall sense of hopelessness that is passed onto the consumers and that creates barriers to individual self-determination.

Confusion of Mental Health and Criminal Justice Matters

Legislators are often influenced by sensationalism. People outraged by an isolated incident will storm the halls of the legislatures and demand action. However, the actions are seldom well considered and they add to the confusion about the difference between "treatment" and "prevention" and criminal justice matters.

Laws such as Kendra's Law, Laura's Law and Brian's Law get created and are applied in broad brush fashion to large segments of those who are psychiatrically labeled when in fact the situation with Kendra, Laura and Brian were isolated, very individualized events. This results in the laws being unevenly applied. We create laws, after the fact, for a few individuals and specific instances but then those laws get applied unequally to everyone else.

Part of reason that this unequal application of the laws is allowed to happen is that the public (including legislators) links dangerousness with "mental illness." Dangerousness is very much overestimated by the public, and "mental illness" is NOT the number one determining factor for violence. Violence depends on a number of factors including poverty, age and gender. More than schizophrenia, the greater link is between violence and substance abuse.

VIOLENCE AND MENTAL ILLNESS FACT SHEET
From http://mason.gmu.edu/~owahl/VIOLFCT.HTM

*   **THE VAST MAJORITY OF PEOPLE WITH MENTAL ILLNESSES, INCLUDING SEVERE MENTAL ILLNESS SUCH AS SCHIZOPHRENIA, ARE NOT VIOLENT.**

*   The best predictors of violence are youth, male gender, substance abuse, and history of prior violence--not mental illness.

*   The majority (72%) of the mentally ill characters on TV are portrayed as violent.

*   A steady stream of popular movies depicting people with mental illnesses as violent and villainous encourage the public to fear and shun those with mental disorders.

Negative Stereotyping by Advocates and Others

In the civil rights movement, a person of color was/is the primary spokesperson. In the women's rights movement, a female was/is the primary spokesperson. In the Disability rights movement, a person with a disability was/is the primary spokesperson. It is generally expected that for any identified group of people to be self-determining, that they speak on their own behalf instead of through intermediaries who are not part of that identified group. However, in the mental health consumer rights movement, there are national organizations of family members, mental health providers and other advocates who claim to be the "voice of mental illness." The primary spokespeople for those who have been

psychiatrically labeled should be those who have experienced being psychiatrically labeled. They have the best first-hand information on what it's like to live with being psychiatrically labeled.

Sometimes people who do not have first-hand experience of what it's like to be a "mental patient" will speak out as though they have a right to be the authority. Advocates may claim to have spent more time on locked psychiatric units (helping the patients) than the patients themselves. Mental health professionals may claim to have more or better education than most of their patients. Parents may claim to know their child better than the offspring knows him or herself. Friends may claim that a person isn't in their right mind. However, it is the body and mind of the person with the psychiatric label who is directly impacted by stigma, discrimination, mentalism and saneism. It is the person who has been psychiatrically labeled and was/is on the receiving end of "treatment" such as seclusion, restraints, forced drugging, deleterious "side-effects" and the trauma of force. It is the person who has been psychiatrically labeled and was/is sometimes able to experience "recovery." It must therefore be the person who has been psychiatrically labeled who must become the actual "voice of mental illness."

Sometimes well-meaning national advocacy organizations have indulged in "worst-case-scenario fear mongering." They will cite an example of a "worst-case-scenario" as the reason for changing laws to be more oppressive and rob innocent people who have been psychiatrically labeled of their rights. The "worst-case-scenarios" might range from Kendra, Laura and Brian to a parent speaking about their own adult child potentially ending up homeless or worse. These appeals to pity (argumentum ad misericordiam) scenarios are intended to play on the emotions of the public and to influence legislatures. However, this sort of appeal also resembles the worst sort of stereotyping that is done by the media in their negative portrayals.

