

Before

Taking the Mystery Out of Mental Illness

'To be nobody but yourself in a world which is doing its best night and day to make you everybody else means to fight the hardest battle which any human being can fight and never stop fighting' Author unknown

Many people in today's society still find it frightening to hear the term 'mental illness' because it conjures up frightful pictures of people in asylums, restrained, dangerous, embarrassing, incurable, unable to function in the way that is generally understood. These people appear to be 'different' and we often feel frightened and challenged by this.

Because of my own family experiences over 25 years I challenged and instigated new concepts when it became apparent to me that people behave in certain ways within a 'system'. This involved dealing with a *system* which did not function, rather than focussing on an *individual* within that system. In these systems individuals can appear to be *frozen* in their role and if they challenge the system they are *labelled* by their actions, as they move towards gaining some sense of personal autonomy.

This is often true of people who are labelled as having a mental illness when in fact they are trying to find some authenticity in what makes meaning of their life and world. They have often been physically, emotionally or sexually abused in childhood and the ramifications of this are profound and have a long lasting effect on an individual's life. The child at the time had no advocate to help them make meaning of crazy-making behaviour and rules.

After

Taking the Mystery out of Mental Illness

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Many people are still frightened when hearing the term 'mental illness'. It can conjure up pictures of asylums, people restrained, dangerous and incurable – embarrassing people who are unable to behave in a way that is generally understood and expected. These people appear to be 'different'. We often feel alarmed and challenged by them.

My son was diagnosed with schizophrenia 16 years ago. I've been searching ever since for ways to support him in managing his condition. This search involved dealing with a range of health professionals and experiencing a variety of outcomes.

During my research I read the work of John Bradshaw, who worked for the past 20 years as a counsellor, theologian and public speaker. He has written extensively on the family, its structural laws, components and rules. Bradshaw described the family as a 'system' and described how each of us loses our 'true self' in the family system. He also illustrated how family systems embody and create the addicted society we live in. To compensate, we develop a 'false self' or mask in order to survive.

In these systems individuals can appear to be *frozen* in their role. And if they challenge the system they are *labelled* by their actions as they move towards gaining some sense of personal autonomy. This is often true of people who are labelled as having a mental illness.

Brain changes found in severely traumatized children are the same as those found in people with 'schizophrenia (Read et al. 2001) or post traumatic stress disorder (Putnam and Tickett 1997).

They are often introduced to the mental health *system* which also has its rules for clients being treated within that 'system'. Their behaviour can be diagnosed (labelled) and treated within a bio-medical model by the use of medication. Being given medication reinforces the view that there is something medically wrong with you. *The diagnosis becomes the identity.* The psychiatric system far from being a sanctuary and a system of healing often becomes a system of fear and continuation of illness.

We have a health system which is largely based on this model, where a discussion on what difficulties may be related to one's life history or current circumstances become irrelevant once we adopt the medical message that comes with medication.

Even though some steps have been taken to make contact with the family, no real information is taken about the historical data that would be help in understanding the model or system that the client comes from.

The Queensland Government Forde Inquiry estimated that 70% of psychiatric patients are known to have been sexually abused, 70% of prisoners were abused as children and it is estimated that 40,000 Australian children are abused and traumatised each year.

The adults of child abuse often remain emotional hostages for years and suffer the same stress as returned soldiers. This first came to public attention through the plight of the Vietnam veterans who were still having reactions to the war years later. The stress reaction comes long after the trauma, hence the term post traumatic stress.

I began to question this pressure to conform, soon discovering and instigating new ways to be an individual within my family system. Rather than focussing on individuals in the system, I began to deal with the system itself. I observed what was happening in this system and, on an unconscious level, tried to understand how personal power and freedom was being achieved.

This dedication arose from living in a family where some disempowering strategies were being used, and where some members of the family experienced post-trauma and dissociation because they served the family system and not themselves. This pattern of disowning the 'true self' had developed over many years. Some individuals felt stuck and unable to move forward, as if they were frozen. But by adopting and modelling new strategies steps to recovery started taking place. Some moved quickly, others took more tentative steps on their journey.

The 'false self' in this family was acted out in mental and physical illness, which was acceptable within the family. We are often rewarded emotionally when we are ill, but not for rebellion or anger. Our society is a collective system where rules for inclusion are similarly disempowering.

People labelled as having a mental illness are trying to find some authentic meaning about their life and their place in the world. They have often been physically, emotionally or sexually abused in childhood. The ramifications of this are profound and have a long lasting effect on an individual's life. The child at the time had no advocate to help them make meaning of crazy-making behaviour and rules.

They are often introduced to the mental health *system* for assistance. Generally the client's behaviour will be diagnosed (labelled) and treated with medication. Whilst medication obviously has its benefits, the act of being given medication reinforces the

I am of the opinion that many forms of mental illness including schizophrenia actually fall into the category of post trauma and disassociation.

From an internalised spiritual perspective the journey to recovery represents the individual's search for identity and wholeness and is propelled by a desire to be understood and so return to a natural state of grace.

As a *mentor* by listening to the personal and collective stories that liberate and heal the trauma we are honouring and validating that spiritual journey.

As a therapist my interest in mental health is from the perspective of social, psychological and philosophical causes relating to schizophrenia.

I am hosting an international conference in Brisbane on 12/13 May 2005 to be held at the Greek Club and Convention Centre.

Conference

'New Horizons in Health Philosophy' will be a conference with a difference because it brings together presenters who are visionaries in their approach to integrated health care. It will be of interest to doctors, health professionals, carers and people affected by trauma, disassociation and psychosis.

view that there is something medically wrong with you. *The diagnosis becomes the identity.* The psychiatric system often becomes a system of fear and continuation of illness, rather than a healing sanctuary.

We have a health system largely based on this model, known as the 'bio-medical model'. Even though steps are generally taken to make contact with the family, no substantial historical information is recorded that would help in understanding the family environment (the system) that the client comes from.

Some research has shown the similarities between the effects of trauma on the developing brains of children and the biochemical and neurological dysfunctions found in adult schizophrenics. It suggests that childhood trauma may have a causal role in the predisposition (usually assumed to be predominantly genetic) to schizophrenic symptomology (Read, Moskowitz and Connolly, 2001). A recent paper shows the relationship between abuse (in childhood and adulthood) with hallucinations, delusions and thought disorders (Read, Agar, Argyle & Aderhold, 2003).

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The adults of child abuse often remain emotional hostages for years and suffer the same stress as returned soldiers. This first came to public attention through the plight of the Vietnam veterans who were still having reactions to the war years later. The stress reaction is still present long after the trauma, hence the term 'post-traumatic stress'.

I am of the opinion that many forms of mental illness, including schizophrenia, actually fall into the category of post-trauma and dissociation.

According to Gershen Kaufman in his book 'Shame', the source of most disturbing inner states that deny a full human life is shame. Depression, alienation, self doubt, isolating loneliness, paranoid and schizoid phenomena, splitting of the self, inadequacy or failure and perfectionism all relate to shame. Shame is a kind of soul murder.

From spiritual perspective, the journey to recovery represents an individual's search for identity and wholeness. It is propelled by a desire to be understood and so return to a natural state of grace. By listening to the personal and collective stories that liberate and heal trauma, we are honouring and validating that spiritual journey.

I have been inspired watching my son heroically manage his condition and reject the belief that his identity is his diagnosis. This could only have been achieved through the skills of certain health professionals who understand this vital difference.

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(ADD CONTACT DETAILS)