



Season 1 Episode 11: How to be an Advocate: Mental Illness?

Transcription possible by Wreally. Transcribe.wreally.com

www.disarmingdisability.com

[Upbeat intro music]

Sarah:

Hello and welcome tooooo, Disarminggggg

Nicole:

Disability we are getting so good at making that so interesting Sarah. I have a question.

Sarah:

Yes.

Nicole:

Yes, Sarah. You just had your birthday.

Sarah:

I did

Nicole:

My birthday first question. How was your birthday? And then second question. What did you learn? What was one of the biggest lessons you learned in the past year the great in general like in life.

Sarah:

Yeah. So I just turned 29. So I'm in my last year of the 20s and it's really exciting. I had a really hard time with 27. I like was very hopeless for a long time. I like really struggled turning 27 and I processed why, like I went to all the things I needed to go to so it's been really fun like turning 28 and really feeling coming out of that and then turn 29 and coming out of that too so my 29th birthday was fabulous and I went down to Argentina which is so fabulous that I'm a flight attendant and I did that I hopped on a first-class flight to Argentina which is fabulous I drink will mimosas and then I met up with a really good friend of mine who is currently touring South America so I called her and was just like wherever you are during these days that I happened to get off I will come meet you and she's like great I'll be in Argentina and I was like fabulous I will meet you there and it was really wonderful so she's a good friend and we got to just hang around and it was just fun seeing her and we took dance classes so we went did a pole dancing class, did circus class and then we just ate like really fabulous food it was really nice to see her but something in turning 29 I think I'm just I think this is things that people know and I've shared for a long time but I feel like my early 20s I just spent a lot of time floundering and just like crying

over everything and just like not sure who I was or who I wanted to be and I was trying to like make everyone else happy and trying to help people like me because I was struggling liking myself which I think is sort of a maybe normal narrative for people to have I'm not sure so it's been really cool turning 28 and 29 in turning 29 now that I feel that I I still don't feel like I know any more answers but I'm so much more comfortable with who I am and who I want to be and knowing that like it doesn't matter I don't need the answers but I can figure out a way to get wherever I need to get so I'm feeling so much more like empowered and so much more Fierce and being able to advocate for myself and certain situations and contexts and you know like if things come up and people are trying to take stuff from me I'm like no you can't do that because these are my boundaries these are my limits like this is how you respect me and I finally respect myself and love myself and know myself that I know that these are things that I can ask for or as before I'd be like I'll take whatever you want and then I you know be crying and complaining because I had nothing left for myself I think finally learning that and like or to learn draw boundaries and and teach people how to respect me and then finally going to have respect myself so that's and then just like turning into a woman like now I've really been taking on this identity of being a woman and like I'm not a girl or a child because I think I just sort of wandered around being like you know a preteen for a while so now being like no like I'm a woman I'm a woman and I am empowered and I'm furious that I can do the things that maybe to and and also being that person but still being very like loving and kind at the same time because I think in my head for a while those like conflicted I was like I'm either just like super doormat where I'm like the super like terrible angry person but it's not like both of those can co-exist so learning all those things

Nicole:

all those things are amazing things it's good and then

Sarah:

it's just fun approaching 30 like I'm really excited for 30

Nicole:

some girl me too and

Sarah:

I feel like I'm kind of and maybe I say this now because I'm like in my last year the 20s but I feel very like at peace with that I feel like there's a ton of growth and Learning and Development that I've had in my 20s and I'm so thankful for it but I'm also like super stoked for this whole next phase that I'm entering which I'm really excited for I love it I speaking to my 30th birthday I think I'll be excited for it but there might be a lot of tears

Nicole:

I can't even wait until my like now we're in my birthday month I'm about it so I know right I'm just right behind you just a couple steps and I everything that you're saying is exactly how I feel like you cannot pay me to go back to my early 20s and live through that again I am so happy to be getting older and to feel this is the big one for me to feel safe and stable like the instability that I felt trying to figure out who I was or how to have a job or what ways to do different things like that was so stressful

Sarah:

moving to a new city

Nicole:

how about moving yeah just like how do I get jobs here how do I Network here how do I find community here like all of those are huge big picture changes and and I love that I'm in a place where I'm not doing that right now I'm okay with that or even how could?

