The Patient's Point of View
of Mental Illness: A Personal Response

An Honors Thesis (ID 499)

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INTRODUCTION

My purpose of undertaking this project was to work out some of my own thoughts and feelings about having been hospitalized for depression. It is an attempt to reach an understanding of my illness for myself. A mental illness is not the same as a physical illness because in addition to the illness itself there are the aspects of shame and humiliation and the sense of failure that accompanies those feelings. There is the societal attitude (predominately one of rejection and disgust) based on fear and misunderstanding that must be faced, understood and accepted. There is the family aspect with each member dealing with his or her own feelings and attitudes. There are still the stereotyped ideas about a person who has been mentally ill. All of these attitudes, feelings and misconceptions are intertwined with the illness and serve to highlight it even more.

The experience, though extremely painful, was necessary for my survival and therefore not a bad one. I have thought many times that I could never repeat the experience as it was too painful. However, if I were given the opportunity to erase it as though it never happened; I would not want that either. The insights and understanding that I gained into myself are too valuable to lose and probably could not or would not have been gained if I hadn't gone through my experience.
Through my reading for this project, I have learned that other people who have been through a similar experience have also needed to understand and accept it. Some have talked about searching the literature in an effort to achieve that understanding as I have done. In my discussion of people who have been through serious emotional disturbances, I will try to show how they dealt with the positive and negative aspects of their experiences (and to draw corollaries between their worlds and mine).
The Patient's Point of View

of Mental Illness: A Personal Response

Mind Mislaid by Henry Collins Brown

Mr. Brown's book, Mind Mislaid, is a frank and direct enlightening view of life in a mental hospital which I thoroughly enjoyed. Mr. Brown was in his mid sixties when he entered Bloomindale, a state hospital in New York. He was there three years with his affliction and what fascinated me about his story was that his attitude in telling the story is without malice or bitterness or anger or a feeling of wanting to get even. Instead, his story is an open, natural and direct account of his bout with mental illness.

He deals with some speculations as to reasons for mental illness and believes that most could be avoided. He feels that the greatest accounting for mental illness is the lack of self-control under which he categorizes two main areas: "philandering" and "over-drinking."

Mr. Brown's attitude toward mental illness is a frank acceptance of it as a part of life (tragic though it may be). His honest acceptance of the subject reflects an attitude that seems to come with age and a familiarity with life.

At one point, he was talking about the depressives, who either won't talk with you or will only yell at you to get away from them. He says: "That's what they call a paranoiac
in cuckoo land. Outside we call them grouches" (p. 39). This ability to see the difference between that defined by psychiatry and that defined by society as actually the same thing in different words and held in different attitudes, is what makes Mr. Brown's book so enlightening.

Mr. Brown touches on a variety of topics in his book. He talks of societies "Oh, No, We Never Mention Her" attitude toward mental illness and of the recovered patient's "dread to speak of his illness, but looks upon himself as having brought disgrace upon the family" (p. 11) attitude toward his own illness.

He comments that "a constant state of hostility would perhaps define the attitude" (p. 74) that he felt and expressed while in the depressed state and that other depressives also have. I know that for myself that is a very accurate description of how I felt. I always felt agitated; and, being depressed, there was no release for that agitation, so it became an almost constant state of aggravation or hostility. The only time I seemed to come out of that hostile state was when the agitation stopped.

Another thing he talked about was weight gain and loss and the importance of these factors in the hospital. At the mental hospital on some wards, like the intake ward, you were weighed once a week and on others, once a month. A great deal of emphasis was placed on weight especially if you were continually losing. Emphasis was also placed on whether or not you ate and it was charted if you did not, especially on closed wards.
Weight really does have quite a bit to do with one's mental activity. I know that the first six days that I was confined to the maximum security ward, I lost seven pounds and was eating three meals a day. I was eating because something in my head told me that if I did not eat it was a black mark against me and was being charted.

Another thing Mr. Brown talked about was being counted. God, how I remember that—before every meal we were counted and before every outing that we went on—we were counted. Sometimes, if the attendant was late, and we were hungry we'd count ourselves to speed the process along. One thing I hated was the lines—I do not think I minded being counted as much as I hated always having to line up.

He also talked about visitors day or as he titled the chapter: "Joys and Terrors of Visitor's Day" (p. 129). I liked his title because it fit the feelings of having visitors admirably. It expresses the feelings of the patient who so desperately wants to see those people that he really loves and the terror of having to face the person especially there, in the hospital, with the feelings of guilt for being there and the anger toward the loved one for making him feel guilty. All of this seems to heighten the feelings of agitation which increases the hostility. I liked how Mr. Brown put it when he said: "A peculiarity of mental illness is that it turns you against all those nearest and dearest to you in many instances" (p. 129).

He also talked about going before the Medical Staff —
which where I was was simply called going to Staff. Going to Staff was going before the doctors and being told what was wrong with you, kind of like a sentencing. It was a totally terrifying experience and one I should not wish to repeat.

Mr. Brown also talked about some of the signs of getting well such as starting to gain weight and signs of interest. If the patient becomes interested in anything, it is a good sign—even showing an interest in whether weight was gained or lost is a good sign.

Being able to concentrate on anything such as reading is also a sign of returning mental health. An interest, an ability to concentrate and the ability to read are all very important signs of one's returning health.

Another sign of returning health for some is talking or increased ability to communicate verbally rather than the silence. When a person starts to talk or converse after a prolonged silence or a period of little verbalization, it shows a renewal of interest, at least, in the ability or desire to talk.

One of the ideas that I noted with curiosity was Brown's saying that he could not recall what being depressed was really like when he was no longer depressed. He described it as "looking down a bottomless pit" (p. 110) which I find to be a very apt description. What interested me was that I have often found myself in the same situation. When I am not depressed it (the depression) seems like a dream—very vague and unreal. I can remember that it was bad but I cannot
actually remember the feelings and sensations and their intensities unless they actually come back as depression and then I find that it is a memory that I do not want.

