

# My Life as a Mental Health Consumer

Elliot

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## PREFACE:

I'm going to write of some rather powerful incidents as a youth, having just arrived in Israel, and soon to enter a painful and prolonged battle with serious mental illness (SMI). The scenes still appear in my memory as freeze-frames of compelling intensity. To balance the starker sections, I'll describe some hopeful new approaches for adolescents, offering them hope for a better life. I'll also outline my basic philosophy for living a life with SMI, as we really do need a reason to believe. And this philosophy remains for me a fountain of optimism and vitality, in the face of things that should never have been.

This brief essay isn't for everyone. But I hope you, my readers, will find, beyond the overt pain evident here, a flow of dignity, meaning and purpose which transcends my suffering, and that of many others. Our spirits thirst for belief and healing, even when faced with impossible odds. Without our hope, without a true role for us to play in this world, no medication can ever heal us.

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## FIRST IMPRESSIONS ARE LASTING IMPRESSIONS

Losing one's innocence isn't unusual in adolescence. Mine was lost when my family first drove through the gates of Abarbanel Hospital, in Bat Yam, Israel. Those gates closed behind my family and me, with a clank of finality.

More freeze-frames remain from this first encounter. We four were walking down a long, wide lane. On one side stood open pavilions painted in fading beige, on the other were tall buildings with barred windows. On the third story of one of those buildings, a fellow in his twenties was leaning out of a barred window, singing as loudly and out-of-tune as he could. There were wizened old women, slouching on the walls and begging for handouts of cigarettes. It was like a third world country, a country of poverty. A year after leaving a placid Midwestern city, here we were encountering

these impossible scenes.

I can imagine the shock my parents felt. There was a feeling of being helplessly devoured by the system, that here was where their son might be for the long run.

I think it testifies to our hardiness of character that so many years after that long walk my family is still all here, and all close.

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## SURVIVING IN THE SYSTEM

The month was December 1975; I was 16; in the open youth ward at Abarbanel Hospital.

As the weeks turned into months, I made it a point to keep active. I was declaring to one and all that I was still doing just what I needed to do to keep my morale high. I needed this distance from the other teenage patients in the ward, and maintaining it helped ease my entry into what, still for me, is an unwanted identity.

I painted the inner walls of the courtyard with psychedelic colors. And I pushed the trolleys full of steaming hot food to the other wards for lunch.

One afternoon in the youth ward, I was boning up on my physics textbooks (I'd technically dropped out of high school upon my hospitalization). A well-meaning male nurse informed me of the total pointlessness of studying for high school exams. "Slow down, take it easy; you'll have plenty of time to study later on."

Looking back, I see this staff member's attitude as a profound mistake, and bad medicine as well. Taking away somebody's hope will keep them from getting stronger. Studying that physics textbook may not have helped me immediately. But it stoked my ambition, my hope for a better future, and gave me a reason to believe. That physics textbook preserved the distance I so badly needed from the others.

At the same time I must give credit to many staff members, in particular Dr. Alexander Zeidel, for dedication and care beyond the call of duty. Things aren't always black and white, and hospital staff members aren't always demons; for me, he helped make the youth

ward an oasis of humanity in the sprawling archipelago that is Abarbanel.

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### VIKTOR FRANKL AS REQUIRED READING

It is no accident that Viktor Frankl's book, *Man in Search of Meaning* (1), is often the reading of choice for the fledgling mental health consumer. Many of us are familiar with Frankl's writing, that feeling of separateness in the midst of crowds, our portion of suffering not easily shared, when re-entering society at last.

Sue Estroff writes, in *Making it Crazy* (2), of that gradual entering into a separate identity, its becoming almost second nature, to the point that one can even feel comfortable with it, revel in it, or use it to one's advantage. I had realized its danger to me early on, and found ways to avoid it.

So I made it a point to put distance between myself and the "I don't feel good" subculture. I left home to live on my own, with regular flat-mates located through posted ads. Soon I began introductory studies at a local university. I found employment on the open market where (presumably) my "secret" was safe. When interviewed by potential employers, and things turned ticklish, I concealed my background, because Army service was often required.

But as time passed, I found myself gravitating once more towards others who had "been there." There are just so many hoops you can jump through on the way back to the land of the living, and the price is often too dear. So it is that many or most of us return reluctantly to the cold comfort of the "mental" subculture.

