

## THE STIGMA THAT STICKS

By Michael A. Schuler

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“On the Passing of Michael Stone,” *Lion’s Roar*

**Michael Stone** passed suddenly from this world on July 16. The story of what led to this moment is complex and heartbreaking.

**Michael** was loved for his brilliant mind and generous heart. He was an eminent Buddhist and yoga teacher, author, uncommon activist and human being.... He shone brightly, and was the bedrock of a community of yoga and meditation practitioners, first in Toronto and then to an expanded international community. If you met or studied with **Michael** you may remember him as wise, charismatic and poetic. He seemed unshakeable and capable of holding everyone else’s suffering.

And he did, but he struggled with his own.

**Michael** lived with bipolar disorder his whole life. Bipolar disorder is characterized by a fluctuation between normalcy, mania and depression.... Along with his lust for life was an impulsivity that he struggled to quell through yoga and Buddhist practice. His brain was rapid-fire and wide open. It was part of his brilliance and his sensitive nature.

**Michael** came to spiritual practice innately at a young age, and then to formal study as a teenager. It was also a way to take care of his mental health. For a long time he was well enough to resist the diagnosis and stay balanced naturally through practice and self-care, but as things got worse he opened up to family and friends and sought medical care.

He established self-care routines. He exercised. He went to bed early. He ate a special diet.... He saw naturopaths and herbalists and trainers and therapists. He continued his daily practice. As things worsened, he turned to psychiatry and medication as well. Balancing his meds was ever-changing and precarious. He struggled to be open with those around him about how

much and how deeply he struggled. **Michael** tried....

But as versed as he was with the silence around mental health issues in our culture, **Michael** feared the stigma of his diagnosis. He was on the cusp of revealing publicly how shaped he was by bipolar disorder, and how he was doing.... Unbeknownst to everybody, he was growing more desperate. On July 13 he got a haircut, exercised, ran household errands and finally acquired a street drug. Initial toxicology tests suggest that he had opioids, including fentanyl, in his system. He was found around midnight of that night, unresponsive....

It would be easy to shake one’s head and think, what a shame. Culturally, we don’t have enough language to talk about this. Rather than feel the shame and tragedy of it, can we find the questions: What can we do for ourselves and others who have impulses and behaviors we cannot understand? Impulses that scare us and silence us? How can we take care of each other?

“Noon Walk on the Asylum Lawn”

By Anne Sexton

(Sexton was a Pulitzer Prize winning poet, writer of children’s books and plays. She suffered from bipolar disorder and in 1974, at the age of 46, ended her life)

The summer sun ray  
shifts through a suspicious tree.  
Though I walk through the valley of the  
shadow  
It sucks the air  
and looks around for me.

The grass speaks.  
I hear green chanting all day.  
I will fear no evil, fear no evil.  
The blades extend

and reach my way.

The sky breaks.

It sags and breathes upon my face.

In the presence of mine enemies, mine enemies.

The world is full of enemies.

There is no safe place.

### \*\* REFLECTIONS \*\*

I found occasion a few nights ago to watch a film I had first seen when it was released in 2012. “Silver Linings Playbook,” a romantic comedy, ended up with eight Academy Award nominations, including Best Picture. It is an engaging movie, funny and poignant by turns, populated by great actors.

Although romantic comedy is a familiar and perhaps overworked genre, and while this film remained true to form in many respects, what set it apart was its treatment of mental illness. **Pat Solitano**, a high school teacher, is bipolar and has just been released from the hospital after a six-month commitment. **Tiffany Maxwell** copes with unresolved grief and depression in the aftermath of her policeman husband’s unexpected death.

These are not caricatures; **Pat** and **Tiffany’s** struggles are believable and provoke sympathy rather than snickers from viewers. Yes...there are scenes of high humor, but the couple’s mental afflictions are treated with unusual sensitivity.

A decade earlier another film with a similar focus won the **Oscar** for Best Picture. “A Beautiful Mind” traces the career of the Nobel Prize winning mathematician **John Nash**, who developed schizophrenia in his early 20’s and battled the disease throughout his career. Although it contained some inaccuracies, the film gave the broader public an opportunity to see what it might be like to live as, and with, someone suffering from a severe mental disorder.

Other features have followed a similar pattern: “**Michael Clayton**” and “**Take Shelter**” being two notable examples.

Contrast this with the way filmmakers treated the subject before. Think of Hitchcock’s “**Psycho**,” or “**Halloween**” featuring a man who escapes from an asylum and goes on a killing spree. The plot to another thriller, “**Shutter Island**,” unfolds in an asylum for the criminally insane.

Once upon a time, severe mental illness was presented in such a way as to evoke gratuitous fears and stoke the fires of stigma. Perhaps this shift in filmmakers sensibilities is a sign of progress and of expanded public awareness.

Unfortunately, in other important respects we are still trying to find our way forward. Consider, for example, the epithets that **Donald Trump** routinely employed while running for president. **Jeb Bush** was a “basket case,” Lindsay Graham a “nut job.” **Trump** told **Ted Cruz** he was “nuts” and “unstable” and insisted that **Bernie Sanders** was “wacko.”