I also enjoyed his descriptions of his feelings and thoughts when he was finally allowed to join "the living" in the "real world" once more. His astonishment on his first day of freedom to which he remarked: "Nobody unlocked a door for me when I went into a store, nor locked it after me when I came out. That seemed queer" (p.180). His feelings at his new found freedom he expressed this way: "It felt nice to be a regular guy once more" (p.182). As he grew more aware of his new found health he says: "To me every sensation was new and enjoyable" (p. 201).

I guess the reason the above remarks fascinated me was that I went through similar experiences. My first pass out of the hospital, I was astonished to realize that the music on the car radio was the same as that which was on the radio on the ward. I remember the sensation that I had was of a strange feeling--that the music on the car radio was possible--just did not seem right somehow.

About a year after I got out of the hospital, I became fascinated with mirrors and my own image which I seemed to be seeing for the first time. I had hated mirrors for as long as I could remember--yet, suddenly I found a new friend in that object of my hatred and she even smiled at me and it felt good. It too was like a new sensation that was enjoyable.
A Mind That Found Itself by Clifford Beers

"It seemed as if my nerves had snapped, like so many minute bands of rubber stretched beyond their elastic limit" (p. 8). I liked this description of the sensation that he was having—it also, may be the reason for the term "nervous breakdown." True the nerves do not breakdown but the sensation is close. I remember my sensation was that I was like a wire stretched to the point just prior to snapping—a feeling of supreme tension throughout my body and no relief.

I also noted with envy his phrase: "To be, as I was, in the world but not of it, was exasperating" (p. 67). I say envy because I wish that I could have had those words to tell the world what I was feeling and thinking. I have never seen the feelings and thoughts described so correctly.

One day that must have been totally exasperating to Beers—a day during which he had several fights with attendants—yet, was a perfect illustration of how callous and unthinking some attendants are in their righteous indignation. Beers made this comment about the events of that day: "The first fight of the day was caused by a corn cob; this of the evening by a crust of bread" (p. 125).

I guess this incident impressed me because it brought back the memory of a fight I had with an attendant over a light switch. It was not a physical fight—it was rather a war to see whether or not the lights would stay on. It happened early one morning when the attendant walked into my room and snapped on the overhead light and barked: "Get out of bed." This act enraged me, which caused me to jump out of
bed and snap the light off—thus the war ensued. There was enough light coming in from the hall lights that it was not necessary for the bright overhead light to be on. Most people do not like to be yelled awake or have a bright light glaring in their awakening eyes. What makes some people think that mental patients have no feelings and are indifferent to the rudeness directed toward them? Thankfully, not all attendants were like her; most at least had a common sense of decency and quite a few were even aware of the feelings of the patients.

Beers also talked about mechanical and chemical restraints used as punishment and for the convenience of the staff. "Indeed, very troublesome patients (especially when attendants are scarce) are not infrequently kept in a stupified condition for days, or even for weeks— but only in institutions where the welfare of the patients is lightly regarded" (p. 126).

I only saw mechanical restraints used once in all the time I was in the hospital. It was used on a very depressed alcoholic patient who had tried to hang herself. She was brought to the maximum security ward the day after I was (or maybe the same evening— that period is somewhat blurred) but she was not given any medication. No alcoholic or drug patients were given drugs. She was in such a desperate condition that the only thing the attendants could do was to restrain her to keep her from clawing or harming herself. The next day she tried to hang herself again and almost succeeded. It was only then that the doctor would allow her
to be given some medication to calm her down.

About the sixth week I was in the hospital, I was transferred to an open ward from the observation ward. I was very upset because I did not want to be transferred. I had pretty well adjusted to the ward I was on and did not want to have to learn to readjust. Even slight adjustments can be very difficult and disorienting to a person who's mind is confused anyway. I had also been brought back early from an overnight trip the day before I was transferred and was upset and angry about the things that led to my being brought back.

In any case, the day I was transferred, I stopped taking my medication in anger and started saving it to take all at once later. Four days later I came out of my intensely angry and hostile state and calmed down. When I calmed down I realized that what I was doing was wrong and no longer wanted the temptation of those pills around. Later that afternoon I went to the attendant and told her and returned the pills.

The next day, as punishment, I was placed on twenty mg. of Stelazine a day in liquid form. It did not taste bad rather like a Tom Collins. However the effect it had was horrendous. It was as if someone put a big hypodermic in me and drew out all of my strength. It was an effort just to get up from a sitting position and worse to try to walk anywhere. It also had the side effect of making me nauseated.

I was kept on Stelazine for a week--ten mg. at 8 a.m. and another ten mg. at 8 p.m. I was given the last dosage on a Monday morning; that evening about 6:30 I saw an attendant from my old ward. The first thing she said when she saw
me was: "My God, what have they got you on?" I saw her the next day about thirty-six hours after the last dose. She told me I looked better but she could still see the effects of the drug.

I have since found out that the normal dosage for that drug is two to four mg. a day. Twenty mg. is a very high dosage although not the highest. Stelazine is used to control anxiety and tension, which from experience I can honestly say it does. However, my question is why was I placed on it after I had calmed down instead of before when I was extremely angry, anxious and tense? The only answer I can give is that I was being punished for saving up my medication.

Five days after I was transferred to the maximum security ward, I was placed on eight hundred mg. of Mellaril and one hundred mg. of Sinequan a day. A week later I was transferred back to the open ward. By this time the drugs had calmed me down and were beginning to drain me. I asked that they be reduced. The Sinequan was increased to two hundred mg. A few days later. I was really beginning to drag, and I again asked to have them reduced. Mrs. A, the attendant, came to me rather apologetically to say he had increased the Sinequan to three hundred mg. His reason: I was becoming more depressed. I decided then not to ask for another reduction because I could not stand another increase. Later I found that I was on the maximum dosage for both drugs. I was kept on this for six or seven weeks. I am happy to say that the doctor who did that to me is no longer practicing medicine—he flunked his board exams—three times.
About a year and a half ago, I took a Crisis Intervention class. One of the students in the class was a drug salesman who had also done some research with drugs. He gave the lesson on drugs. At the time, I was still very interested in finding out about the drugs I had been placed on while hospitalized. I told him about the dosage of Stelazine. He asked me what it felt like. I told him it was like being hit by a truck. He said: "No, more like a tank."

