All about us: acknowledging mental illness, psychotherapy, stigma, and shame

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Abstract

This article explores compromising effects of stigma regarding mental illness and, by association, psychotherapy. Using examples from her years as a young psychiatry patient decades earlier, the author describes her own attitude, which reflected that stigma. This self-prejudice – shame and fear of stigma – compelled her to hide her hospital history and ongoing psychotherapy for most of her life. Many respected mental health professionals confide similar fears and avoid disclosure to protect themselves and their reputations. The author posits that medical professionals’ high status in our society offers each of us an opportunity to modify that stigma, if we dare to acknowledge personal psychological struggles and involvement in psychotherapy. Framing the essay, a recent exchange from the author’s psychotherapy practice illustrates both the potential of disclosure to encourage participation, and the powerful stigma that ultimately overwhelmed her patient’s willingness to pursue treatment, underscoring our responsibility as professionals to act.

The problem: in my office

The small woman in the armchair adjacent to mine stared at me, a sly smile flickering on her thin lips. Her daughter’s physician, concerned that guilt about her child’s chronic illness was making her depressed, had recommended psychotherapy. It was the end of our fifth session. She raised an eyebrow and tilted her head. “I know about you,” she said, nodding as if to emphasize the power of her discovery. “Everything.” I must have looked alarmed. “It’s okay,” she reassured me, softening her tone. “I knew before I made the first call. It’s the only reason I was willing to give this therapy a try.”

The context: attitude - then and now

“Everything” had to be my psychiatric history. Today the internet makes it easy to track down essays I’ve written, many referring to my adolescence spent in mental hospitals. I learned that about three years ago when a long-time patient ended her session by confessing that she had discovered stories online that I’d written for literary journals. I’d had no idea they were there. This woman, who felt deeply ashamed of her own need for therapy, expressed gratitude for what she had found. “Now I know you truly understand suffering,” she told me.

I am a clinical psychologist, a seasoned psychotherapist, and an award-winning supervisor. I attribute my skill to my own psychotherapy. As a suicidal adolescent, I was hospitalized for almost six years, yet I graduated summa cum laude in Yale’s first coeducational class five years after that. Currently, along with being an active psychotherapist and essayist, I address professional audiences at psychiatry conferences and grand rounds, presenting my history as a case study. As doctor, patient, observer, and
By telling my story, I hope to diminish the stigma of mental illness and psychotherapy and to increase awareness of the damage caused by shame. Capping a decade of literary education and dogged persistence, my memoir, Smoking Cigarettes, Eating Glass, will be published this spring. Ironically, I feel profoundly ambivalent about this accomplishment. I wrestle with omnipresent doubt: Will people think less of me, once they know the truth about my life?

I’m not alone in my anxiety. In my office my patients grapple with shame about their psychiatric symptoms; they struggle with the stigma of therapy itself. They dread being looked down upon by neighbors, family, and friends, as if the act of seeking treatment confirms some sort of psychological defect.

My most respected colleagues include several who also admit—carefully, and only among trusted friends—to shame around old trauma or to the fact of their present therapy. When I speak to clinical groups about my history, a few people always take me aside and whisper that they, too, have a story; they know about that shame, whether it is their own, their daughter’s, or a good friend’s. I cherish our moments of contact. I share their relief. Yet for the most part, we professionals hide our vulnerability.

My own shame has deep roots. In 1960, I had just turned seventeen when I was admitted to a mental hospital. In the 1960s we went to any length to hide psychiatric illness, so no one told my friends where I’d gone. According to my cousin, while I was hospitalized, my mother never spoke my name in public—better I not exist than bring disgrace to the family. During that same time I recall a fellow inpatient telling me that her doctor had sought counseling in college. I would never trust someone who needed therapy, I remember thinking. How can they help us if they didn’t get it right themselves?

An incident in 1966, not long after I was finally discharged, only reinforced my attitude. I was living in New York City at the YWCA on 50th Street, overlooking 8th Avenue, and I worked as a clerk for Parklane Hosiery on the Lower East Side. I met with my doctor for psychotherapy twice a week, but other than that, for the first time in my life, I was on my own. I had just turned twenty-three.

The day was temperate for New York in the summer, with a pale blue sky and occasional geraniums and marigolds brightening planters and window boxes along the street. Sunlight flickered through green leaves on the old city trees. My walk from the Y to Broadway was easy, but by the time I’d traveled by
sweltering subway across town and down to Second Avenue and 28th St., my denim skirt was wrinkled and my thin cotton blouse stuck to my chest. I smelled of nervous sweat.

The energy I'd mustered for this visit to my aunt was long gone by the time I reached her building. Muttering to myself, I made my way from the elevator to her tiny apartment. I wasn't happy about meeting a stranger who Aunt Marjorie had decided might be a suitable friend for me. I felt painfully shy and very inexperienced, weird and floaty in my body, as if I didn't exist. (This sensation supported my incorrect diagnosis of schizophrenia in 1966, but by the late 1990s it would be recognized as dissociation related to PTSD.) Making a new friend sounded like way too much work.

"Welcome, Annita dear," said my aunt, clutching me to her perfumed bosom with boney, silver-bangled arms. "So glad you're here." Ears ringing, I returned her hug.

