

Opening Our Eyes  
***Land mines: We can defuse them***  
by Nan Dickie

Many land mines lie hidden and undetected within and around us when it comes to the issue of mental illness. They haven't been placed intentionally. They exist because of cultural evolution (negative stereotypes digging deep into our brains); misinformation due to lack of awareness and education, and thus public misunderstanding. We can learn not only how to navigate this dangerous territory, but also how to destroy the insidious bombs.

Take stigma, for example. None of us would have chosen stigma to be part of our lives. But it is, and it's very harmful. Stigma stems from our mistaken beliefs. It can be overt (spoken out loud) or underground (whispered). We can do something to counter these. If we hear someone stigmatizing a person who lives with mental illness, we can correct them. If we notice a person is speaking in a "hush, hush" fashion about someone's mental illness, we can engage them in conversation, and hopefully they will discover why they have felt a need to be secretive, and now have the opportunity to change their attitude.

How can we combat false beliefs that we ourselves may hold silently within? We can explore a belief we hold about mental illness, compare it to what is known to be factual, let go of what we find to be a faulty belief, and replace it with an accurate one. Then we can systematically assess all our other beliefs about mental illness, identifying and dealing with erroneous ones. Simple, but not easy. It takes commitment.

Some stigma manifests in behaviour. You don't visit a friend who is spending time healing in a psych ward. You send a get well card to a friend who has broken a leg, but not to the one whom you know hasn't left her home for a month because she is depressed.

Finally, we have the stigma that people who live with mental illness have internalized—self-stigma. This form of self-judgment becomes more ingrained as a person experiences more and more episodes. At some point, hopefully, he or she will decide (often with professional help) to examine each incidence of their self-stigma, beliefs such as, "It's my fault I have recurring depression; I'm so ashamed;" or "I'm totally useless when I'm ill." These statements, sadly, can turn into self-loathing. These beliefs can be replaced with proper beliefs such as "No one is to blame for my mood disorder, least of all me. There is no shame in having it." To be perfectly honest, I still feel some shame about living with clinical depression. Episodes started early in my life and went deep, as did my self-judgment. Facts - like "there is no shame" - that counter stigma need to be reinforced countless times before they truly replace the very longterm fallacies of shame and self-blame. But change, indeed growth, if sought deeply and honestly, is possible over time.

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Some of the land mines have to do with the language we use when we talk about mental illness. It is not correct to say, “She is mentally ill.” Mental illness is a medical condition. It doesn’t define a person - it is not part of her identity. Rather, we ought to say, “She lives with a mental illness.” Similarly, it is inaccurate to say, “ He is bi-polar” for the same reasons.” Rather, we should say, “He lives with bi-polar disorder.”

We may find ourselves saying, “She suffers from depression.” I prefer, “She struggles with depression.” Suffering feels like something that is done to us that we can’t do anything about. Struggling implies being actively involved in one’s healing.

There is not yet a cure for mental illness. We heal from episodes; when we have healed, we are in remission. That is, we still have the disorder. It is important to understand these words and realities.

A hundred years ago (quite literally), some people who lived with mental illness were sent to an asylum. What picture does that conjure up in your mind? The term “loonie bin” was popular when I was in high school, sometimes accompanied by lewd gestures. Today that “place” is usually referred to as a psych ward. What does that conjure up for you? Now try Mental Health Program (the name of this ward at the Vernon General Hospital). What do you see in your mind’s eye with this term? It’s worth a moment’s thought.

For too many years, I believed I was a victim of clinical depression. After all, I’ve had episodes of severe clinical depression since my teens every six years or so for a period of at least a year. But labelling myself as a victim did not foster a healthy self-concept nor good self-esteem. I don’t see myself that way anymore.

As much as we would like to, we cannot control our mental disorders, nor the episodes we experience. We manage the illness as best we can. We employ tools. We may engage in therapy. We are able to make choices. Our job is to manage our illness by making wise choices, and being compassionate towards ourselves.

We can all help to defuse the land mines around and within us. It’s our responsibility.

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