> "… some families have learned to 'turn over the furniture' before calling the police. Many police require individuals with neurobiological disorders to be imminently dangerous before treating the person against their will. If the police see furniture disturbed they will usually conclude that the person is imminently dangerous."
>
> From, "How To Prepare for an Emergency" by D.J. Jaffe, Nationally prominent mental health activist. http://www.schizophrenia.com/ami/coping/911.html

Some people who have been psychiatrically labeled have ended up stuck in the mental health system. Some have been clients of day treatment programs for 10, 15 or even 20 years or more. First level barriers to self-determination are those that come from within the individual as stigma gets assimilated into a person. The next level of barriers to self-determination comes from the service system that allows the continuation of ineffective services for so many years. A third layer of barriers to self-determination can come from family and friends who may encourage loved ones into "treatment" even when that treatment has failed for years and years. A fourth level of barrier to self-determination comes from the greater society where, when they speak of the mental health "community" they speak of only family, friends, administrators, service providers, advocates and others except those who actually have the experience of being psychiatrically labeled.

> "People have poorer outcomes if their spouses or family members are highly critical or overprotective."
> British Psychological Association,
> http://www.bps.org.uk/sub-syst/dcp/publicat1.cfm

Greater Political Concern About Budgets than People

During tight budget times, legislatures have come to talk about "acceptable losses" instead of realizing that people's lives are at stake. The legislatures also seem to be supporting more institutional based care rather than community based help for people. The first budget cuts that happen are with community

based services while at the same time prison and state hospital budgets either remain the same or are even increased. Cuts of this nature are rather short-sited. Many studies have proven the effectiveness of community-based services in terms of both their ability to help people improve their lives and in terms of their cost effectiveness over the long-term. Budget cuts seem to be prioritized according to their potential political impact. Therefore, cuts to a disenfranchised population are more likely than cuts to services that would repair a pothole in the road of a nice middle-class neighborhood.

There is a scarcity of access to and reimbursement for a wide range of community-based services and supports, such as employment and housing, is also inadequate for people labeled with psychiatric disabilities and serves to prevent their successful recovery. Access and choice are critical for individuals with diverse needs. Further, communities are in the same quandary as the community mental health system – they are unsure of their purpose and mission. Is it to produce more billable hours of service or to provide actual services to people in ways that help them to become more self-determining?

<u>Misunderstandings of Ordinary People (NIMBYism)</u>

Discrimination against people who have been psychiatrically labeled has even resulted in new special words to describe the phenomena – NIMBYism (Not In My Back Yard) for example. Everyday people on the street are the source of the NIMBY (Not In My Back Yard) phenomena and they are driven by the sources of misunderstanding that tap into their feelings of fear and loathing. The common person knows little about "mental illness" and often equates it with mental retardation. These misconceptions usually come from the media.

Less able to be explained are the misconceptions of the general practitioner of medicine or law enforcement officers. Despite their greater contact and

sometimes better education, they seem filled with misconceptions generated by the media.

People who have been labeled with mental illness have described stigma as a second level of suffering, and say it is almost worse than having the "mental illness" itself. Stigma is different than being actively discriminated against; it is the social inequities that result from the collective neglect of society.

MENTAL ILLNESS STIGMA FACT SHEET
From http://mason.gmu.edu/~owahl/STIGFCT.HTM

Americans have little doubt that mental illness stigma exists. In different surveys, two out of three representative Americans, 88% of people with severely mentally ill relatives, and 91% of respondents who had experienced mental illness, reported that they believed there is strong stigma attached to mental illness.

The public tends to attribute unfavorable characteristics to those with psychiatric diagnoses or treatment. People with mental illnesses are viewed as inferior, flawed, dirty, dangerous, unpredictable, and unmotivated.

The public tends to avoid and reject those with histories of psychiatric treatment. They express reluctance to employ, work with, socialize with, or rent to people who have had psychiatric treatment or psychiatric diagnoses.

People with psychiatric disorders often encounter discrimination in employment, housing, and educational opportunities. Stigma is also thought to contribute to inadequate insurance health coverage for mental health problems and to low levels of public funding for mental illness treatment and research.

People with mental illnesses may be reluctant to seek help because of stigma and frequently conceal information about their illnesses and treatment because they fear negative reactions from others.

