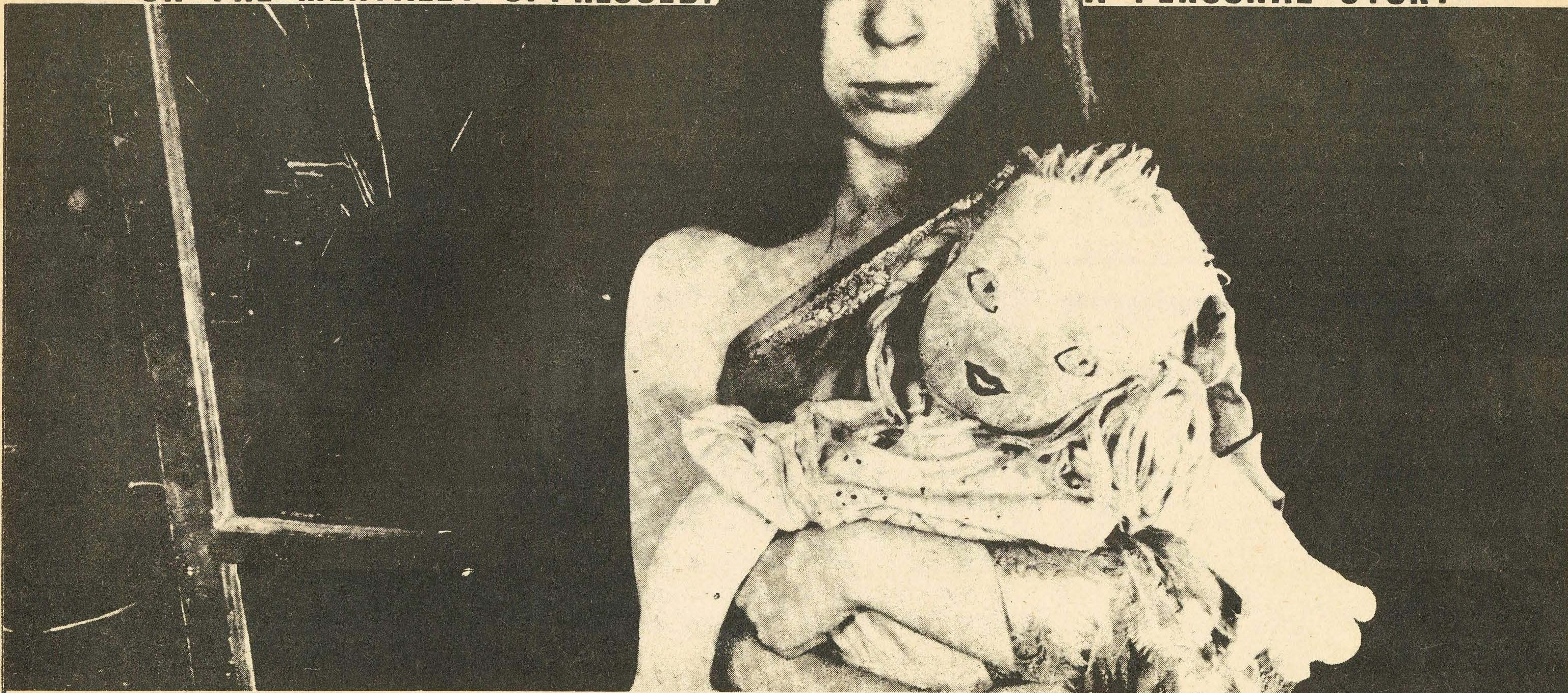


ON THE MENTALLY OPPRESSED:

A PERSONAL STORY



by LANNY BECKMAN

Slowly over the past 4 years I've come to see myself as belonging to the category of "mental patient". It's hard to write about this when I think of having it read, but part of contending with the problem entails transcending the need to keep the personal also private.

There's a deep, irrational taboo connected with what's misleadingly called mental illness. People waste great amounts of energy trying to cover up their own serious psychological problems and to refrain from dealing with these problems in others.

