

The Other Within – Mental Illness and Stigma as Absence of Empathy

By

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All the usual disclaimers apply

- YOU [the audience] are individually responsible for your own health and well being
- If you are upset or get upset beyond your capacity to deal with the upset, leave now and get help – dial 911 or go to the student mental health clinic, the emergency room of the nearest hospital, firehouse or police station
- Otherwise – this is a gluten, peanut, allergen free, informational presentation - welcome and let's be open to mixing it up about a deep, dark subject!!!

No stigma would exist or be needed if ...

- ...I did not want to cut loose, appear totally uninhibited, stop complying, stop conforming, and run wild and naked through the streets – an extreme image of Dionysian intoxication – to violate boundaries ...
- if I did not want to do anything insane and be totally OTHER than I am, THEN no stigma would exist or be needed ...

Stigma = the unknown = The OTHER

- Stigma = the unknown = The OTHER
- Stigma = a boundary violation
- The Other is on the other side – the far side - of the boundary
- If the unknown is stigmatized, then the solution is Knowledge?!

A short history of Otherness...

- Possession by the devil, demons, bad spirits
- Entangled in an inhuman mechanism – the influencing machine – possession by a totalitarian, bureaucratic system (OTHER)
- Kafka's ***Metamorphosis*** – one day the protagonist is transformed into a giant bug – the insect as wholly inhuman, wholly Other

A short history of Otherness...

- This is the great FEAR – loss of humanness, loss of humanity – the wholly Other
- Inhuman forces get inside and force the individual to renounce love, affection, affinity, humanity –
- The chilling conclusion of Orwell's *1984* ...

What is upsetting about the Other?

- The upset / disturbed person is [really] just like me – when all is said and done – that is me
- The Absolutely Other lives within
- The reason that the locked wards of mental institutions are on the top floor and in back is ... ? SO WE DO NOT HAVE TO THINK ABOUT IT – SEE IT – Be near unconventional behavior

The analysis of stigma....cont.

- The stigma of mental illness occurs because...
 - The undelivered communication is that the person is not recognized as a possibility – including self recognition
 - The other's contribution (intention) is lost
 - The expectation of community is violated - We are part of the same community – but that appears not to be the case

The analysis of stigma....

- Where ever there is a stigma, there is an upset (or potential upset waiting to occur)
- Where ever there is an upset, there is a boundary violation or transgression
- Where ever there is a transgression there is an undelivered communication, unfulfilled expectation, or disappointed intention

Dynamic interpretation...

- Psychodynamic therapy's great achievement had been to change the status of the psychiatric patient from that of being merely a bizarre medical exhibit to that of a person with the right and wish to communicate issues/ problems and have them understood and transformed or resolved.

“Everything” is on a spectrum...

- Put the so called normal [standard] person under enough stress and she / he becomes symptomatic
- Most people will start to hallucinate after about three days in a closet – e.g., Terry Andersen, AP Reporter held by Hezbolla for 7 years reportedly experienced psychotic symptoms

Trends...

- Normalize the pathological – everything is on a spectrum - we dream 1001 versions of the world every three seconds and delete 1000 of the versions – the delusional person deletes only 999
- Pathologize the normal [standard] – see Chris Lane on *Shyness* – now in the DSM (“social awkwardness
- All are included

The issue ...

- People are suffering
- People are marginalized, excluded ... they suffer more ...
- Get people to react to de-valuing behavior directed towards them – then pathologize the reaction

What to do about it...?

- Community action ... Active Minds
- Speak truth to power ... but ... Do not have a battle of wits with an unarmed person
- Empathy is vicarious introspection ... the ability to identify transiently with the Other – the experience of the other as Other is a breakdown in empathy – a sample of the data – not a merger

Stigma as a breakdown in empathy

- The Other as absolutely Other and therefore as inaccessible
- The upset person is a me who is suffering or in breakdown or otherwise discomforted
- Caution: as with a drowning person, use judgment – throw the person a rope or a life preserver do NOT jump in with them (unless you are certified to do so) lest you both drown

Stigma as a breakdown in empathy

- Empathy gives access to the other...
- As a selective, sampling, trace affect...
- As a temporary, transient identification...
- Not as a merger, total identification...
- Therefore, empathy [paradoxically] can defend against compassion fatigue, burnout, or vicarious trauma ... it give a sample, not

Never forget...this is a human being

- All of these expectations – ways of assessing behavior; judgments, evaluations, opinions, agreements/disagreements – see DSM
- Never forget you are in the presence of another human being – no matter how unconventional the behavior, no matter how different the language

Exercise – visible and invisible

- Divide up into groups
- Two lists – (1) what one person can tell about another person by looking (2) what one person can NOT tell about another person by looking
- Report

Recommended reading

- Paul Ekman.(2003). *Emotions Revealed*. New york: Henry Holt.
- Aldous Huxley. (1954). “The Doors of Perception,” *The Doors of Perception and Heaven and Hell*. New York: Harper Perennial, 1990.
- Kay Redfield Jamison. (1993) *Touched by Fire: Manic-Depressive Illness and the Artistic Temperament*. New York: The Free Press, 1994.
- Christopher Lane. (2007). *Shyness: How Normal Behavior Became a Sickness*. New Haven: Yale University Press, 2007.
- Thomas S. Szasz. (2961). *The Myth of Mental Illness*. New York: Delta/Dell Publishing.

Appendix ... Let's do the numbers

- Approximately 18.8 million American adults (Narrow 1998), or about 9.5% of the US Population age 18 or older (Regier et al 1993) experience a depressive disorder (i.e., major depression, dysthymia or bipolar disorder). Of these, 12.4 million are women (Narrow 1998).
- Under diagnosis in men?

Mental illness numbers...cont

- In 1997, 30,535 people died from suicide in the US (Hoyert, Kochanek, Murphy 1999). More than 90% of people who do commit suicide have a diagnosable psychiatric disorder, commonly depression or substance abuse (Conwell & Brent 1995)

Mental illness numbers...cont

- Approximately 19.1 million (13.3%) of American adults are affected by anxiety disorders (Narrow, Rae and Regier 1998). Rates are higher for women.

Mental illness numbers...cont

- Approximately 5.2 million American adults or about 3.6% of the population develop Posttraumatic Stress Disorder (PTSD) (Narrow, Rae, and Regier 1998). Research shows that women are at higher risk for PTSD than men (Breslau et al 1997). PTSD rates after sexual assault reach as high as 94% (Rothbaum, Riggs, Murdock, and Walsh 1992)

Mental illness numbers...cont

- Bipolar disorder affects some 2.3 million American adults (Narrow 1998) or about 1.2% of the US population age 18 or older (Regier et al 1993). Rates of bipolar disorder do not differ by gender (Narrow 1998).
- Schizophrenia affects about 1.1% of the population and rates do not differ by gender