I told him about the Mellaril and Sinequan. He told me that they had just wanted me quiet and out of the way so they did not have to bother with me. After the first cut, Dr. P, my psychologist, told me that it was not necessary to keep me on that high a dosage for that long. He told me I needed it the first couple of weeks but not for as long as I was kept on it.

In fact, the only reason the drugs were reduced was because one morning at medication I was shaking so badly the attendant could not pour the juice into my cup without steadying my hand. I was so disoriented and out of touch as a result of taking the medication I did not even realize I was shaking until she pointed it out to me. Even then I did not care. Thank God she cared enough to observe me for three days, and when the shaking had not decreased she went to the doctor and had the medication reduced. The shakes cleared up.

Beers was released from the hospital about 1906 and his book was published about 1910. I find it ironic and disheartening that the conditions he wrote about then are still prevalent today. I find it ironic that since Beers was released
the airplane has been developed, as have T.V., talking movies, and computers. We've even gone to the moon. Yet some of the practices that Beers talked about that needed change, I experienced seventy years later.

"Deprived of my clothes, of sufficient food, of warmth, of all sane companionship and of my liberty, I told those in authority that so long as they continue to treat me as the vilest of criminals, I should do my best to complete the illusion. The burden of proving my sanity was placed upon me. I was told that so soon as I became polite and meek and lowly I should find myself in possession of my clothes and of certain privileges" (p. 179). Benziger touches on this topic later so I will return to it. For now, it appears that sanity is defined as the ability or willingness to be polite, meek and lowly. Insanity is fighting intolerable and inhumane conditions and treatment.

The Prison of My Mind by Barbara Field Benziger

Mrs. Benziger's book was one of two that I had chosen not to reread. The other book is by Francis Farmer; more on that later. The reason I chose not to reread each book was because each had a profound and upsetting effect on me. I knew why for Farmer's book, but not for Benziger's. Nonetheless, I had elected to write about Mrs. Benziger's book from the notes I had taken. However, I found that I had failed to jot down the page numbers, so I had to skim the book anyway.

I now know why it had upset me. Mrs. Benziger's book is different from most of the books because she deals so
much with feelings from a feeling level instead of an intellectual level.

At one point in the book she is talking about wanting to work in a kind of transitional house. A place where ex-patients would go after leaving the hospital; while they are trying to fit back into the world. She is saying that this is what she would like to do someday but she is too involved in what they are going through to be helpful at the time. "I must reach a point where I can say, 'I felt that way too,' but now I can only say 'I feel that way too'" (p. 144).

She poses questions and thoughts that are usually alluded to by the other writers. Whereas, the other authors talk about the fears of the patient on reentering the world and the stigma attached to being hospitalized, Mrs. Benziger actually states those fears. "Every person who has been mentally ill is terrified of being rejected..." (p. 156).

She poses the question: what does one do when one meets someone who cannot accept the fact that one needed to be hospitalized and rejects one for it?

This is a question that I had to answer for myself last winter. When Dr. Burgess (at a convention dealing with rape) said that if a woman had any history of emotional illness, she does not go to court; in fact Dr. Burgess said: she is rejected because this society cannot or will not accept her. She had expressed it in a general way and not specifically to me, but there are individuals who hold the same attitude as society, and I must learn to accept that fact. Last winter
was when I learned to accept it. It was not easy but I had to do it myself. I think it will still be painful when I meet those people, but it will not destroy me.

She expresses loneliness as: "We were together, my friend and I, yet I was alone" (p. 107). Not alone in a crowd, but alone with a friend. I have been alone in a crowd many times, but being alone when a friend is there, is like being incased in an invisible tomb, able to see them yet not able to communicate with them or feel their warmth. Being with a friend intensifies the loneliness and makes one see it more clearly than ever.

She talks about the terrible guilt a patient feels for being ill and bringing all that shame on her family and the desperation and hopelessness of trying to find a reason for the guilt. "I must have done something awful to deserve this" (p. 107).

She talks of the terrible feelings at the loss of control when one is locked away and nothing you say makes any difference because you are crazy and everybody with the keys knows what is best for you. "You can't get out of here until you are well, and that is up to us to decide. He had succeeded in terrifying me" (p. 45).

"Also, when you are mentally ill, other people are inclined to believe what the doctors say, not what you say" (p. 65). This attitude can be very harmful if one has a bad doctor who makes arbitrary decisions and is constantly upsetting one. About the third week at the hospital some friends
asked for a pass for me. My psychiatrist changed his mind five times in four days as to whether or not I could go. At the end of those four days it would have been very easy to point out to any visitor that I was obviously so upset, I could not be allowed out. I was lucky though because the attendants were on my side and acted as a reality base for me. They were angry too, because they did not know from one day to the next whether I was going, and they had to deal with the confusion it was creating in me.

Having people listen to one's doctor can be helpful in some cases as when Dr. McC pointed out that Dr. P's letter had been very helpful in getting me accepted to graduate school. However, it is still very humiliating because they are still saying: we cannot trust what one says, but we can what one's doctor says.

"And yet it's frightening to have lost, forever, a part of your life" (p. 133). The blanks are torturous because one knows one was there but one really does not know it within oneself. I found this point illustrated in my own experience when I was down in the recreation room when I ran into S. I told her I had seen her on 18 (the maximum security ward - she is the recreational therapist for that ward). She looked at me kind of quizzically and said, "Saw me I talked to you."

