

STIGMA AND SPIRITUALITY

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The stigma of mental illness is a fashionable topic among families and mental health professionals. The National Alliance for the Mentally Ill has even adopted as its own a crusade against stigma, and some state bureaus of mental health have joined the bandwagon. In these circles the external effect of stigma is addressed—the fact that ex-mental patients every day face discrimination in employment, housing, child custody decisions, medical care, and every other aspect of their lives. Certainly discrimination is the most obvious result of stigma.

But in the circles of persons actually labeled “mentally ill,” discrimination, real though it may be, is not the burning issue. Ex-patients themselves are more concerned with the internal aspect of stigma, with a very personal suffering often called *loss of self-esteem* by mental health advocates. But all ex-mental patients know that stigma goes much deeper than mere self-image; it goes as deep as the heart.

Webster defines stigma as a “mark of shame,” in other words a wounding label of some kind. Families of psychiatrically-labeled persons as well as mental health professionals are quick to condemn the outside world for labeling ex-patients as dangerous or incompetent. But they are less likely to recognize the same mark of shame on a personal level—when it involves fear and mistrust of their own family members or patients. All too often I have heard a mother describe her “chronically mentally ill” son or daughter as something equivalent to the Loch Ness monster. Usually the person being described feels ashamed, as if he or she deserves to be called a monster. The attitude commonly expressed by some parents is pity, both for their “monster child” and for themselves as victims. This

pity—thinly disguised contempt—is itself a form of stigma. And this stigma at the household level reflects the fear of madness that permeates both society and the mental health system. Such fear is the true cause of stigma, for it leads both to discrimination and to repression. I have come to realize that both the mark and the resulting shame of stigma stem from the repression of a subjective reality within extreme mental states, a reality that is little understood. To truly understand stigma, the subjective reality of madness must be acknowledged and recognized as spiritual. It deserves neither contempt nor pity, but respect.

My own experience illustrates this subjective reality and the stigma it elicits. When I was in college twenty-five years ago, I entered an extreme mental state that was later labeled psychotic by the doctors but was, to me, a very intense spiritual event. The experience was surprisingly non-religious, since I was a practicing Christian, but was nevertheless full of sharp spiritual perceptions and feelings that in later years I found described in what is called mystical literature. It is very difficult to put this kind of experience into words, and I will not try to do so here. But at the time I knew very well that what was happening to me was spiritual—that it was good—and I regarded it as very precious, at least in the early stages. Unfortunately, something got out of control somewhere in the process. I was nineteen years old and was not prepared to handle such things, and there was no one there to guide me. Instead, I was placed in a straitjacket, forcibly injected with an antipsychotic drug, and incarcerated in a mental hospital.

I found myself locked up in a group seclusion room with a bunch of other women. All of us were heavily drugged with dosages of up to 1200 mg. per day of thorazine, a drug which at that level renders a person little more than a zombie. All day long we were locked in this small, dark room with nothing to do except watch a fritzing television set that was placed near the ceiling where we could not reach it. I felt like a caged ani-

mal although I was in an expensive, private hospital. I remember sitting in that room looking at my hands, trying to read the lines on my palms and thinking, "What have I done to deserve this?" Later I simply concluded, "So this is what my life has come to." All of my dreams and ambitions disappeared down the drain. Except for death, my life was over.

Such thoughts of despair and hopelessness are experienced by all persons who find themselves in a mental hospital for the first time. After all, our culture teaches us that a mental hospital is the ultimate degradation and horror. Then the mental health system accepts and perpetuates this degradation. Even today, the common psychiatric technique for treating mania is to bring a person down to abject mindlessness with drugs and restraints, and to do this as quickly as possible. This process instills shame, the feeling that you are utterly and ultimately worthless, and the fear that your future holds the promise of continual hell and defeat. And many, if not most, people continue to feel this way for years, sometimes for the rest of their lives. This shame and this degradation become the real illness of mental illness, for they cripple the spirit.

After I was hospitalized and drugged, I tried at times to talk to friends, priests, or other religious persons about the spiritual aspects of my experience. And with very few exceptions, I was told that my spiritual experiences were only symptoms, merely a part of my "sickness." As a result of this rational advice from people who were supposed to know, I tried for twenty years to convince myself that these experiences were, indeed, sick and that I should just forget about them. But the fact that my extreme mental states were based on spirituality was so evident to me that no amount of therapy or drugs could eradicate my unspoken conviction.