"You'll like Susan," she enthused, as she ushered me down the narrow hall. "She was in a hospital about six months ago. I thought you'd appreciate knowing each other."

I smiled politely but didn't speak. I gritted my teeth to contain my disgust. Why would I want to make friends with a mental patient? I thought. I knew that any sane person would feel the same way.

While my aunt busied herself elsewhere, Susan and I sat in awkward silence on a small sofa in her dimly lit guest room, a plate of cookies and two cups of tea between us. We tried conversation but found little to say.

I wonder what's wrong with her, I recall thinking. How come she was in a hospital? She was probably doing the same. My mind wandered; I lost track of time. Suddenly Susan stood. "Thanks, but this isn't working," she announced, setting her cup and saucer down on a table beside the couch. "I'm going now." We did not meet again.

Several months later, in January 1967, I began college at Columbia's School of General Studies. By chance, I ended up in an introductory sociology class taught by Alan Blum, a professor whose specialty turned out to be the sociology of mental illness. The topic fascinated me, although I lived in fear of being exposed as an ex-mental patient. When Professor Blum described psychiatric symptoms, populations, or facilities, I stared at my desk and held absolutely still, determined to contain the anxiety that might betray my compromised status.

Halfway into the semester, our class traveled to a city hospital to observe an inpatient psychiatric ward first-hand. I still remember literally vibrating with the urgency of my excitement: here I was on the unit as a visitor, a college student from "outside." With only the flimsiest of fabrics separating my 'before' and 'after,' the wonder of my secret transformation intoxicated and terrifed me.

After a tour conducted by a senior psychiatry resident, we gathered in a conference room to ask questions. While he discussed what made certain types of patients "psychotic" or "difficult to treat," I puffed on a cigarette, hoping the motion would disguise my trembling. Smoke blew into his face and made his eyes tear. I was mortified, but my new role stayed intact.

I met my future husband in Professor Blum's class. After we married, I moved to New Haven, and through a series of fortunate circumstances I was able to transfer to Yale College and graduate in 1971 with the first undergraduate women. One door's opening led to another, and eventually I worked my way into a clinical psychology internship. Although I attended my own psychotherapy sessions at least twice a week throughout all those years, I kept my history and my ongoing therapy hidden.
At the time of my internship, from 1974 to 1975, Yale psychiatry was dominated by psychoanalytic theory, and psychiatry residents were expected to undergo personal psychoanalyses. They competed for the best analysts and compared notes on their insights and resistances. Intellectually demanding, exotic, and fashionable, psychoanalysis appeared to lack the taint of psychological weakness associated with ordinary psychotherapy. I made sure they didn't know about mine.

For close to forty years I treated my past as a deplorable secret. I credited my hospital experience as a source of strength even while I dreaded its being exposed. Then, a dozen years ago, I sent for my old hospital records. Reading them awakened memories I had long considered lost, plunging me into a terrifying re-encounter with my first twenty years. Yet even as I struggled with despair, the psychologist part of me marveled at the integrity of the process. I vowed that if I survived, I would share what I learned. Essays, clinical talks, and, in time, the memoir followed.

As I become increasingly open about my history, whether as an institutionalized teenager or a re-traumatized adult, fellow writers at workshops and clinicians at psychiatry conferences respond with gratitude rather than disdain. As long as I appear to be a reasonable, responsible adult, most people don't care if I was a mental patient years ago or if I am seeing a therapist now. Nor would I think to worry about other professionals’ particular histories or therapies. Nevertheless, to protect our reputations and avoid losing face, we hide these personal experiences, and the stigma persists. Even I, despite consistent affirmation, remain tentative and wary.

From my place of hard-won wisdom, I can see that the people who care, who feel the shame, are we ourselves, inside our own minds. My mentor, the late Daniel R. Miller, taught me that we populate our private emotional worlds with little replicas of ourselves. We hear nasty old voices and feel their contempt. What we fear is our own prejudice, projected onto others. My self-appointed mission to diminish stigma is really about making the world safe for myself.

Every colleague who refers to my courage in speaking about my psychiatric past reaffirms the reality of that stigma. Anxiety and shame may be painful for us as clinicians to live with, but the cost for those whose fear of stigma leads them to avoid treatment altogether, regardless of need, is incalculable. We have to change the culture.

You could say that because medical professionals are held in high esteem in our society, we have more to lose by exposing imperfection, especially if it involves mental illness. Yet each time we set aside our pride and risk disdain by acknowledging our history and our psychotherapy, especially in uninformed or hostile circumstances, we have an opportunity to modify that stigma one tiny increment at a time.

Physician, heal thyself. Bravery is still required.

**The resolution: not yet**

The woman in the armchair ended her therapy the next time we met. I had opened the office door to see her slight frame pressed into a corner of my small waiting room. Relief at feeling understood couldn't compete with her fear of being in therapy. “It’s not your fault. I like you,” she said at the end of the session. “I just can’t live with the idea of anyone finding out.” She retrieved her purse from beside the chair and stood to face me. “If my ex-husband and my daughter think I’m crazy now, can you imagine how bad it would be if they knew I was seeing a therapist?”
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