I thought her remark was rather strange because I can remember seeing her but never being close enough to talk to her. I saw her twice in the large day room, the first time she was standing at the door and I was across the room and
halfway down the length of it. The distance was such that both of us would have had to raise our voices considerably to talk (especially with all the normal noise and the T.V. going).

The second time, I was standing just outside the door in the hall and she was sitting at a table playing cards three quarters of the length of the room away. Again the noise situation was such that we could not have talked (without raising our voices considerably).

I cannot remember ever having talked with S up on 18 and therefore her statement that she had talked to me seemed totally ridiculous. Her comment bothered me some, but since I couldn't figure out why, I did not pay any more attention to it.

It was about a month and a half later that a friend and I were sitting in front of the gymnasium when S walked up from the maximum security ward. She had given a party for recreational therapy and it had obviously gone quite well because she was in an extremely good mood, laughing and talking with us. I had recently had my medication reduced and was feeling more alive so I thought I'd play along with S's good mood. "Gee, how come you never gave a party while I was on 18," I asked in a playful way.

S's reaction to my question startled and somewhat frightened me. The laughing, joking mood changed abruptly into a serious, semi-shocked, unbelieving one. The smile on her face was replaced with a kind of an unbelieving, questioning stare. I had the feeling that if I had reached
out and slapped her, I could not have produced a greater change than I did with my question.

She just stared at me for a minute and then in a very serious questioning tone she said: "But Debbie, I did. I even asked you to come and you wouldn't respond to me."

I very vaguely remember seeing another patient come through a door that was normally kept locked and in her hand she carried a napkin with something like a cake or cookies on it. At the time, I couldn't figure out why that door was open or where she got the goodies. I have since figured out that that must have been the party that S spoke of. Yet, I still have no memory or recollection of her talking with me about the party or anything else.

"The fear of losing me, or my identity, again is still with me" (p. 145). It is kind of like driving a car, accidents do not happen to oneself; they happen to someone else. However, after an accident there is more of a feeling that it can happen to oneself because it did. Going crazy or becoming disturbed is something that happens to others, but when it happens to you there is more of a feeling of vulnerability and a sense of helplessness at being able to stop it if it happened again, like H. C. Brown's saying he could not recall what being depressed was like when he was no longer depressed. The helplessness is not being able to identify the problem and feelings until it is too late because you are already in too deep to get yourself out alone.

Her doctor told her: "Have patience and cooperate" (p. 41). As Beers was told to become "polite and meek and
lowly," Mrs. Benziger has her sanity defined as her ability to be patient with her doctor, who won't answer any of her questions—not even when she will see him again. The degree to which one does or does not cooperate indicates the degree of sanity and insanity. If one begs not to have the door to her room locked because she has claustrophobia but promises she won't come out, it is still taken as a lack of cooperation and an indication of her insanity.

I think what upset me about Mrs. Benziger's book was that she put a lot of feelings I've had into words when I would not or could not. Seeing my feelings in words made me realize them and some of them I was not ready to face and some I am still not ready to face but at least now I know what some of those feelings are. I also know that I am not the only one who has those feelings because Mrs. Benziger has them also, and I am sure there are others. That makes the feelings a little less lonely.

Will There Really Be A Morning? by Francis Farmer

Miss Farmer's was the second book I chose not to reread. Of all the books I have read, Miss Farmer's was the most disturbing. I have no reason to doubt any of the things she said because twenty years after getting out and at the end of her life, she had no reason to lie. She died shortly after completing the book. A biography written since her death, Shadowland by William Arnold, not only confirms the horrors that she suggests but shows that the situation may have been
The second time her parents had her committed, she was a returnee, so she was immediately placed on a disturbed or violent ward as one who would never get well. This ward was nothing more than a cage where when they became agitated and noisy a hose was turned on them through the bars and where food was thrown in on the floor and there was a mad fight for the food even though there was always enough to go around. She said that when they were finished eating a few of the "saner" ones would scoop up handfuls and go around and feed the ones who were too sick to fight for food. She talked of how some women would vomit and then eat their own vomit.

She talked of how every once in a while a rat would get into their cage and the women would catch it and tear it apart and eat it. She talked of how a cat got into their cage and that she rescued the cat from the others but was caught by the attendants with the cat bleeding and dying in her arms, and about someone's in the main office having his sense of humanity injured by the women's act and deciding someone had to pay for this outrage. Since Francis was caught, she was punished by being placed in isolation, a dark room where she could stand in the center and touch both walls and where it was less than ten paces from the door to the other wall. She chose one corner of the room for her toilet and food was slid in under the door. She talked about how she would get down on the floor and try to look out under the door so that she could know that someone was out there. She did not say how long she was in seclusion; I do not think she knew because
there was no way for her to judge the passage of time in there.

In all, she was kept on that ward for five years and then miraculously she was freed because her parents were sick and needed her to take care of them. All her parents had to do was say they wanted her and she was released, but they left her there for five years. How violent was she that she was released so easily?

What struck me most was the time period. She was on that ward in the mid to late forties and the early fifties. While the country was screaming about the atrocities of Nazi Germany's concentration camps and the horrors of communism she and how many others were caged like animals and treated more inhumanely then most animals, and for what? Only to be released when someone needed them to take care of them?

Sybil by Flora Rheta Schreiber

Sybil was written by an author and friend of Dr. Wilbur and later a friend to Sybil. In all, Sybil was in therapy eleven years. The book was published eight years after the termination of analysis, though the collection of material for the book was started while Sybil was still in analysis and before she and her other selves were integrated. Mrs. Schreiber had the opportunity to meet all of the selves while Sybil was under hypnosis, with her consent.

To thoroughly discuss Sybil would take a paper at least as long as this one already is--the notes alone were sixteen
I did some of my rereading at work and one day while I was reading *Sybil* a friend sat down to talk. She told me that she thought it was strange and weird that a person could become like Sybil. Her whole attitude seemed to be of fear and abhorrence toward Sybil.