Sarah:

you've already done it like you have the solid friendships that you've had for you know like even if we go back to if we're just talking about friends you've had like in early twenties like those our friendships you've had for almost 10 years now and they know you they've seen you this whole growth and development and that's a community like it's wonderful

Nicole:

Totally, I'm moving into this weird phase now where I like it's like a weird settle down phase that I'm moving into that I know Sarah and I we talked about a lot that I don't I don't know how it came about or when I was suddenly ready but like I just assumed there I know that I've met the person that I want to settle down with and that's super exciting and there's this weird like calm but at the same time super excitement that surrounds that where I'm just like ready for that phase now and I'm ready to do that and there's no anxiety around it there's only excitement and comfort and the excitement isn't any kind of stressful it's saying which also is magic going to you know like it feels like it's feels the way that they tell you it's supposed to feel fun?

Sarah:

waaaaa?? I know I was just sending Nikki comments to about like I'm excited to like by somewhere to live like maybe not a legit house but like that's something that's sort of on the horizon that I'm like I want to talk financial advisor like I want to get in like an off all my student loans because that's real but just sort of really trying to get myself financially set up and then being like but like that's what I want to do with my day instead of like going to the movies or like riding a roller coaster or like buying stuff from somewhere but it's like the way when I get my stuff in order so I can like by myself like a little apartment or a condo or something and and that's just like I've never felt like I'm ready for that so I feel very similarly to like-

Nicole:

It's cool to be in that phase like to actually you know what I think it is I feel like we've actually moved into this place where we are adults and we aren't just pretending to be adults but what I'm saying yeah I do feel that I have an adult's yeah oh I did I mean I pay so many bills have an adult

Sarah:

I filed my taxes

Nicole:

but it's cool it's cool to be in this phase so

huzzah celebrating being in our late 20s

Sarah:

what's up what's up late twenties??

Nicole:

let's move into our guest Sarah would you like to kind of set up what we're talking about today?

Sarah:

yes so today we're really excited to share with you that we are again continuing our theme of stigma but today we're going to look at in particular the context with mental illness and how that stigma is sort of the same and different and we're really just looking at this overall large umbrella of stigma and that people are facing with that let's get going with our awesome expert Pat

Nicole:

Pat thank you so so so much for joining us can you please just tell us how was your day and what have you been up?

Pat:

So far how's my day last week I was in Spain and so I'm sort of adjusting to being back on American time I caught up now today I'm sort of school's out for us so I'm doing a lot of writing which is good

Nicole:

I love that that's amazing well I know that specifically today we want to talk with you about your expertise and that is stigma around mental illness I had the chance to specifically sit down and read your newest book and go through it and literally like I have like five pages of notes from everything that like Nikki you must remember this for the future

Pat:

Would you like to be my graduate student?

Nicole:

I do I do!

Pat:

counseling psychologist

Nicole:

okay seriously yeah so so kind of jumping off of that again there's so many amazing details within work that you've done and even in just by reading the one book I learned so much so as I'd love to kind of try to unpack that in the time that we have as best we can so I guess that the easiest place to start is can you please tell us what is the current mental illness stigma what is the current flavor in society today?

Pat:

You mean how bad is it? it's pretty bad and research suggests a stigma of mental illness is getting worse probably the one stigma to be of concern I consider stigma to be stereotypes so there are stereotypes of African-Americans and stereotypes of women and stereotypes of gays so there are stereotypes of mental illness and probably the big stereotype is they're dangerous. I mean, there's evidence that's probably getting a lot worse. I'm as probably tied to these god-awful shootings in every time there is one of those people have a natural desire to make sense of it in the way we make sense of it as a person's mentally ill actually at stigma so bad that there's a colleague in Australia did a study that after the Sandy Hook shooting the one with a little children were shot to death the stigma of mental illness in Australia got worse the stigma pretty much is getting worse because of dangerousness.

