

## Editorial: Addressing the Stigma of Mental Illness: Two Approaches

*The stigma experienced by people with mental illness is like an insidious gas which permeates the life of a person into his or her very soul. It begins in a person's life as acts of thievery and rejection — first it steals a person's identity and it then expels them from the mainstream of society. Over time, stigma weaves itself into the perceptions of a mentally ill person so that pain from life's failures is replaced with capitulation to one's lot in life, and rightful expectation of the fruits of life is forgotten.*

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Robert Pirsig (1) writes that society is comprised of two camps, two differing perspectives of the world that, in his analysis, are opposing and disparate: those who view the world in an analytical way (he calls them *classical* thinkers) and those who view the world *romantically*. The classical person looks for underlying form, meaning, and function in the real world. His powers of inquiry include logic, deduction, scientific thought, classification, and mathematics. The romantics, on the other hand, view and interpret experience for what it is and how it appears; they are artistic, creative, sensual, metaphorical, spiritual, emotional.

In psychiatry the study of stigma is largely classical. The opening paragraph of this editorial is decidedly romantic.

My first exposure to research on mental illness stigma began when I was a member of Dr. Patrick Corrigan's team at the University of Chicago. There, over seven years, I partook in several research studies on the subject, and managed the journal *Psychiatric Rehabilitation Skills*, now published as *The American Journal of Psychiatric Rehabilitation*. Our studies were systematically and scientifically done, published in respectable journals, and great testimony to classical thinking in the area of psychiatry. But I was decidedly a romantic in the analytical

camp. Contrary to what you might expect, I did get support. One important achievement for me was the founding, with Corrigan's help in 2000, of *The Awakenings Review*, a literary magazine by people with mental illness. I've continued to edit this journal for five years now under the aegis of the Chicago-based Awakenings Project. The response from writers and poets across the United States and abroad has been startling. More about *The Awakenings Review* later.

That I edit a literary magazine for people with mental illness makes it easily surmised that I, too, have a mental illness. I do. I have a schizoaffective disorder. It's been one heck of a ride. I first became chronically ill in 1979, at the age of 23, as a first-year graduate student in business administration — some far cry from my current occupation as a psychosocial rehabilitation counselor. The onset of my disorder was dramatic and painful. Over the course of two years I dropped out of graduate school, was fired from a visible and prized job, and descended into seemingly intractable depressions between the moments of mayhem. Over a number of years and through a string of psychiatrists I made gradual progress until 1991 when I had a rather compelling recovery with the prescribing of an anti-psychotic. Up until that point I had been diagnosed as bipolar and treated only with mood stabilizers. The addition of an anti-psychotic to the mix fundamentally changed my life and led me into the world of productive employment.

Finding work after a dozen years of psychiatric illness was a daunting task. Over the years of my illness I had been bedeviled by unrealistic career goals. Only a lofty and prestigious occupation would suit me. I set my sights on becoming a diplomat, famous politician, perhaps a famous actor, or an Olympic athlete. With the administration of the anti-psychotic medicine (at this time it was Navane), I easily settled on applying myself to an entry-level position

with skills I had available: photography and writing. So, from practically nothing, I began plying myself to freelance journalism and it took. In the course of a few years I was working part-time for four different newspapers, including *The Chicago Tribune*. From this experience, and from my affiliation with the National Alliance for the Mentally Ill, Dr. Corrigan invited me to apply to his group at the University of Chicago.

There, that's my story. Forgive this rather romantic indulgence of mine. As a side note, perhaps the most successful study we did at the University of Chicago in my years there involved just that: another woman with mental illness and I telling our stories. Corrigan (2) was investigating the most effective methods of reducing stigma in the general population, in this case represented by classes of community college students. Three conditions were chosen: education, protest (compelling or coercing a person to change his or her attitude), and contact (familiarity) with a person with mental illness. According to our findings, the third was noticeably the most effective. Education was also effective, but protest lagged behind the other two. Corrigan explains the failure of protest with his "white bear" analogy. If I say don't think of a white bear, of course automatically the creature comes to mind. Likewise, don't think mental illness is bad and *en suite* you think mental illness is bad.

This analysis of course ignores the romantic qualities of protests. With all due respect, I venture to say that Dr. Corrigan has never stood up in front of a TV station or a movie theater holding an anti-stigma placard and chanting "Hey hey ho ho stigma has gotta go!" I have. It's exhilarating. It's empowering. That further illuminates the shortcomings of controlled experiments and strictly classical thinkers. In an effort to control variables and fit the experiment to mathematical models and tests of significance, the *feeling* of protest is factored out. The soul of the experience is left unobserved.

I no longer work in research — not for any dispute with it — I now am a case manager at Evanston Hospital north of Chicago with about fifteen people in my care. I hadn't begun working in this field for long when I was struck with the enormity of the task in front of me: heal, as best you can, the lives of troubled people who come to you for relief.

It soon became clear to me that the classical approach to this task is not enough. Psychiatry, in its most scientific configuration, medications, has already been plied on my clients before I see them, with varying degrees of success. It has become plain to me that they need more than science. I feel my job is to try and facilitate that "more": to support and succor their spiritual growth, hope, empowerment, and feelings of worth. (True, some aspects of psychiatry are also rooted in the romantic camp, especially in the areas of client-centered counseling and the recovery movement.) And for my part, I discovered that I also need to nurture *my own* faith as a provider — to ask my Higher Power for the courage, technique and insight to influence their lives and, in turn, make my job attainable. Without these romantic ideas I would barely be treading water.

When we published the first issue of *The Awakenings Review* in 2000 I didn't know Pirsig's perspective on classical and romantic thought. Neither had I ever worked in direct care. But there was something intuitive in creating *The Awakenings Review*; I was driven to do it. My friends and I had already created the Awakenings Art Show for fine art with resounding success; dozens and dozens of artists with mental illness would come our way and show their work with us. Our literary magazine and art shows are great healing instruments. Moreover, The Awakenings Project, as we're now collectively known, is a fierce anti-stigma weapon. It behooves psychiatric communities, in all cultures, to continue to support romantic efforts at healing, efforts that are so easily scrutinized and discounted for lack of classical methodology or scientific proof.

## References

1. Pirsig R. *Zen and the Art of Motorcycle Maintenance*. New York: HarperCollins, 1974.
2. Corrigan PW, River L, Lundin RK, Penn DL, Uphoff-Wasowski K, Campion J, Mathisen J, Gagnon C, Bergman M, Goldstein H, Kubiak MA. Three strategies for changing attributions about severe mental illness. *Schizophr Bull*, 2001;27:187-195.

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