Her attitude intrigued me because it was so different from my own. As I read *Sybil*, I was fascinated with the idea that someone could have such a strong will to live that she would make real people out of the different aspects of herself in order to preserve the whole person.

What Sybil did with herself is kind of like what a person would do when moving a treasured China set. One does not just put the whole set in a box—instead, one wraps each part separately so that no part is broken or destroyed and the whole set can be preserved.

Sybil did much the same thing—she wrapped each aspect of herself in a different identity to preserve it so that it could be returned to the whole of herself.

It intrigues me that the defenses used in mental illness are seen as weird or abnormal instead of saving devices that protect the individual. I find it ironic that we tend to cheer for the defense at a football game and yet we condemn as bad the natural defenses of the human being.

Depression is thought of as bad or wrong, yet depression is a very effective defense. I was not ready to face the societal rejection that Dr. B expressed last December. Hearing the rejection brought forth a powerful flood of feelings
of anger and hatred toward myself and the world, feelings of
guilt and self-condemnation. I must have done something terribly wrong to deserve the rejection.

The depression served as a defense against those feelings by pushing them down to a point where I felt very little of them. As I was able to accept those feelings and realize that it was not me and I had not done anything wrong; the depression slowly lifted and slowly allowed me to feel more and more as the acceptance and understanding of my feelings grew.

The depression was an effective defense for me because it protected me from the overwhelming flood that probably would have destroyed me if I had not been able to protect myself. If the depression had lifted without my being able to deal with the feelings or I had destroyed myself anyway it would have been an ineffective defense. As it was, it served to protect me from my own powerful feelings—not something weird or abnormal—rather, the most effective way I have found, thus far, of preserving myself. My defenses are part of my will to live. Just as Sybil's will to live was demonstrated by the supreme effort to preserve each part of herself.

Dibs: In Search of Self by Virginia Axline

Dibs was written by his therapist.

"It was as though he was all tied up in knots, physically as well as mentally" (p. 26). The story of Dibs paints a picture that seems incongruous, especially for anyone so young.
Dibs is about seven at the time of his therapy. Therapy lasted approximately a year. It is amazing that someone so disturbed could respond so well in such a short time. However, I think that part of the reason his response was so quick was in part due to his youth. I think that a young person is quicker to respond because they do not have as many of the societal dos and don'ts inculcated into them and the stigma of being sick is not as well defined for them yet. I think the young find it easier to change especially if it is away from pain because they are not as set in their ways or set in the pain as someone who has been enduring it for a long time. I think a child's natural curiosity is also helpful in their willingness to change more readily.

"Besides, it was evident that intellectual achievement without the attendant emotional and social maturity was not enough" (p. 61). I do not think that my intellectual abilities are anywhere near Dibs', but I think it has been a problem for me through the emphasis that others have placed on my intellect. I can remember visiting relatives when I was about seven and my parents having me demonstrate my ability to read by having me read out loud from one of my cousins high-school history texts. My parents were so proud. I can remember being told that I could understand better than my brothers and sisters. Where they were allowed to feel their hurt, I was supposed to understand. It is a little difficult to learn to relate to your feelings when so much emphasis is placed on your ability to relate to your intellect.
I remember the first day on the maximum security ward: I had signed myself out that morning, shortly before being placed on that ward. I was considering reneging on my ten-day notice and an attendant was talking with me about it. At one point he said: "You're intelligent enough to understand that." It was a pretty stupid statement to make to me because the only reason I was going to renege was because I had given up and did not even want to be hassled about getting out. Intellect had nothing to do with it. It was a feeling of hopelessness, and the pain was so great I did not have enough energy to care about getting out then or ever, much less to fight for my freedom.

Each person is made up of many facets and any time all the emphasis is placed on one at the exclusion of the others one will end up with a person who is not whole. Anytime part or parts of the individual are denied one ends up with a fragmented human being. Regardless of whether or not the fragmentation causes a disturbance profound enough to require therapy, one still loses a part of that person's total being. Virginia Axline puts it this way: "I wanted him to learn that he was a person of many parts, with his ups and downs, loves and hates, his fears and courage, his infantile desires and his more mature interests" (p. 63).

The Recovery of Myself by Marian King

Marian King wrote her book the year after she got out. I have noticed in going back through the books that where the
author is writing about himself/herself it has taken about four years to complete the task. The only other exception would be Seabrook's Asylum. In both cases the authors were well off financially and did not have to work. Both had had material published before and both were hospitalized for addiction; Seabrook for alcohol and King for veronal.

I can not honestly say I liked King's book because it was so different from all the others. Occupational Therapy was referred to as the "Club"; nurses took her out four or five times to see shows and plays—not a group of patients—just her. The doctors were always popping into the ward or her room to work a puzzle or to talk. Where I was, as with most of the other authors, the doctors made their rounds once a day usually for fifteen minutes. One rarely if ever got to talk to the doctor privately.

Where King was, there were teas and conferences, which the doctors usually attended, held at the Club a couple of times a week. They were even allowed to make candy in the kitchen under the supervision of the dietician.

Her whole problem centered around the fact that she was spoiled and wanted always to have her way. When she did not get her way, she took an overdose of veronal to cover her hurt feelings and get back at the people who would not let her have her way.

She was kept there three months in all, but after the first couple of days when the drug wore off, it reads like someone taking a vacation. After the effects of the drug wore off she did not seem to have any real trouble adjusting,
especially with all the freedom she was given. I think she would have had a few more problems adjusting if her mind had been confused with elation, depression or hallucinations and then she had been given drugs to further confuse her confused state.

At one point she wanted to go home for New Years, and the chief doctor would not let her go; so she threw a fit and signed herself out. He told her that she was acting like a spoiled child and that throwing a fit was like her taking the veronal on the outside. Then he asked if she would withdraw her notice if he, personally, would see her for therapy. She was already seeing someone, but he was higher in the hospital hierarchy.