but go ahead Sarah

Sarah:

sorry I was just insane and then linking that like oh this is a result and like that's how we're going to control and prevent these things from happening in the future I remember when 21 I believe is that that movie that came out a couple years ago we were excited because it's about mental it was like a think it was about mental health or something and I remember disappointed that this was a recent movie and it was like the 21 one personality is it was of course a gentleman had schizoaffective disorder and then like kidnap these girls and and like this is a movie that came out in what 2017 and it was disappointing that we're still perpetuating these on film and Screen I know we just did a whole media chapter and that that's how we're learning social scripts or learning that how we interact with the world and if this is the content that's being produced and shared that that's really taking negative hit towards things in our society as well

Pat:

when we talk about media I do and Hollywood's getting better there are it was an office actually in Hollywood who's motivated or reach out to film producers when they show disrespectful images and tone it down a bit but you know they say in the media when it bleeds it leads and Recovery which is the rule of mental illness is boring and if you want to make a movie is going to get people's attention you don't want to talk about how the person with mental illness in fact lives with their symptoms quite well they able to get through college, get a job, and be successful that doesn't make for exciting slasher films and so that's why the slasher films going to endure.

Nicole:

yeah definitely I would assume it's only hurtful when that specifically is not it's not that that's not some people's experience, but especially what we were talking about when we were just specifically talking about media and physical disability was that is the majority of people are not at one end or the other the majority of the people are like you said living very well you know taking their medications delaying their simple sentence going into school graduating school you know many people are living inside this area that that really isn't shown and so therefore it's hurtful because we're not seeing those scripts

Pat:

yeah the public overestimates the degree to which somebody with mental illness is likely to be dangerous we did a study looking at epidemiologic research he was sitting in a room with a hundred people and you can know everything about them including where they have mental illness or whatever the single best predictor who never room is dangerous is whether they're male the second single best predictor is whether there is a young adult male the third one is whether their minority we start locking up young minority males I would hope they would be a segment of the population who would have object but would be more accurate than you would with mental illness hmm

Nicole:

sad things. I know that kind of Shifting back into stuff that specifically was from the book you speak about three agendas you speak about the service agenda the rights

agenda self-worth agenda I was wondering if you could explain those to us and why they're important

Pat:

so I guess the issue is why do you want to change stigma we might assume that we all agree there's one reason to do this we all jump in but actually there's three different reasons and they kind of compete with each other. One is a Services agenda we know that for people who are depressed there are good interventions that can help them with their depression both Psychotherapy and medication we also know that people won't go into services in order to avoid stigma I don't want to be seen coming out of psychiatrist office and everybody's going to know I'm crazy for the services agenda is try to decrease stigma to get people in the services. That's a second that's a separate issue from the second agenda which is much more the Civil Rights agenda the rights agenda is we know somebody who was labeled mentally ill is a lot harder get time getting a job or getting a good apartment or like that's a civil rights agenda we'll just like we have rights are and so that's the second agenda and the third one is the self-esteem agenda. I've always said it's hard enough having a mental illness and being depressed but on top of a supposed to feel ashamed of yourself so the third agenda is have a decrease the shame

Nicole:

that is so much you know of what Sarah and I have been talking about with with every single expert that we have brought on you know in one form or another word for seen stigma weather over whether it's like specifically stigma or not and I feel like so much of it comes back to that self-worth and that sound talk and the way in which we treat ourselves are to one another and I know you've talked about it as well you explain the self-stigma. Can you share what that is? And why is that important? How do we change that? What do we what do we do to make that better?