Many survivors carry deep within a rage born of the injustice we've undergone, that we've witnessed. But we are silenced. Our experiences remain unvoiced and unwritten. Our narratives are not considered legitimate or acceptable. We've learned from harsh experience, that "only another one of us could really understand." And we remain marginalized, the last group left un-liberated on the fringes of Israeli society.

Some prominent activists, with the credentials needed to succeed in the "real world," have still returned to work within our community. By and large we are good and principled human beings. Working for systems change can be frustrating and stressful. But we've been identified with the cause and it's hard to turn around. In any case one takes a stand in life, and you'll pay the price whether you take your stand or you turn your back on it.

Somewhere along the way we broke away from the rest onto an uncharted pathway. How to manage this new identity with integrity? Working psychiatrists dealing with recovering patients should be aware of our dilemmas, because you need to understand what makes us tick. These issues of how we recover with resilience are more than just questions of medication dosages.

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### SEXUALITY, INTIMACY AND OUR LIVES

I want to use this platform to address an issue seldom acknowledged by mental health professionals: our sexuality, our right to intimate relationships and parenthood. It seems assumed by MH personnel that we are either asexual or incapable of maintaining a stable intimate relationship. Or worse, that any relationship will become violent, abusive, etc. The truth is, sexuality isn't an inconvenience that will just go away. You can ignore the issue and people will go right on ahead. You can clamp down, and lonely people will be even lonelier.

My marriage at age 41 made me a lucky and very happy man. We know many other couples struggling before incredible odds. *Mitmodedim* (literally, "copers", a term developed in Israel by and for people coping with severe mental illness) must be worked with to help enable healthy and responsible relationships. We are a high-risk group and deserve to be invested in like other such groups.

Back in the '70s I was a teenager, and under strong pressure -- social pressure for success in college or in Army service, and media pressures to be a "real man," whatever that meant. It seemed to me to be everything I wasn't, I should try to be.

I was under strong pressure and I broke. What I didn't know was my high-risk age for SMI (serious mental illness).

I was a high-risk kid, newly arrived in a strange culture, lacking community support. I've had plenty of time to learn since then.

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### PROGRAMS FROM ABROAD - ENHANCING THE NATURAL RESILIENCE OF YOUTH

Today it is more possible to prevent SMI in young people, or to improve living with SMI once it sets in. There exist new and exciting community-based programs to help prevent SMI developing in young people. Some use mentoring for youth at risk (3). Others employ more open and supportive families, schools and cit-

ies (4). Parents of children at risk have been trained in methods to empower them and strengthen their inborn resilience. There's a program in Australia which works to help teenage boys integrate back into the community after leaving the hospital (5). Would these approaches work here in Israel? Could kids be helped to avoid that vicious "revolving-door" cycle in and out of hospitals? I was there. Nobody else needs be.

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### CLOSING WORDS

I want to re-state what Viktor Frankl said: the reason we survived, while others did not, comes down to finding meaning in the ordeal of our lives and recovery, in the shadow of chaotic and unpredictable trials. What we underwent should never have happened. Living with injustice, we seeking *tikkun olam* – the term in Judaism for acting to create righteousness in an unjust world. Sometimes I wonder if *tikkun olam* motivates social activists, whether we know it or not. In the final reckoning, it's no one's fault. We never asked for this stuff. None of us activists are here for fun. Rather, it is our nearly-impossible task to try and

help move things forward in this challenging field, in this stressful country.

Finally I say: If I hadn't chosen this path in life, it might well have chosen me. There is purpose to my story, and to those of others.

When all is said and done, people with mental illness testify to the human knack for sheer survival. And looking back, I say it has been worthwhile. The world is good, and my life has meaning. And justice must prevail, at least for today – if only because we are here, and we are working to make it so.

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### References

1. Frankl Viktor E. Man's search for meaning. New York: Pocket Books, 1985.
2. Estroff, Sue E. Making it crazy: An ethnography of psychiatric clients in an American community. Berkeley: University of California, 1981.
3. Compeer Friends: Making friends, changing lives. Accessed March 15, 2008, at: <http://compeer.org/results.htm>
4. Smith, Annie. School, family and friends matter: Improving mental health in young people. Visions Journal 2006; 3, 2. Accessed March 15, 2008 at: <http://www.heretohelp.bc.ca/sites/default/files/images/11.pdf>
5. Lloyd C, Williams PL, Sullivan D. Kick'n'On: Helping young males kick back into life. Accessed March 15, 2008, at: [www.ausienet.com/journal](http://www.ausienet.com/journal)