By contrast, I cannot even begin to count the times I (and others too) was given an arbitrary flat no, as when I first came up for ground privileges. Even the attendants could not understand his reasoning, and they went to bat for me. That is one thing I have to admit, the attendants were for the most part very good and if a patient was trying at all they were generally supportive.

In King's book, all the staff was like the best of the attendants at the hospital. Maybe that is why I did not like her book—her experience was too easy, there were not any real hurdles to get over, no real fights to win or lose. It was just too easy.
Asylum by William Seabrook

Seabrook's book was more real for me than King's. While they were alike in that they both were hospitalized for drug addiction and both spent the majority of their time on open wards with no major setbacks that got them returned to a closed ward, Seabrook's book was more like the rest of the books. Maybe the difference was that he was in a state hospital whereas King was in an exclusive private hospital.

Seabrook was more real because he had his ups and downs while he was there. He had differences with his doctors, the first over prunes—they did not want him to have any. The second over whether or not he would be allowed to write as all the patients were allowed to do—only in his case, he was a writer and therefore writing would be work rather than a therapy. He was not given any special treatment like King was and he did not always agree with everything the doctors said like King did.

King's book concentrated mainly on herself. Seabrook's was broader in that he included a lot of the other patients and their thoughts and feelings and he interacts with the other patients—as one of them—not as if he were above them—which was the feeling I got from King's attitude.

His attitude through most of the book is one of curiosity to find out more about the other patients, not from a peeping-tom curiosity, but from a sincere interest to know the other patients. He expresses a familiarity with the other patients as when he says: "I wasn't here because I drank a lot...or too much. I was here, just like the rest, because I had lost
control" (p. 53).

One day as he is sitting out on the grounds with two fellow patients, they watch a group of men go by led by a nurse to sit on the grass. These men never mingle with the other patients, they never smile or cause trouble, they never even look up. Both his friends were at one time on that ward. He listens as they tell him about the worst part of mental illness.

"The guy," said Spike, "who tries to tear trees up by their roots, or thinks he's Julius Caesar, or a chicken—even a chicken in a pot or about to have its head whacked off—is in a cheerful and grand state, compared to those birds up there who just sit" (p. 198).

"But real despair means there is no hope, no door, no escape. As a matter of fact, we never do try to commit suicide in that circle of hell, which is the lowest of all. It is as if we were already dead, rotting, yet still suffering. As if though we were dead, being eaten by worms, we still felt, thought and suffered.

"The awfullest part of it, of course, is that we still do think. We are not in a blank, dazed coma of suffering, as those men seemed to be who passed just now" (p. 195).

The Eden Express by Mark Vonnegut

"The tranquilizers were another mystery. I hated Thorazine. I figured it was just a chemical strait jacket to make me less trouble to the staff" (p. 144). This line of Vonnegut's
is one I just love - "a chemical strait jacket;" it fits so appropriately. In all fairness, I have to say that I think drugs have their place in medical science and psychiatry. What I really object to is the way they are used or rather abused. The fifth morning on the maximum security ward, I was pacing the halls and I was a mess. I remember I had my arms around myself trying to steady myself because I was shaking so badly. I felt like my skin was going to crawl right off my body. I thought that if I did not get relief soon I was going to start screaming and never be able to stop. I knew I could not do that because I could not stand being locked in seclusion.

When the doctor came on the ward, I asked for something to calm me down. The increase started with the next medication. The next day for the first time, I had a desire to get off the ward. I know I needed the medication, even the high doseage, to calm me down, but I did not need it for as long as I was kept on it. My sole objection is the way the drugs are abused and the patients who are abused by the drugs.

I think one thing that would help to lift the stigma of mental illness is the idea of placing blame that is usually held by psychiatric workers. If a child falls off his bike and breaks his arm, his parents are not blamed for letting him ride his bike. However, if a child is emotionally disturbed it is generally the parents fault--and that is wrong. This attitude pushes parents away from learning about their child and his problems through feelings of guilt.
When I read *Dibs* was the first time I began to realize this. There is a scene in *Dibs* when his mother first comes to talk with Dr. Axline. Before this scene I thought Dibs' parents did not care, but I came to see his mother as a woman who cared deeply but was filled with guilt and terrified because she could not find someone who would help her to understand her son and his problem rather than pointing the finger and blaming her. For the first time I saw my parents as frightened of being accused of causing my problems. I do not think that most parents intentionally try to harm their children.

I like the way Vonnegut put it: "A more serious problem with most psychological theories and therapies is that they usually involve placing blame. According to their model, your parents, or your friends or you yourself, or someone else has screwed up. The fact is, there is no blame. You haven't done anything horribly wrong and neither have your parents or anyone else" (p. 208).

*Brainstorm* by Carlton Brown

"It might be said that before the beating my four assailants gave me on my first night at the state hospital, I was more insane than sane; after it, more sane than insane" (p. 240).

One of the things that intrigued me about Brown's story was Mike's rather startling spontaneous recovery. Others have talked about other patients making spontaneous recoveries but not themselves. Sometimes the recovery starts with a howl, or
a mute patient mimicking someone who constantly repeats some-
thing. In one case, it started with the patient's deliberately
hitting another patient who was an ex-fighter. When he re-
gained consciousness, he said he had wanted the ex-fighter
to hit him because he thought it might help him. When asked if
it did, he said yes.

Mike's problem was that he was elated and thought he was
the savior coming back and that he had magical powers. i am
not saying I am advocating beating patients, but I can under-
stand how a severe beating would break down the defenses sup-
porting his elated ideas. I think he was lucky that the beat-
ing did not swing him the other way into a depression.

Carlton Brown wrote this book for a friend of his, also
a writer, who did not feel he could write it himself for fear
of throwing himself back into the elated state. Mike is a
fictitious name because he wanted to preserve his identity.
In all, Mike was hospitalized eight weeks, the last seven in
a state hospital.

Getting out of the hospital can be a very traumatic time
because of the fears and insecurities within yourself. It can
also be traumatic because there needs to be a period of con-
valescing and adjustment. There needs to be a period where
the person can slowly work back into full swing.