But the problem wasn’t just **Trump**. Commentators, as **Colby Ikwitz** pointed out in *The Washington Post*, took the candidate to task for his indecent characterizations of undocumented Mexicans, Muslims, women and prisoners of war. However, it was rare that he was challenged in his repeated callous references to mental illness. “It is still socially acceptable,” the media expert **Otto Wahl** observes,

...for cartoonists, policymakers, health-care professionals and the public-at-large to mock, stereotype, avoid and otherwise denigrate people who experience mental disorder.

**Kay Redfield Jamison** has spent a lifetime coping with bipolar disorder - or manic-depressive illness, as she prefers to call it. For much of her career as a professor of psychology she tried to cope with her condition privately, afraid that if she revealed anything, academic institutions and her peers would reject her. She also resisted taking prescribed medications, feeling she should be

strong enough to manage her periods of depression and mania unaided. “I didn’t want to need a crutch,” she wrote.

Over time **Jamison** worked through these issues, came out of the closet and became a leader in her field. She regrets, however, that derisive words like “wacko,” “crazy,” “mad,” and “certifiable” remain popular. “The pain of hearing these words, in the wrong context or the wrong tone is sharp,” she writes.

The memory of insensitivity and prejudice lasts for a long time. Moreover, allowing such language to go unchecked or uncorrected leads not only to personal pain, but contributes, both directly and indirectly, to discrimination in jobs, insurance and society at large.

The media’s sensationalist treatment of mass murderers further complicates the issue. If the killer can’t be classified as a “terrorist” commentators quickly turn to mental illness as a probable cause. Sometimes it is, but what is rarely pointed out is that studies show that persons with severe mental illness are more likely to be victims than perpetrators of violent crime.

Usages and images such as these are profoundly stigmatizing, but what does that mean? What are we talking about in using that term?

Stigma finds its origins in ancient Greece, where it was applied to individuals who bore a physical mark – usually a brand burned into their skin - indicating their disreputable or depraved status. Slaves, criminals and traitors were “stigmatized” and thus relegated to the margins of society.

In Christian culture, the plural “stigmata” refers to the wounds inflicted on Christ at his crucifixion. Here, what would normally be taken as a mark of shame becomes, for the faithful, a sign of Jesus’ unjust and unmerited suffering at the hands of sinful humanity. The stigmata thus became signs calling the

observer to repentance and gratitude for Christ’s supreme sacrifice.

But in the Christian world stigmata could have negative connotations as well. Witches, for instance, were believed to possess certain physical attributes that attested to their status and led to their persecution. The same was true for certain aberrant behaviors associated with mental illness. Manic or psychotic episodes were thought to be evidence of demonic possession and were stigmatized accordingly. There was a solid Biblical warrant for this: on at least two occasions in the Gospels **Jesus** exorcizes “demons” from individuals showing clear signs of schizophrenia or mania.

Because of the spiritual and moral taint associated with them, persons coping with mental illness have continued to bear a heavy burden of social stigma. “It connotes,” **Stephen Hinshaw** writes,

...an internal mark of deep degradation to the individual who carries it and a license to the social majority to perpetuate and escalate their judgmental attitudes and responses.

To be sure, other segments of society have been similarly affected. Individuals with physical disabilities or who are severely overweight have been stigmatized. Certain diseases, such as AIDS, cause estrangement, as does a prison record. Transgendered persons know stigma well. Muslim women who wear the hijab or Sikh men with their turbans have felt the sting of stigma. Nevertheless, as a society we have made strides in de-stigmatizing many of the conditions that led to prejudice and discrimination.

This is, of necessity, a slow process because we humans are programmed to look with suspicion and/or disdain at people who are “not like us” - not part of the tribe with which we identify and to whose mores we

subscribe. Old prejudices are notoriously hard to surrender.

But if there is one class of individuals for whom stigma is an ongoing problem - in the United States and throughout the world - it is those who suffer from severe mental illness. They represent as much as 6% of the population, a third of our homeless citizens and perhaps 40% of those doing time in prison. 42,000 Americans commit suicide each year – nearly three times the number of homicides – and for most of them mental illness is the precipitating cause.

Religion continues to factor into this. There are today those in our Christian culture who perceive malign forces at work. Exorcisms are still performed, and Pentecostal preachers still claim the power to drive the devil out of the afflicted. In one of his books **Parker Palmer** recalls a conversation with a woman who, like him, had struggled with depression for much of her adult life. Having shared their respective stories she asked him plaintively, “Why do some people kill themselves yet others get well?”

**Parker** had been fortunate enough to survive his own bouts with debilitating depression and he thought carefully before replying. Nothing came to him except this: “I have no idea. I really have no idea.”

Afterward, **Parker** felt regretful that he couldn’t offer the woman something more constructive. Then he received a letter in which the woman thanked him for his candor. “My response had given her an alternative to the cruel ‘Christian explanations’ common to the church to which she belonged.” In her religious community, a failure to recover indicated insufficient faith or divine disapproval for something she had done or not done.

