

“False Assumptions” by Marion Aslan

“It is a most extraordinary thing, but I never read a patent medicine advertisement without being impelled to the conclusion that I am suffering from the particular disease therein dealt with in its most virulent form”

Jerome K. Jerome 1859 –1927; Three Men in a Boat (1889)

Over the years I have become accustomed to and immune from the negative connotations, the false assumptions and the limits placed upon me due to my “affliction”. Like many people who belong to this particular group, I have learned to disregard the ignorance of others and rise above their prejudiced views, and although I once tried to shrug off the label by dying my hair bright red, that attracted equally disparaging interpretations and I decided to revert to my earlier diagnosis and once again became a “Blonde”.

It has not been such a simple process, however, to shrug off some of the labels that I have acquired in my psychiatric career. Admittedly when first diagnosed ten years ago with “brief psychosis” related to Post natal depression (my son was three before that was picked up) I didn’t think it so bad – brief by definition means something fleeting, that passes, and indeed it did. The original traumas and problems, which catapulted me into hospital, were over time resolved and my depression lifted. My second foray into the world of psychiatry when things hit a rough patch again brought forth a second label, albeit another fairly easily dismissible one – that of “acute psychosis”. In my mind being classed as “a cute psychotic” was still a transient state and could almost be seen as a term of affection!

Just over a year ago, however, a series of life events – the sudden death of my father, redundancy, the murder of a friend, physical illness, the break up of a relationship and an accident that saw my car written off, led to me being sectioned. This time the labels started to come thick and fast – “depression, suicidal, voice-hearer and the one that personally irritates me most, Bi- polar or Manic Depression”. It is indicative of how the medical approach to distress misinterprets the most fundamental human emotions and categorises these normal reactions to life events as symptoms of some greater illness. The doctors said I was depressed, I said I was grieving. They told me I had obviously tried to commit suicide in my car; I said I was physically ill, exhausted and drained and may have blacked out, though that may have been before or after being involved in a pile up. They told me they were worried about my hearing voices, I told them I was simply having a conversation in my head with my father – many people who have experienced the death of a loved one will be able to relate to that.

Whilst in hospital, and during the ten years or so I have worked in mental health in a variety of capacities I have rarely encountered anyone whose involvement with mental health services has not been as a direct or indirect result of difficulties or traumas in their lives, and their “strange behaviours” a way of communicating their distress, which is why, to me, the notion of labelling

people as a set of symptoms is madness in itself. A diagnosis gives us no indication of how to work with people, and in my case was one of the most disempowering events in my life. If anything, the labelling process serves as a barrier because often it is “expected” that people will behave in a certain way rather than being seen as individuals, and there is also the danger that individuals themselves, over time, learn to conform to the stereotypical view of their “illness” as the introductory quote suggests.

Like other people, I have days when I feel positive and confident; I enjoy the company of friends, do something special which gives me pleasure or simply enjoy a good day at work. Sometimes I have “one of those days” when one thing after another goes wrong, the weather is abysmal, I feel tired and I just want to retreat and rest. Is that a symptom of my “illness” or simply common sense? If you believe in the label you acquire it would be very simple to connect it to everything you do. For example; are you feeling unusually and especially happy? Hold on, you might be becoming manic. Had a bad day? Depression could be setting in. Feel like lazing around and doing absolutely nothing? Could be interpreted as lacking in motivation, a lack of social skills, first signs of depression, etc. etc.

In 1973 a landmark study, “Being Sane in Insane Places” by D.L. Rosenhan was published in the journal “Science”. Twelve sane people gained admission to psychiatric hospitals by simulating a single symptom, auditory hallucinations. As soon as they were admitted to the psychiatric ward they ceased simulating any symptoms of abnormality. Despite their public show of sanity the pseudopatients were not detected and most were hospitalised for weeks, (from 7 – 52 days) with eleven of them diagnosed as paranoid schizophrenics and the twelfth as a manic-depressive psychotic.

Due to scepticism from staff at other hospitals Rosenhan declared his intention to repeat the research at their institutions within a three-month period. Of 191 patients admitted during that time, 41 people were alleged, with high confidence, to be pseudo-patients, by at least one member of staff with responsibility for the patient. 23 were considered suspect by at least one psychiatrist. Rosenhan had, in fact, sent no pseudo-patients during that period. He summarises his studies by saying, “It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals”.