Getting out of the hospital does not mean you are com-
pletely cured, just like someone who gets out after an opera-
tion, a mental patient can still experience problems with his
illness. Mike experienced the depressive side of his illness
after he got out of the hospital. "It seemed that for every flight my spirits had taken above the normal level, I must now pay in deep and prolonged submersion so far below that normal level that it seemed forever lost to me" (p. 290).

Going from complete incarceration to total freedom can also be traumatic in the transition back to everyday living. "Liberty, during those seven weeks at the state hospital, had seemed such a precious thing that I would have risked my life to achieve it. But as soon as I got it, I lost all capacity for enjoying it, and did not recover that capacity for many months" (p. 288). Getting out is not always what it is cracked up to be.

I Never Promised You a Rose Garden by Joanne Greenberg

Greenberg is a pen name for Hannah Green, Deborah's therapist. I must say that I liked this book thoroughly. I think part of the reason I liked it was because in the therapy scenes in the book, the therapist reminded me of Dr. P, my psychologist. She was open, accepting, spontaneous, and caring.

The day I was transferred to to the open ward, I was very upset. I really liked the attendant who took me to the new ward and I trusted her. She was talking with me, in a little side room, trying to help me to calm down. I knew I had to gain some relief or I would fly apart—so I swung around and slammed my fist into a metal locker. I did not break my fist but it was badly bruised and swollen.
I was terrified that Dr. P. would be angry and disappointed with me over the incident. I knew he would know; he seemed to know everything. I was so terrified that I was dreading my next appointment with him. I'll never forget the relief I felt when he walked in and said: "You know, I once ruined a while season of golf when I did that." To me he had said, its o.k. to do that but next time pick on something softer so you do not hurt yourself.

He did not see my actions as abnormal or sick, he saw them as normal, especially considering that I was very upset and disturbed. His attitude toward my illness was very open and accepting as was Dr. Green's attitude toward Deborah's, expressed as: "But these symptoms are built of many needs and serve many purposes, and that is why getting them away makes so much suffering." I really liked her honesty with Deborah. I liked the way Dr. Green illustrated the difference between good and bad attendants and doctors. I liked the balance she showed because not all doctors and attendants are bad but neither are they all good. A good attendant was depicted as being unafraid of the patients and their illnesses; because he was unafraid he was warm and accepting and helpful to the patients. A bad attendant was depicted as being afraid of the patients and their illnesses and because he was afraid he was condemning and hostile. This holds true from
my experience because the attendants most unafraid were the ones who were most encouraging and supportive toward the patients. The ones who seemed most afraid were the ones who ridiculed and antagonized them.

A good doctor was depicted as holding Dr. Green's attitude, whereas the bad doctor was depicted as being more interested in categorizing the patient's symptoms than in what she was saying. The bad doctor was more interested in labeling than understanding.

**Jordi/Lisa and David** by Theodore Isaac Rubin

Jordi is not one person, nor is he a real person. Rather, the character of Jordi is a composite drawn from many of Dr. Rubin's former patients. He does not say whether Lisa and David are based on former patients. All these children and their stories are ficticious although he says he "endeavored to write a book which is scientifically correct" (preface).

I talked earlier about how the attendants, at one point, acted as a stabilizer for me when the doctor was frequently changing his mind. The idea of a stabilizer was what intrigued me most about Dr. Rubin's book. Usually a person's stabilizer is a hidden factor or at least it is in the background. Dr. Rubin brings his character's stabilizers into the foreground and makes them very visible to the reader.

The stabilizer is used to help the individual maintain a sense of balance in the world. It is a way of controlling the intense feelings that rage within him. It is in some cases the last retreat when all else fails.
Jordi had a very concrete stabilizer that he called his "jiggler," an old doorknob tied to a string. Each time he felt insecure or threatened or even lonely he would reach for his jiggler which he kept in his pocket. When he was out walking and did not know which was to go, he would dangle his jiggler and it would show him the correct path.

Lisa had her rhymes. When she felt threatened she reverted to her rhyming speech. David had his intellect. When he was faced with an intolerable situation he relied on his ability to rationalize.

I think we all have stabilizers—little built in safety valves. For myself, I have, at least, two to deal with intense anger. One is withdrawal, where I will totally wall the person out. The other is used when the anger is expressed and that is profanity. Whenever I become intensely angry and it is expressed rather than bottled up—my language becomes very bad. When I am calm and relaxed, I do not use much profanity.

I do not think a person's individual stabilizers are strange or abnormal. I think they need to be looked at and understood. In severe cases, perhaps using that person's stabilizer can help in reaching him. I noted with curiosity that David was able to reach Lisa when he rhymed an answer to her rhyming question.

*Borderland Minds* by Margaret Isabel Wilson

"I watched Margaret's expression change from despondency to fear, and finally to utter despair, until she said to me
one day, "I know I shall never be able to get out of here - I will die in this awful place - I cannot even hope to be free again." And yet I know in spite of her words that she still hoped" (p. 16).

These words were written by Nan Grant, a close personal friend of Miss Wilson. Nan Grant was the chief agent in securing Miss Wilson's release from Blackmoor, a state hospital, after five years of trying. The above words describe Miss Wilson's change in attitude during the third and fourth years of incarceration.

Miss Wilson's story is one we choose to believe does not happen -- but it does. Miss Wilson was in her fifties when she entered Blackmoor; she had been a professional woman working in offices and as a school teacher. In the years just prior to entering Blackmoor, she had had a couple of operations and her physical stature was weak. She returned to the house she jointly owned with a "friend," Mrs. Gorham, to recuperate.

Mrs. Gorham was going away for the holidays and could not take care of Miss Wilson, so she wanted her to go to a sanitarium for the three weeks she would be gone. Miss Wilson trusted her friend, little knowing that it was not a sanitarium and that she had no intention of returning and getting her out in three weeks. She was incarcerated five years on the basis of a lie.