Stigma, and the feared reactions of others, undermines treatment and recovery. Self-esteem is damaged. Fear and rejection are encountered when understanding and support are particularly needed. Involvement in community life and productive employment are more difficult.

Mass media depictions of mental illness help to perpetuate stigma with their characteristically inaccurate and unfavorable stereotypes of people with psychiatric disorders.

I visited a drop-in center in a small town in Oregon. One member reported that whenever she visited the local McDonald's restaurant, she was always given lousy food (cold or ill prepared). Other members confirmed this and everyone claimed that the only reason for this behavior was that the member was known to that establishment as "mentally ill."

Toxic Environments (Neighborhoods)

Many mental health consumer/survivors are faced with poverty issues that lead them to live in ghetto neighborhoods with high crime and violence. Drive-by shootings, drug dealing and other such activity create toxic neighborhoods where it is hard to imagine how anyone could grow to be emotionally healthy. Perhaps studies should be done to see if it's even possible to "recover" in such environments.

Although mental health underwent an era of deinstitutionalization, there seems to be an opposite trend today. There are programs where mental health professionals hand deliver medications direct to the persons door twice a day. There are depot (long-acting) injections of medications that, while supposedly freeing a person from having to be bothered with daily medications, are in effect, creating hospitals without walls. People in these programs sometimes feel as though they've almost never left the hospital. The threat of force for non-compliance seems as real and coercive as though the person were still within an institution. Their lives can become nearly as regimented as in a hospital and they can have contact with professional staff almost as often. The result has been a blurring of the line between institutional care and community integration. If communities are supposed to be healthier places to grow and recover than institutions, then it is surely a barrier to growth and recovery when we turn our communities into institutions.

Social Indifference

There is a social indifference that permeates society when confronted with something distasteful or unpleasant. People will step over those who are homeless on their way to work. Eventually, the people who are homeless disappear from consciousness and fade completely into the background. Even when confronted with the epidemic of tardive dyskinesia in this country, people will shy away and not want to know about it.

The public's attitude towards abuse of people diagnosed as mentally ill has to involve more than the "out of sight, out of mind" attitude that previously kept many in the past, locked up in basements and attics. One would expect by now that people are aware of what can and does happen in mental hospitals and other facilities. It's possible that there is no longer an abuse a person labeled as mentally ill can experience that would engender popular outrage.

The public tends to avoid and reject those with histories of psychiatric treatment. They express reluctance to employ, work with, socialize with, or rent to people who have had psychiatric treatment or psychiatric diagnoses. The public's opinion of people with mental illness is that they are unpredictable, violent, and dangerous. Perhaps, like the homeless who are stepped over and around every day by people going to work, those who have been psychiatrically labeled have become invisible to the consciousness.

Western Medical Model Bias

We are raised in this country, in this culture to believe that doctor is right, doctor is always right, trust doctor! If we have a problem we must go to doctor and do exactly as doctor says so that the problem can be resolved. This is the source of the myth of the all knowing (omniscient), all-powerful (omnipotent) god-like

doctor. Doctors are first and foremost, people with all of the limitations of other people. However, our faith in doctors can lead us to trust too much and doctors may sometimes use and abuse that trust. People who have been psychiatrically labeled often speak of how their doctor will urge them to take medication without taking the time to provide the information necessary for a true informed consent.

Western medicine is generally framed in terms of pathology. Extreme emotional and spiritual states going on within a person might not be considered negatively by the person having those experiences but according to western medicine those experiences are judged negatively with both a negative diagnosis and prognosis. An altered state experience may connect to and help build a person's capacity for spiritual understanding or development, or for sensitivity to others, or their capacity to care deeply, etc. Trying to find causes within a western medical model is like trying to find a cause for creativity or high intelligence or ability in sports, etc.