Pat:

So I like to distinguish between several kinds of stigma. I'm the one that normally comes to mind is public stigma what happens when we the public agree with the stereotype about mental illness, like they're all dangerous or incompetent or chose to be that way and discriminate against them and therefore I don't want to be their buddy at school or I don't want to hire them or rent to them. Self-stigma is what happens when you take those stereotypes and internalizing he beat yourself up with things how to fix? It is a 10-hour discussion. I will give you two nuggets that are in my opinion valuable from the work we've been doing over the last 20 years. The first nugget is that education pretty much doesn't work, at least for adults by the time you get to an adult whether you do in fact know or not you think you do and so any kind of contrary information just rolls off of you think about it for a person who's a racial bigot. If you think black people have no value. I can't tell you anything about the wonderful culture of Africans that is going to change that so education doesn't work and that can be a bit of a bombshell because Mental Health Providers are educated people and we want to educate everybody and everything. The secret to changing stigma is contact the way we've improved notice I saw improved. I don't think we've eliminated it. But the way we improve racial Injustice is to facilitate interaction between blacks and whites as peers.

the difference between mental illness and color is again in a room of a hundred people you can tell who's ethnically diverse from you by skin color and you can tell whose gender diverse from you by body parts and if you could see me right now you can see I have gray hair so you can tell who's of a different age by hair color you can't tell you as a mental illness in some ways having a mental illness is similar to being gay or lesbian - let me stop a minute and say I don't think being gay or lesbian is a mental illness in fact it's probably one of the greatest crime Psychiatry ever did, but the similarity between them both is again being back in that room of a hundred people statistically ten people are gay and you can't tell who they are by the way since statically 20 of them have a serious mental illness and you can tell they are unless they come out and so we've made a big changes in the gay agenda in my lifetime because 30 40 50 years ago gay men and women came out and we argue that's the same strategy for mental illness in a closet and being ashamed of yourself is terribly hard. Come out proud share people your stories that will decrease yourself stigma and the more we know those people those people we know people with mental illness or everywhere the more we're going to get rid of the public stigma

Sarah:

Yes, and I think part of that like coming out of the closet also enables others to give permission to like, I think there's this we need to give ourselves permission to be able to share our stories. And then with that people are like, oh my God. Oh my God, I'm reading this. Like this is what I'm thinking and feeling too I think something because this whole time I thought I was the only one experiencing this and like suppressing being really shamed because I'm talking about it. So I think sometimes just even one person sharing their conversation enables and gives permission for others to add to the conversation if you like. Oh, yes me too. And then suddenly it's a lot easier to understand mental health and mental illness when someone you really care about as components of that in your worth taking that like coming in contact and it's really hard to hate people that you know, or think less than people that you know, so I think it's really important to help give that permission provide that like safe space order to talk through all these things.

Pat:

Yeah. I hate the bore us with Statistics. But you know, one of the ironies of you're working in a business, then there's you know, a hundred people again, I'm back to the hundred people in the room and you have a mental illness how terribly alone you feel about it, not knowing another 19 people at room have the same thing. Hmm, and I imagine I'm a straight male but I would imagine being gay, you know, you're in a room a hundred people in 10 people are gay knowing who they are can make can provide awesome support that that straight allies can't do and so it's the same thing with mental illnesses and no other people there. What's really important though is that people with mental illness to change stigma, need to talk about their stories of recovery after stories of illness. We don't encourage gay people to come out and talk about how awkward they are and how they can't have a normal ,I mean we never talk like that have a normal sexual life we wouldn't talk anything like that so similarly, we know I'm mentally ill people with mental illness to focus on this how I'm broken sort of stuff - I'm telling them to hide that but the rule is recovery is the rule not the exception

Nicole:

so my question the thing that I'm trying to reason out or come to terms with is I'm somebody who I want all the answers right like I'm gonna go read all of the books and I'm going to seek out like this podcast, I'm going to seek out all of the expert so I can personally ask them what is the data what are what is study say like that's inherently kind of who I am as a person. And so I want to think that this idea that I can share statistics and that I can share data that that will be something that will help change the stigma. How do I reconcile that or how to well so two questions how do I reconcile that and then the second part is then can I still use that education and a way that is still personally interacting or how can I use it how can I educate? how can I do that best?

Pat:

You weren't paying attention

Nicole:

I was trying

Pat:

I mean I do statistics is a lifestyle. I've probably 400 peer-reviewed Journal articles might come from a blue-collar background. My father ran electricians business in Evanston in Skokie for 40 years. My blue collar family don't care about a bar chart wouldn't be interested in the bar chart. I just think sometimes looking at you both- you look to be kind of smart well-educated people. I think we're biased by education.