Nan Grant wrote to Miss Wilson's family and friends several times trying to get them to understand Miss Wilson's position; but she was not known to them and "Mrs. Gorham was a valued friend of excellent judgment and would do everything possible
toward the recovery of Margaret" (p. 16). This is an excellent example of what can happen when we are too busy to listen and take the time to find out what is actually happening for ourselves. Sometimes, it is easier to allow someone with "excellent judgment" make our decisions for us.

There was a young boy about fifteen at the hospital. He was rather small for his age, not much bigger than me. He pitched during the softball games and was an excellent pool player. I talked with him a couple of times, he was very bright and well-mannered. I did not know anyone among the attendants or patients who did not like him. He was rather quiet and soft-spoken and I never saw him cause any problems. I found out that he was at the hospital because he repeatedly ran away. He ran away because his parents were the pits. An attendant told me there was nothing wrong with him; it was his parents who were screwed up. He was later transferred to a children's home. He told me he was happy to be going because he would get to go to a regular school with normal kids.

His story is not quite the same as Miss Wilson's, and he was better off at the hospital than with his parents. However, it seems as though we sometimes lock up the wrong people for the wrong reasons. I can understand it happening as a genuine mistake, but sometimes the mistake is made because someone in authority did not take the time to listen or pay attention to what is really happening.
Miss Wilson's book was very helpful to me in my research because she had done research before writing her book. In her forward, she had listed several titles and authors which helped me to locate a few more books.

I liked this statement, which I found in her foreward, because I am at times amazed by what I remember. "Yet any individual, however uninteresting, who goes through a profound experience, has learned many things by heart that can never be easily forgotten" (p. 10).

The Snake Pit by Mary Jane Ward

This book was located in the fiction section of the library and that surprised me. I had read it before and not thought of it as being fiction. I think it would be easy to write a factually correct book about mental illness just by reading some of the books I have read. However, the feeling of Ms. Ward's book exhibits a deep understanding of what it is like to be mentally ill.

"She tried to think, but the gray chiffon wound closer" (p. 88). I get the impression from this and other statements that either Ms. Ward or someone close to her had a bout with mental illness. Gray chiffon is a most apt description of the fogginess of the mind. You are still able to think but somehow it just is not clear and as it winds closer, it becomes even less clear.

"Dr. Kik, when she saw him, went on at a great rate about how much better she was; like Robert, he talked to fast
for her" (p. 136). There were times when I wanted to scream at the people talking to me to slow down. Not only did rapid talk tend to increase the confusion but it also jangled my nerves and made me excited and lessened the control I had over myself which created a feeling of panic. Joe was always very good with this. The more confused I was, the slower and more calmly he talked which helped to quiet me and helped me to regain control over myself.

"They talked to us as if we were children" (p. 237). I always found it easier to maintain control of myself, when I talked with attendants and doctors who talked with me as an adult and as if I made sense. The ones who gave me orders or made my decisions for me as if I were a child tended to increase my confusion and loosened the grip I had on reality, not to mention my self-esteem. The ones who talked to me as though I did not make any sense tended not only to confuse but to terrify me. I (as most confused people) needed that reassurance from someone else that I was making sense, because my thoughts did not always make sense to me.

I think I would have liked to have been able to talk with Ms. Ward and have found out what kind of research she did for her book. Her insights were profound.

A Mind Restored by Elsa Krauch

Elsa Krauch writes A Mind Restored for Jim Curran. If someone else was starting out to do a research project similar to mine - this is the book that I would suggest that they start
with and end with. Jim's story is like an overview of all the other books. Though all the books have their similarities with one another, they each contain a uniqueness as does Jim's. However, most of what I have said about the other books could be repeated in describing Jim's story.

I guess what made this book unique to me was that while I read it there were not any intense feelings about it. Even the descriptions of mistreatment of patients, that caused intense feelings of anger from other books, I somehow accepted with calmness, even though I did not like it, when I read Jim's story.

As Jim began to get better, he began exploring other parts of the hospital. On one of his walks, he came across some shacks built by some male patients who would be patients until they die, yet have been allowed to build their own little homes. Jim's description of these dwellings is well worth reading. He said that no matter how much variety there was between dwellings with regard to building structure and materials used—they were all alike in one way: they all had locks on the door and those locks were kept locked when the owner was away. Locks and locked doors leave a profound impression, especially when one has been confined behind them.

Jim also came across a dwelling built by some of the doctors' and attendants' children. With a kind of sadness, he pointed out that the healthy minds of children could build a better dwelling than the disturbed mind of an adult.

Jim also pointed out that children can be very helpful in aiding a recovering mental patient. Sometimes it is easier
to reach out to a child than it is an adult. Jim found this out through a friendship with his doctor's four-year-old son. One day, Jim asked his doctor if he was not afraid to have his son wander around the grounds alone, especially since some of the patients worked with picks and shovels. The doctor said no, because the patients would not harm him; in fact, they were protective of him.

I guess what really makes this book unique is the last thoughts Jim shares with his readers: "To those who have been afflicted as I was, and who still despair of "coming back," I want to repeat what Dr. Harris said to me one day: "Your disturbed thoughts are like a stream that tumbles down a mountainside. They are turbulent for a time, falling over rough rocks and crevices. And that is when you suffer mental anguish. Then you reach a smooth pool, calm and peaceful. You think, 'Now I am cured', but suddenly the going becomes rough again and then you grow despondent. There is no need for this, however, because you are really progressing. You are actually on your way to complete recovery. For your course leads straight to a serene lake, where your thoughts will always be still and unruffled, even more so than they are now when you stop at one of the quiet little pools. Eventually you will reach your placid, untroubled lake."

"This helped me, and I hope it will help you, too, you who are frightened because periods of clarity and tranquility are followed by new confusion. It takes time to reach your goal; it takes time to return once again to that normal mental and emotional life which is the ultimate aim of a mind
restored" (p. 241-2).
Bibliography