> "Adherents to the medical model believe that a disabled person's problems are caused by the fact of his or her disability and thus the question is whether or not the disability can be alleviated. Advocates of the disability-rights model, on the other hand, believe that a person with a disability is limited more by society's prejudices than by the practical difficulties that may be created by the disability. Under this model, the salient issue is how to create conditions that will allow people to realize their potential."
> (Carol Gill of the Chicago Institute of Disability Research)

The disability movement recognizes eugenics as a real danger to be taken seriously. Discussions of causality for "mental illness" are not just a question of curiosity or differing beliefs but may become justification for eugenics. On the one hand causation is important because of where it might lead. But, on the other hand, such discussions are unimportant because they miss and distract from the point of, "nothing about me without me!"

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Other Issues; Language and Employment

Even within the mental health system, there is language that is stigmatizing and discriminatory. The system uses the word "treatment" and yet that word has been twisted by the system and perverted beyond recognition. You can be locked up against your will, literally and figuratively stripped (of your clothes and of your rights) and forced into bondage and solitary confinement and then injected with powerful and painful drugs and still have it called "treatment." In every other possible realm on earth, this would be considered torture and not "treatment." A fifteen-minute appointment to renew drugs every two weeks or month is also called "treatment."

> "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 therapy – called milieu." -Rae Unzicker

Normal behaviors are NOT symptoms. Normal people can have a bad day, an "off" week and even a "down" month. However, if a person who has been psychiatrically labeled exhibits those normal behaviors on the job, they may be asked if they took their medications or if someone needs to call their psychiatrist. Everything, someone who has been psychiatrically labeled does, becomes filtered through a lens that sees them as a mental patient. Other people might have a high-energy day but a person who has been psychiatrically labeled will be called "manic" and, while other people might have a down day the person who has been psychiatrically labeled will be called "depressed."

Psychiatric drugs have many effects. Some of those effects are desired and others are undesirable. Those effects that are not desired are called "side-effects." Calling something a "side-effect" obscures, trivializes and minimizes the resultant pain, suffering and misery that can be caused by psychoactive drugs and in doing so, it discounts the experiences and perceptions of the person

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taking the medication. It's easy to ignore weight gain, loss of libido and other unpleasant effects if they are just "side-effects" that are happening to someone else.

When the system does try and help us obtain employment it's usually in the form of helping us secure a job. It's seldom in the form of helping us plan and fulfill our individual dreams on a career path. We are usually pushed into jobs that are low level, dead end employment. These low-level jobs even have a nickname coined for the mental health industry – the five 'F's – food, filth, flowers, filing and fashion. Food refers to fast food or bakery sorts of jobs; filth refers to janitorial type jobs; flowers refers to gardening or landscaping type jobs; filing is low-level secretarial type jobs; and, fashion is work in thrift stores or similar menial type jobs. It's hard to get a job when many employment applications and drivers' license applications ask about past psychiatric history and it appears that the rationale for asking is to deny jobs or the license. However, loss of job can result from lying on the application form. The system rarely gives any help for this Catch-22 dilemma.

There are many other concerns beyond the scope of this paper. One concern would be to address how people who have been psychiatrically labeled are treated in the emergency room departments of general hospitals. Another whole paper would be necessary to address the legal inequities contained in the concepts of mixing the judicial process with the "treatment" process via commitment and mental health courts.

Conclusion

People who have been psychiatrically labeled have the same problems as any other disenfranchised group. They face poverty issues as well as stigma and discrimination in other areas of life. They face similar issues to those faced by

others with disabilities but they also have some issues that are unique to being psychiatrically labeled. As far as anti-stigma interventions go, one-size doesn't fit all because there are so many different opinions and ideas out there about people with mental illness. And there is no such thing as the 'general population' or 'society' as a whole, there are just different groups of people with different opinions.

People labeled with psychiatric problems need to be educated and taught how to fully exercise their franchise as citizens. They need to be encouraged to vote and to make their issues known to legislatures. They need to lobby and even potentially demonstrate against media that creates negative stereotypes. Many other solutions become apparent as people become more aware of the various issues of stigma and discrimination that face them and others. Discussions must take place to explore these issues but people who have been psychiatrically labeled must be the first and primary voice at the table. "Nothing about me without me."