Even if the individual has the capacity to ignore the subliminal connotations attached to their label, others are not always able to do so. Some may even become “amateur psychologists” in their concern for your well-being. The label brings with it a range of assumptions. Several of my acquaintances have mistakenly voiced their concern that I might be anorexic! One psychiatrist was convinced my “problems” were drink related after I made the mistake of telling him I enjoyed a glass of wine with my evening meal! This fits in with the theories of Gestalt psychology, whereby elements are viewed in the context of the whole, so that central traits, e.g. whether a person is “cold” or “warm” affects how others view them far more than descriptive traits such as “hardworking” or “laidback”. Rarely are there positive connotations ascribed to the label, and yet

those who are classed as schizophrenic or manic-depressive may demonstrate enhanced creativity, empathy and sensitivity.

The stereotypical views of mental illness promoted in the media pervade and influence our thinking in a range of insidious ways. Insensitive and ill-informed newspaper reports about “mad, bad and dangerous schizophrenics” not only promote a treacherous myth, but can also impede recovery for the individual as they and their families struggle to come to terms with “belonging” to this particular group. It also reinforces the myth that there is a sector of society – psychiatrists and mental health professionals who have reached a consensus of agreement as to what constitutes schizophrenia and therefore how to treat it. In her book, “Schizophrenia. A Scientific delusion?” clinical psychologist, Mary Boyle challenges and questions the scientific status of the concept of schizophrenia. She emphasises that this is not to deny the existence of bizarre behaviour or the distress it may cause, but that it is necessary to ask searching questions about the labelling of some behaviour as symptomatic of mental illness. “It is unlikely that constructive alternatives to “Schizophrenia” will be developed unless we face not only the deficiencies of the concept but also the social and intellectual habits which have allowed it to flourish”.

Those who believe in the myth of organic mental illness might suggest that labelling is useful as it allows both the individual and their supporters to research the illness, giving them an informed awareness, knowledge and maybe arising from that, some comfort. This, in itself, can be an exercise fraught with danger. In one publication “Target Schizophrenia” published by the Association of the British Pharmaceutical Industry, it is stated that a biochemical test for Schizophrenia is being developed in the form of a niacin skin flush test. The compound is applied to the skin on the forearm and tested after five minutes – the test appearing to show that people with Schizophrenia react less strongly to niacin. There are even photographs of two people, one supposedly a schizophrenic due to his reaction to the niacin! Unsurprisingly, this and other equally bizarre pieces of “research” are often funded by the people who stand to gain the most from attempts to “prove” biochemical disorder, the Pharmaceutical Marketing companies. This statement accompanies the article on niacin skin flush testing; “The investigators have found it helpful in making it clear to people with schizophrenia that their condition is a biochemical disorder, which in turn leads to a greater willingness to accept medication”.

One of the most recent “theories” on schizophrenia contends that one of the main causations has “proven” to be – cats! An article printed in “The Sunday Times” on September 21st, 2003 contends that people infected with toxoplasma gondii, a parasite carried by almost all the country’s feline population are likely to exhibit a variety of negative characteristics and are at greater risk of developing schizophrenia and manic depression. “ Men tend to become more aggressive, scruffy, anti-social and are less attractive. Women affected with toxoplasma appear to exhibit the sex kitten effect, becoming less trustworthy, more desirable, fun loving and possibly more promiscuous. They also tend to spend more money on clothes.” Next time you indulge in a spot of retail therapy, you now have a perfect excuse – just blame it on your cat!

Historically, it has been the vulnerable, the disenfranchised and the underprivileged who have been labelled as mentally ill (as opposed to the landed gentry / nobility who would merely be seen as eccentric) It was not so long ago that we locked young women away and labelled them as “mad” because they dared to have a child out of wedlock. Russian dissidents, slaves who ran away from their masters, petty thieves, homosexuals, and lesbians, even those with epilepsy were all deemed to be mentally ill and in need of “treatment”. Have our intrinsic attitudes changed much at all? There is an incredibly high and statistically logic-defying ascription of the label of Schizophrenia to young black people (particularly men) in our communities. There are a growing number of young female self-harmers detained in secure units more because of their self harm (often due to abuse or violence they have suffered) rather than any major crime. There are also many individuals, who acquire a label of “personality disorder” with virtually no recognition of their life traumas being contributory factors to their distress. As the quote at the beginning of this article suggests, does the illness pre-exist or are we all susceptible to persuasion? There are over 400 classifications of “mental illness” in the Diagnostics and Statistical Manual with new classifications being added each year. Most of us would fit into one or other category at some point in our lives! Marius Romme, Professor of Social Psychiatry and author of “Accepting Voices” sums it up thus; “Schizophrenia is an abstract concept which has gained legality through social acceptance of psychiatric deception.”