Sarah:

Hmm.

Pat:

I just think things just roll off people one of my favorite studies. I didn't do it a guy named Diane did it is, you know, there's this belief that vaccinations cause Autism hopefully, you know, that's not a true belief, but that's a major health problem as you probably know measles is actually going up in the United States and so they'll do research a little sit-down with moms who believe this and show them the facts from the CDC and a videotape of a young girl gets measles who by the way gets pretty darn sick and what you'll find is our attitudes about vaccinations don't change but their intentions to vaccinate their children actually get worse. So there's this fundamental don't tell me what to think sort of thing that education doesn't do well. What changes things is for somebody to sound with a person with mental illness and find out they don't breathe fire. They're not drooling. They don't head bang there was complex human beings as you and I are and so I think that's where contact makes a difference. So God bless your data keep looking keep creating data, but my blue collar family ain't going to go anywhere with it.

Sarah:

yeah something that I really liked you and I'm thinking back in my like undergrad psychology classes that I took - I took a social psychology class at one point and something that I love from then I keep thinking about it is that we don't actually interact with reality we interact with what we perceive reality to be so if I believe something I'm going to look in my environment and I'm going to pull the data that supports what I believe and that that is sort of foundation for lots of different things from there I know we talked about it in the context of like people in abusive

relationships and like they believe that this person is actually being good time and not so I just I think about that a lot in that if we have this whatever I perceived reality is that that's what we're interacting with not actual reality. What are some ways that we can be allies and and and really and not necessarily say that we're in that room of hundred people and you don't necessarily know who are the 200 or the 20 people Mental Illness, but what's a way that we can help create a comfortable environment for them to feel comfortable enough to share if they want to or how can we best support them? If we're not necessarily within the mental illness Community?

Pat:

That's a good question. I've been thinking about that lately. I like the term a lie. What is an ally for a mental illness mean? I just think sometimes we might be a little early in this to understand that though. The best example is I've become very interested in faith-based communities, not necessarily because I'm a religious guy because actually I'm not very religious but more that I think faith-based communities have the potential to offer people with mental illness people with disabilities a lot offer acceptance and inclusion and respect but I also know there's a lot of faith-based communities can handle these folks. and so part of the reason I am Unitarian I don't know if you guys know Unitarian and what what we've done is we've coined the idea of compassion risk so there's this big movement now to go around and educate the public about how hard mental illness is and be sympathetic with them and be inclusive with them and open your arms up to them and that's not really the big thing in the Unitarian faith is we're ungodly inclusive and so it's the risk in mental illness is if we focus on the mental illness and say oh you poor mentally ill Guy come on in and we'll be your friend - I mean on one hand that kind of thing might be necessary because some people with mental illness have a hard time socially but in terms of dealing with stigma solidarity as what we want is I stand you where you're at whatever you're at once in a while I might even disagree with you but I mean when I have mental health challenges I do not want anybody to be my therapist absolutely not I just want people to know and say okay that's where you're at, good.

Sarah:

I like this idea of that's where you're at I know something I found really helpful is talking about like the Spectrum it just sort of like how are you feeling today unlike a one to attend like where are you with crisis I know sometimes I have people call me and they're like you know a lots going on it's like are you in crisis like how close are you to crisis and like yes I can stop what I'm doing and have that conversation or like know or you know our people not so I just kind of like that this is how it's a is going like I'm out of 5 today or like I'm at a 7 a lot of things are happening or like actually I'm not a one or two and I'm really far away from crisis is 10 is being crisis and crisis being you know could be anything doesn't necessarily have to be a crisis but I think that that that Spectrum can be really helpful to and through hanging with people and being able to communicate sort of how we are and what we're feeling with numbers of people like numbers like Nikki here and I find that really I found that really helpful to help communicate where people are at when sometimes I think words can be really difficult and trying to understand those different experiences to.

