

MENTAL HEALTH: 13 MYTHS AND REALITIES¹

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MYTH 1:

Crazy women are totally different from the rest of us. They have some internal defect that makes them unable to cope with life's stress.

REALITY:

The ability to cope with stress is a relative matter. We all react to situations in ways that are more or less "appropriate", "productive", and "successful", depending on how complex our problems are and how we feel threatened by them.

Although some people may need help more often, there are no two distinct groups of people, one "crazy" and one "sane". There is not even a linear continuum from crazy to sane. For each of us, there are times in our lives when we are less or more able to take care of ourselves and to deal productively with our situations. Though some of our reactions may not serve us well now, it is important to remember they were chosen at some time for good and at some level, sane reasons. Thus, we find ourselves to be complex webs of behaviors that serve us to varying degrees.

Life in this society is marked by stress: violence, cultural oppression, and frustration in dealing with systems, which were not designed to meet human needs. These stresses cause women to be afraid, angry, and self-hating. The intensity of each woman's response is related to the intensity of the abuses that have accumulated in her life. All of our responses are colored by our personal histories and we all experience "crazy" responses in certain times and certain parts of our lives.

We all learn to distance ourselves from intense pain in whatever ways we can, and thus our crazy behaviors are almost always responses of self-protection against abuse. People labeled "schizophrenic", for example, often use mazes of words to keep themselves distant and therefore less vulnerable. All of us develop patterns and defenses to protect ourselves; we develop these as functional and logical responses to bad situations. Sometimes these patterns grow to cause more problems than they solve, or they help to perpetuate a problem rather than resolve it.

MYTH 2:

Crazy women cannot function effectively. They cannot take on responsibility, participate in meetings, give support, etc

REALITY:

Women who are distressed sometimes can and sometimes cannot handle certain kinds of responsibility. Like any of us, women in distress need a chance to try and to make mistakes. The mental health system encourages mental health patients to feel that they cannot handle responsibility. All of us need to have some responsibility and to be productive in order to feel positive about ourselves.

MYTH 3:

Crazy women are fragile and any direct, honest feedback or limit setting you give them will upset them immensely.

REALITY:

Women labeled "crazy" are not more fragile than anyone else. They might find direct, honest feedback and limit setting to be painful, but rarely is it destructive. In fact, such honesty is an indication of care as well as a call for change.

¹ The original MENTAL HEALTH: 13 Myths and Realities was written in 1980 by C. Cohen, B. Cotter, M. MaGraw, and J. Van Zandt. The statistics, which were included in the original text, are now outdated and have therefore been omitted. While the ~ stress that mental distress may be directly related to societal stressors, we do not intend to deny that such distress may be compounded by physical and/or chemical circumstances as well.

Usually, family, friends, institutions, and other systems have deceived a woman in distress repeatedly. She will perceive certain attitudes of other people, and then these people will disown their feelings. A woman responds to this repeated deception by becoming mistrustful. Therefore, to build a relationship built on trust, the people around her must be honest about their thoughts and feelings concerning her. Unspoken boredom or annoyance will make her even less trustful of the messages of care she receives.

MYTH 4:

Crazy women are too much for me to deal with. I'm not qualified.

REALITY:

Any of us is too much for anyone other person alone to deal with. But **all** of us are capable of giving each other some support. While it is true many skills need to be acquired in order to dig through the maze of another's pain, we are all capable of simply listening to each other, which goes a long way towards relieving another woman of immediate overwhelming anxiety. The myth about craziness being some separate category of human pain that only "experts" understand keeps us away from each other and keeps the psychiatric industry solvent. It is a way of mystifying human pain and it invalidates the often basic, straightforward ways women can help each other.

It is also important to remember that listening to a woman's story does not make you responsible for her life. You can listen, empathize through your own experiences, and offer suggestions if you have them but it is not helpful for either one of you if you begin to feel overwhelmed, so you must be clear about your own limits.

MYTH 5:

All crazy women are "out of touch" with reality.

REALITY:

Reality is subjective. No two people see the same reality, but usually they have enough in common to connect to each other. Labeling someone "out of touch" is another way of saying we cannot find the connections to, or understand the rationale of their experience. Often the label is applied indiscriminately to women who are in distress.

Creating another reality is a protective reaction to another reality that is too painful to face.

When we insist on applying our own specific belief system to an "out of touch" person, we increase her isolation. (An analogy can be made to the male police officer who has no connection to the "hysterical" battered woman from whom he is trying to get a coherent story.) Being in a place that does not connect to other people's lives is a painful form of isolation.

MYTH 6:

Women who end **up** in mental hospitals are ~ crazy!

REALITY:

Women who end up in hospitals have usually had extensive experience with violence in their lives. They become hospitalized when their practical and emotional support systems break down. Emotional support systems break down for women because the people around them refuse to or cannot deal with the expression of their rage and pain.