There is little benefit to the individual experiencing crisis or mental health problems by attributing a title to their distress. My colleague, Dr Mike Smith, former Director of Nursing for Birmingham & Solihull Mental Health Trust sums it up thus, “Just because we put a name to it doesn’t mean we understand it”. The single benefit, as far as I can see, is to the professional who then has a legal endorsement for drug prescribing. But how often might these labels be subjective or totally arbitrary? If we have to construct a disorder to support and help people in distress perhaps the more generic label of “post traumatic stress disorder” might be more appropriate, or to simply say that people are “in crisis”

Ian Walton, a G.P. with Rowley Regis & Tipton primary care team recently spoke at conference of some of the difficulties in accurately diagnosing medical conditions, let alone those relating to mental health. His findings through research were that almost half of all people who presented with a range of ailments – including backache, chest pains and abdominal pains were found to have no recognisable cause for their illness. This is not to say that their pain was not real, but examinations, X-rays and investigations ruled out a physical causation. Through a well-designed educational programme facilitated by Dr Walton looking at these individual’s attitudes to “health and well-being”, the physical condition of these patients improved radically, and for many the aches and pains disappeared. He quoted Maudsley; “The tears of the soul make organs weep.” Equally emotional pain and distress may be exhibited through the mind and spirit – voices, psychosis etc. Many individuals who self harm talk of it as “an intermediary language”, yet still the myth persists of “manipulative, attention-seeking behaviour”.

Recent Department of Psychology surveys indicate that low self-esteem can affect an individual's mental health. How much more damaging is it to someone's self esteem to acquire a label that not only stays with them for life, and may affect how they are regarded by friends, family, neighbours and the community, but may also affect their employability, their insurance premiums, their access to decent housing and even their ability to travel to certain countries, e.g. The United States who refuse admittance to anyone who has been sectioned without the written permission of a psychiatrist. The drawbacks for individuals unfortunate enough to acquire a psychiatric tag far outweigh the benefits. One of my colleagues who was diagnosed as having manic depression many years ago has recently been proven to have a thyroid deficiency which was responsible for the symptoms leading to her diagnosis and for which she is now being treated. The Bi-polar label remains. As do the reams of case notes.

Whilst I acknowledge each individual's right to their own opinion, and I know some people who feel their label has been accurate and useful, I just want to send out a word of warning. In parts of America, "consumers" (the American equivalent of the term service user and an equally disparaging label in itself) have become so inured to their diagnostic label that they introduce themselves accordingly. I was somewhat disconcerted whilst working there some years ago to be greeted at a conference with, "Hi, I'm Marvin. I'm a Schizophrenic" and "I'm Judy, I'm Bi-polar," their "illness" being the part of their psyche they most related to.

Just over a year ago my family were told that I had "a serious and enduring illness called Bi-polar disorder", and that not only would I need to be on medication for the rest of my life, but I should think seriously about returning to work in the mental health sphere as it would be too stressful. Thanks to the support of family and friends, and my own determination, within a matter of weeks I was able to return to my job, medication free, and have spent the last year managing a recovery project in Birmingham, frequently travelling around the country facilitating training courses. I gave myself the choice to live within the limits of the label given to me, or to ignore the constraints some professionals tried to place upon me, and "go with my gut feeling". My personal belief is that in order to experience the richness and totality of life it necessitates encompassing the lows as well as the highs –this has been far more personally rewarding than simply existing at an intermediary level, staying "in the box" ascribed to me. I have chosen therefore to totally disregard the label, and my message to those who hung it around my neck in the first instance is in the form of a famous quote;

"Please accept my resignation. I don't want to belong to any club that will accept me as a member"

Groucho Marx 1895 –1977; Groucho and Me (1959)