Recently I pulled out my case records from the Institute of Living (IOL), a posh, private hospital in Hartford, Connecticut, where I was institutionalized for "schizophrenia" a decade after my first experience. I stayed at the IOL for

nearly two years. When admitted I was in a state of high energy; I was, you might say, “spirited.” The following comments from my clinical record described my initial behavior. The italics are mine:

She became catatonic, bizarre, and grandiose with *delusional beliefs*.

She decompensated with grandiose delusions and *spiritual preoccupations*.

In apparent reaction to a disagreement with her husband, she developed *grandiose beliefs*.

These phrases represent the psychiatrist’s interpretation of my spiritual perceptions (*preoccupations*) and beliefs (*delusions*) and his judgment of their validity (*grandiose*). Needless to say, spiritual matters were never discussed in talk therapy or anywhere else while I was at the IOL. In fact, there was no further mention of spiritual issues of any sort in my IOL records.

Because my actual experience was ignored and only my behavior was addressed, I soon lost my “grandiose delusions” and became despairing and depressed. In psychiatric jargon, I experienced a total loss of *affect*. I remained in a bleak, hopeless condition for most of the time I was at the IOL. Only once did I muster the courage to make a suicide attempt, which left me in a coma for five days. In the meantime, I received the best treatment psychiatry had to offer. I had talk therapy with a psychiatrist three times a week. I also went to group therapy and occupational therapy. I must have been given every psychiatric drug known to science. Frequently I was locked up in solitary confinement (“seclusion”) for hours. Finally, as a last resort, I was persuaded to submit to thirty shock treatments, which left me with a permanent two-year memory loss. But nothing worked.

After I had been at the IOL for almost two years, I was still depressed and suicidal, and I found myself back down on the very lowest ward, Thompson I. And then, down in that snake

pit, I had another spiritual experience. I was sitting on the dirty floor outside the seclusion room talking on the phone with my husband. Several days earlier he had announced to me that he wanted a divorce because he could not put up with my illness. During my conversation with him that evening, I began by begging for him to take me back; I was terrified at the prospect of divorce, for I did not believe I could make it alone. After the telephone conversation, I sat silently on the floor, staring at the open door of the seclusion room.

Suddenly—and for no apparent reason—my pain dissolved into a kind of openness that let in a feeling of relief and warmth. Within the space of a few seconds, I knew not only that I could make it alone but that I welcomed whatever this aloneness might have in store for me. This was a kind of spiritual insight that I had experienced in the past, although not so dramatically. It was not particularly metaphysical; it was a revelation of personal empowerment, a new desire to live, a feeling of confidence. After that, I stopped pleading with my husband and began to prepare for my own life.

The effect of this experience was that I literally snapped out of a psychosis that only days before my psychiatrist had regarded as intractable. My recovery had nothing to do with the talk therapy, the drugs, or the electroshock treatments I had received; more likely, it happened in spite of these things. My recovery did have something to do with the devotional services I had been attending. At the IOL I attended both Protestant and Catholic services, and if Jewish or Buddhist services had been available, I would have gone to them, too.

I was cured instantly—healed, if you will—as a direct result of a spiritual experience. There really was no other way to interpret what happened. Nevertheless, this is how it was explained in my IOL records:

From being a passive, receptive, and almost terrified woman, she appeared to have become more assertive and more angry. There has been with this an

apparent lifting of depression. The clinical changes seem somewhat abrupt. One wonders if *it might represent a flight into health, with the same potential underneath for suicidal actions*, given some situational reverse. (Italics mine.)

Not a single aspect of my spiritual experience at the IOL was recognized as legitimate: neither the spiritual difficulties and energies at the beginning nor the healing that occurred at the end. Until very recently, not a single psychiatrist that I saw either before or after my IOL sojourn ever recognized or addressed the critical role that spirituality played in both my madness and my health.