Pat:

Yeah and two we will come up with a subjective units of the stress scale so you know a scale of one to ten how distressed are you right now however, that's useful when you're in the helping role and I don't need to be with a person with mental illness and be their helper, so it's balancing both of those and that's hard by no means do I want everybody listening saying hey if someone with mental illness almost comes to your church ignore him don't be nice to him don't reach out to them don't be compassionate you just can't Define your relationship with anybody based on compassion, because underneath compassion is this notion of sympathy and pity. And pity is fundamentally on one down relationship can

Nicole:

like yes everything you just said is like I will put an A and then on it yes in the conversation that we're having right now what I'm relaying it kind of smacked my experience Sarah and I have had a lot of conversations about how you know we've come out as very proud of our disability and we have done our homework to understand the stigma and what that actually means and you know what are microaggressions and and how do we deal with it and how do we respond like just my point is and so we've done our homework- so we're able to kind of look back and see a lot of our friends who are struggling really hard on on the path to try to make it to this other side right like they're trying to cross the bridge into Pride how how do you go alongside them when I feel like I have the answer- is I feel like I am somebody who wants to Mentor them but you're right like I just need to be somebody who's going alongside them. I guess that's the answer is "stop it Nikki" stop being in I would have just said that's very good for meeting I guess is what I'm getting at this this very humanistic side of things in this coming alongside someone and being with them. That's really important for me to hear. So I'm excited for also for everybody else.

Pat:

If you really believe empowerment then you'll have to accept the fact that sometimes people are going to make decisions that you think are bad that and okay good. I mean there is a easily align that's sort of in the grossly immoral illegal a stage. But otherwise, we just agree to disagree.

Nicole:

Yeah, that makes sense you as a person who is a leader an expert who understands field. What would you say somebody who is on their path? I'm trying to figure out trying to find their pride if I was asking you to be a mentor and give a mentor statement. What would that be right after we discussed that?

Pat:

Well, you're asking me I'm not forcing it on you. I think one thing you may want to look at and this might sound like a Shameless plug but there's no request for money in it is we developed a program called honest open proud to erase the stigma of mental illness about six years ago and it's to help people decide whether they want to come out, this specific to mental illness we do not and I say this over and over again and I'll say this to people listening to now I do not have an agenda that you get done listening isn't go tell ten people you have a mental health challenge because that would be ignoring all the concerns I have about stigma to begin with there are risks coming out a Supreme Court Judge once said it's hard to stop the clanging Bell once

you're out it's kind of hard to go back proud is just a plan for a way to do it one planful way to do it is Nikki seems to be a nice person I may want to come out to you I could take you to Starbucks I could say hey do your Mariah Carey is out with bipolar disorder what do you think ?and if you said I'm sick and tired of people talking about that crazy nutso stuff you're probably not a good person for me to come out to and you can go to the website www.hopprogram.org and download all of this for free amazing and yeah oh sorry will make a quick to link that we on our website as well so people will be able to find it right with the episode is there anything that you feel like we didn't touch on that you would like to speak about or shed more light on?

Pat:

yeah I mean I I could talk for hours but I'm trying to leave you all with something that's relevant.I think part of the tension I mean again I'm dr. Pat so I am a psychologist am I have more legitimacy when I come at this as a person with lived experience in the doctor and so that's really important is doctors are not the people are going to fix this the matter of fact there's some pretty good evidence that psychiatrists and psychologists are among the most stigmatizing of professions throwing in Carpenters plumbers and lawyers and so we need to accept the fact that unless you are a person with mental illness you're an ally.

Nicole:

Okay well I want to be very respectful of mindful of everyone's time so again I mean I just want to give you such things today Pat for joining us and agreeing to come on and just have an hour long discussion about life with us it really is for Sarah and I such an honor to have access not only to you and your knowledge, but for you to be willing to share that with you know, everybody us. So thank you.

Pat:

My pleasure.

Nicole:

Amazing.

We want to give special thanks to our Network public-house media for our intro beats. Jason Barnes its cybernetics for our logo art Patrice. You can find them at normal person's.com and that Meldrum and Ryan Louis are two handed technical team. subscribe on Apple podcasts or Public House media.org follow us on Twitter at disarm disabled follow us on Instagram and Facebook at disarming disability and check out our website disarming disability.com see you next week bye!