Institutionalization is highly correlated to real practical problems like poverty and abuse. People with incomes below poverty level have the highest utilization rate for state hospitals. People who have experienced incest (rape by family member) also have a higher hospitalization rate. In fact, women, who have been traditionally considered subordinate creatures, isolated in their homes, account for the majority of all psychiatric inpatients.

It is true people who have been hospitalized behave in ways that we label crazy. Most of these behaviors (like manipulation, repetitive motions or hoarding items on the person) are learned as ways to cope with the degradation and oppression of the hospital environment or as a direct result of the violence, which the institution has delivered to the patient. This violence may take direct physical forms like electroshock, drugs, psychosurgery, or extensive isolation, or it

may take equally powerful, but more insidious forms like boredom, depersonalization, invalidation, disempowerment, and regimentation.

MYTH 7:

Craziness is hopeless and endless. Once a woman is crazy, she will never change and, even if she did, the craziness could return at any moment.

REALITY:

Most women "recover" from craziness just as most of us recover from sadness or depression. Human beings have an enormous potential for change. The expectation of permanence, however, makes change difficult. Many, to justify lack of action by both institutions and individuals use this idea of permanent craziness. Hospitals use the label "chronic" as an excuse to offer little or no treatment, and many individuals tend to avoid real contact with people who are too "needy".

Craziness is a response to an oppressive environment. When we don't take into account the oppressive elements in the environment, we are perpetuating the conditions that cause craziness.

MYTH 8:

Being crazy can be an exciting and fulfilling journey. People should be free to follow their impulses and to explore craziness if they want.

REALITY:

It is true there are some experiences labeled "crazy" which ought to be valued, like psychic phenomena or expressing pain; but the experience of craziness is extremely painful, especially in its isolation and desperation. In addition, being labeled crazy means further disempowerment and loss of credibility. A crazy woman is even more susceptible to violence. Craziness is by no means a situation chosen freely to enhance personal growth.

MYTH 9:

Psychiatric hospitalization isn't my problem. I've never been a mental patient, never plan to be one, and this isn't important enough for me to do anything about.

REALITY:

Psychiatry is pervasive. The facts are enough to make that clear. Over 7 million² Americans are being "treated" by the mental health system and of all the inpatients the majority are women. Thousands of Americans take legal mind-altering drugs. In fact, pharmaceutical companies outperform almost all other major American companies in net profits after taxes. Of the lobotomies performed each year, women and children constitute the largest sub-group.

Psychiatry is based on a system of logic in which it is impossible for a woman to fulfill her role as a woman and to be seen as a healthy adult. This psychiatric expertise affects us in schools, courts, hospitals, on-the-job, and through the media. Psychiatric abuse affects all women and given the stresses of our lives, we are all potential mental patients.

MYTH 10:

Crazy women are violent and need to be locked **up**, tied down. Drugged, and secluded.

REALITY:

Not many crazy women are violent. Actually, the most common diagnosis for women is depression. Those women who are violent are not violent most of the time. A woman is violent almost inevitably as a response to violence. Being locked up, tied down, or secluded is an additional violence to her that may be added to the feelings she has about being forced to be in a mental hospital. These restraints do not cure her, but rather they exacerbate the problem. People who have been seriously or repeatedly violated need support to find ways to vent their rage that do not harm themselves or other people. They do not need to experience more violence at the hands of the institution.

² Figure updated and based on 1986 survey conducted by National Institute of Mental Health. Figure reflects only the number of facility-based recipients of mental health services.

MYTH 11:

Women who want to commit suicide should be forcefully restrained--or, conversely--women who want to commit suicide should be allowed to do so.

REALITY:

No matter how calm and determined a woman seems about committing suicide, underneath her demeanor is a decision rooted in a sense of overwhelming hopelessness and powerlessness and in an ultimate form of isolation. So, whereas women who are considering suicide need to know they do have responsibility for their own lives, they also need to know there are people who care about them and who would be hurt or angered by their self-destruction. People who are considering suicide are in intense pain. They are not responsible for the causes of that pain and they do deserve support from other people in dealing with it.

MYTH 12:

Craziness is inherited from one's parents, or perhaps one's mother causes it during the early years of one's life.

REALITY:

Whatever predisposition one may have to craziness, it comes as a response to real life stresses. There are many stresses in an environment that is persistently oppressive.

By linking craziness solely to genetic causes or early history, we are taking the responsibility for oppression away from the ill society that causes it and placing it on the victim. If we do that, we ignore the sources of mental illness and seek change in places that cannot produce it.

MYTH 13:

Crazy women are extremely emotional. They are not at all clear about what is really happening

REALITY:

Women in distress may be experiencing a lot of painful emotions, or they may be totally shut down. In any case, feeling emotion does not necessarily impair rational thinking. Perceptions are always subjective and distressed women are not more or less subjective than anyone else. Chances are an angry woman has something to be angry about. A paranoid woman has something to fear.

This is the same old tired argument used by men to justify the oppression of women, somehow we are too emotional (and fragile) to be able to have power and think clearly. The fear and devaluing of emotion has hurt and continues to hurt all of us.