Yet I have learned through my work as a peer advocate and counselor for other ex-psychiatric patients that I am far from alone in having experienced such spiritual energies and perceptions within extreme mental states. My experiences are hardly unique; in fact, I think such perceptions are the rule rather than the exception, and it would be accurate to say that most people who have experienced extreme mental states have also experienced a spiritual dimension. To be sure, this spirituality may manifest itself in different ways and with different degrees of acceptance or rejection by the individual undergoing it. My case may be unique only to the extent that I recognized the spiritual experience and kept faith with it. But it is true that just beneath the surface of what is seen as mentally ill behavior in most psychiatric patients will inevitably be found a core of spiritual questions, struggles, and even insights. When this spiritual experience is callously labeled sick or inappropriate and is deliberately ignored or disparaged, the patient is shamed into thinking her or his innermost beliefs and identity are trivial and embarrassing.

Clearly, there is more to what is called mental illness than the medical model of psychiatry leads us to believe. The medical model labels an extreme mental state as mental "illness"—a disease, a chemical imbalance, or a malfunction of the brain—and considers it comparable to physical disorders

such as diabetes and cancer. It defines this illness in terms of outward behaviors or symptoms, rather than the inner experiences of the patient. Most likely, extreme mental states do have something to do with chemicals. But I wish to remind the scientists and their popularizers that all emotions and perceptions—so-called normal ones as well as extreme ones—have to do with chemicals. I think it is a dangerous mistake to label any emotion, perception, or energy as illness. “Bad emotions” cannot be separated from “good emotions” and then surgically or chemically cut out like a tumor.

A psychotic episode may contain within it the beginnings of a spiritual breakthrough. The spiritual qualities of extreme mental states are real and powerful, and they are part and parcel of the pain, confusion, and dangerous quality of madness. To devalue or negate these spiritual aspects is to devalue or negate the person who experiences them, for these qualities are inseparable from the person. That is the true definition of stigma—a devaluation or negation that marks as shameful qualities that are in a person’s heart.

Stigma makes its mark not just through others but also through oneself. Most psychiatric patients learn to deny and despise their own perceptions and beliefs, to stigmatize themselves. And the result of such stigma is that, over a period of time, they learn to reject what they believe—either that, or the wounds from external stigma create scars and distortions of the heart. When this happens extreme mental states may become ugly—expressive less of spirituality than of sheer pain and anger. In my own case, I have often wondered what would have happened if I had received skillful spiritual guidance rather than medical treatment during my first experience. After going through this process for twenty-five years, I find it very difficult to sort out the genuine experience from the wounds of stigma.

It is ironic that this new understanding of stigma brings us back to one of the oldest fears surrounding madness, the idea

that it is caused by evil forces. Today these so-called evil forces are identified to be chemical imbalances in the brain, "bad" chemicals as it were. In the past these same forces were called demonic. But the original definition of the word *demon* had no connotation of evil. It simply meant spirit or divinity. In Greek mythology, *daemons* were supernatural beings who were intermediate between gods and men. Yet it seems that spirits such as these cannot exist within our culture, which likes its spirits to be innocuous and non-threatening and safely confined to prayer chambers or meditation halls. It often seems to me that a paucity of spirit has numbed and deadened our society and its leaders, both culturally and politically. Within this context, spirit does become frightening; it threatens our way of doing things in a very real way. Is it any wonder that madness is feared?

If the treatment of mental illness includes the destruction or conversion of all aspects of psychosis, including the spiritual aspects, then psychiatric treatment of mental illness is a form of repression, and even the primary cause of long-term mental illness. Certainly, it is difficult to acknowledge and respect the spirituality inherent in extreme mental states. The behavior and emotions that accompany these states are often unpleasant or frightening. Appreciating the value of such spiritual experiences threatens our established beliefs and conventional notions of reality and mental health. Perhaps the cure for mental illness depends on a redefinition of sanity.

This article was adapted from a talk given at the "It's Time for a Change" conference held by the Safeguards Project in Holyoke, Massachusetts, on March 30, 1985. It was originally published in Madness Network News and is reprinted here by permission. Sally Clay is advocate and consultant for the Portland Coalition for the Psychiatrically Labeled, a group run by and for ex-psychiatric patients. She organized the group in 1981 and acted as its director until 1985. Ms. Clay is presently writing a book about her experiences with extreme mental states and with the growing national movement of mental health consumers.