But religion isn’t the only culprit here. Until fairly recently, the scientific and legal communities were also complicit in reinforcing stigma. Secular experts in the field claimed that “insane” individuals had literally lost their reason, that which defines us as human beings. Because they were not in

their “right mind,” such people were thought to be more akin to animals or immature children and were thus stripped of their dignity and their rights. Thus, it was not considered especially cruel or inappropriate to warehouse the severely mentally ill in dreary asylums or subject them to brutal “treatments.”

Some prominent asylums even invited the public in to view the “freaks” housed within. As many as 20,000 visitors per year entered Bethlehem Hospital in London, better known as Bedlam, to gawk at that institutions 200 wretched residents. Similar entertainment was provided at America’s first major mental asylum in Philadelphia

Progressive reformers like the Unitarian **Dorothea Dix** did lobby tirelessly for more humane and dignified forms of care but discrimination continued. As scientists and lawmakers climbed aboard the eugenics movement in the early 20<sup>th</sup> century, laws were passed mandating the forced sterilization of the developmentally disabled and individuals with serious and chronic mental illness. “It is hard to imagine a more officially sanctioned and institutionalized form of stigmatization than this,” **Stephen Hinshaw** writes, “By official decree...persons with serious mental disturbances were forbidden to reproduce.”

For **Hinshaw**, a professor of psychology at UC-Berkeley, this history is especially meaningful. His own father – a brilliant philosopher – spent a lifetime in the throes of severe manic-depression. He was absent for months at a time from his family’s life, confined to one asylum or another. In an effort to spare them their father’s stigma, **Stephen** and his sister were kept completely in the dark. Only when **Stephen** was in college and studying psychology himself did his father reveal his shameful secret.

The two enjoyed many candid conversations in the years that followed, but one day shortly before his death the older man confided to his son: “There are times I wished I had cancer,”

Taken aback, **Stephen** repeated the word as a question: “Cancer?” Was his father losing his mind again?

“Cancer is a real illness,” the old man said calmly. “But each of my experiences was related to a mental illness.” He noted how ironic and disheartening it was for a philosopher to have such a disease. “How I’ve longed to have a real illness,” he summed up.

Stigma, as this example indicates, can profoundly affect the self-image of those who experience it. They internalize society’s disapproval and must now deal not only with the complications of disease itself but with a pervasive sense of unworthiness and inadequacy. Some may also begin conforming to society’s stereotypical expectations of the mentally ill which, as **Hinshaw** notes, “sets in motion a vicious circle of interactions.”

There is also the associated problem of “courtesy stigma,” whereby family members and others close to the affected individual are marginalized. To avoid this fate and escape the shame, **Stephen Hinshaw’s** mother, **Kay Jamison’s** sister, **Michael Stone’s** did their best to hide or to deny that there was a problem.

How do we combat the stereotypes, prejudice and discrimination that produce and maintain stigma? Self-disclosure can be a powerful tool and in recent years more and more people have shared their stories. A quarter of a century ago, **William Styron**, author of the acclaimed novel *Sophie’s Choice*, published an account of his struggle with debilitating depression. *Darkness Visible: A Memoire of Madness* became a surprise best-seller. **Scott Stossel**, editor of *The Atlantic Monthly*, recently wrote of his efforts to overcome acute anxiety disorder. Since then **Stossel** has received so many letters from fellow sufferers that, as he put it, “It made me feel like I did something right.”

Because they anticipate and dread being stigmatized, many people delay or forego treatment for mental illness. Too often this means that they will lose jobs, families, homes and even their lives when the

symptoms become acute. Fully half of returning military veterans who suffer from PTSD never seek help for fear of appearing “weak.” Narrative accounts by other veterans who have recovered can be a powerful motivator for such reticent men and women.

In point of fact, these reflections come to us courtesy of **Carolyn Waxler**, who purchased the topic at last Spring’s Cabaret Service Auction. **Carolyn**, herself a psychologist, has coped with both her mother’s and her own depression and has told the story in a collection of narratives edited by **Stephen Hinshaw**.

As a society, we also need to take mental illness more seriously, because resources are inadequate to meet the demand. Politicians pay lip-service to the problem, but then vote against funding more hospitals and treatment centers. Indeed, the most recent Congressional budget proposal calls for major cuts to Medicare, and in particular for programs that address addiction and mental illness. Then, too, most private insurance policies lack “parity” provisions that provide the necessary coverage for both mental and physical disorders.

Because of stigma, many of those who suffer from severe mental illness retreat into isolation, which increases the risk of self-harm. Joining a peer-support group, or taking an active role with an organization like **NAMI** whose mission is to overcome stigma can be very liberating.

And finally, for those of us who wittingly or unwittingly collude with the culture of stigma, there is **P.G. Devine’s** formula for attitude readjustment: “Intention, attention and time.” Through effort and practice,” **Devine** promises, “people can overcome stereotypic thoughts and reactions and substitute for them stereotype breaking beliefs.”

Do we have a role here as a congregation? In answer to that question the psychotherapist **Patricia Deegan** had this short response: “For God’s sake,” she said, “Just love them.”