The Western attitude toward "mental illness" underwent a major shift in the 16th century when leprosy was conquered and the insane filled the stigmatized void left by lepers. One of the most common methods of dealing with these new-lepers was to banish them from contact with ordinary folk by placing them on boats — hence the phrase 'ship of fools' — where they spent their entire lives, virtually never coming onto land. The current counterparts to these ships are mental hospitals, where I've spent a lot of time during the past 6 months.

The segregation of people with serious psychological problems from the general community is a mistake, one which aggravates the problems and which must be overcome before meaningful solutions can be undertaken.

It's taken me a long time to be able to begin moving out from under the shadow of the taboo. Of course, I'm not completely immune from the taboo, and the easiest course is always to conceal, to follow the forms of ordinary interaction, to keep what is most personal most private. I know the taboo is bullshit; I want to tell my story openly; I want you to respond with openness.

Briefly, this is how it happened. It started — well, a long time ago — but I knew it had started in 1966, when my first marriage broke up. A huge depression set in, which my shrink, whom I started seeing then and am still seeing, diagnosed as "reactive depression." Over the years, the label changed from reactive to endogenous, meaning the cause ain't outside but inside. Well, I don't give much credence to those labels, but they do signify an important shift in my feelings about myself. (I really feel myself holding back writing about this, being afraid of naked print, afraid of how she will react, how they will react. I want to get thru with this part fast, get on to the more impersonal theory. I do feel the stigma.) Since the first marriage broke up, I've remarried and separated again. (I want to deal with my present discomfort by being flippant about it, about SPIRITUAL EROSION: I'm a slow learner.)

When Freud, whose usual practice was to give long, Germanic answers to even the simplest question, was asked "What is necessary to be happy in life?" he answered laconically, "To work and to love." There is barrenness now in both those areas, the breakdown is that pervasive, a slow, inevitable crumbling.

Work. For the past 6 years I've been a graduate student in psychology; I have about 4 months work left to get my Ph.D. I feel I've been mangled in the visionless machinery of the university; I don't feel I can finish those months now, maybe never. In June, a few days after I finished my thesis research and had

sent a report of the findings to a Federal agency that supplied research funds, I had what is called a nervous breakdown, was incapable of the simplest social act, ended up in the General psychiatric ward. I'm now attending a day clinic 40 hours a week. The future is almost entirely without certainty. These are crossroad days, old myths to let go of (marriage, career), new ones to build (communal love, meaningful work). For now I accept that I need to go to the clinic, to be a mental patient. This is hard, I want to be honest, not maudlin, self-pitying. Or is that the taboo operating? I'll move on to that now, feeling some sense of accomplishment, but knowing I've left out a lot about the pain, the fear.

The peculiar brand of stigma that attaches to the category of mental patient shares a lot of properties with other types of stigmas. Our (their) bankrupt mythology reserves countless categories which are shameful to belong to. That's our legacy, feeling that irrational shame, knowing it's wrong and knowing what we have to do about it. When it's better to be this than that, it's shameful to be that — as it's better to be white than black, brown, yellow, better to be heterosexual than homosexual, a man than a woman, a boss than a worker, a Christian than a Jew. The feeling connected with membership in the second of these categories is humiliation, not far from humiliation, at being a nigger, chink, queer, piece of ass, working stobkike. Our humiliation stems from the mythological introjection of the values of the first of these categories — the man inside our head. Liberation begins when we can start to feel the DIGNITY of who we are, when we can stop hiding it, when we can start to rejoice openly as Cleaver does in his blackness, Ginsberg in his homosexuality, the one given, the other chosen.

Specifically, what about the stuff called mental illness? Where it differs from the other categories of humiliation, like blackness, is that there's something objectively undesirable about the experience called mental illness. Not for all people, but for most, for me, it's painful, often crippling. It's a category you want to, I want to, get out of. The romantic fiction that there's something enviable about 'insanity' is simply false in almost all cases. The fiction is a by-product of the taboo that shades us from seeing what's really happening when people flip out. They're suffering. Where 'mental illness' is similar to categories like blackness is in the fact that the dehumanizing socio-political institutions which engender suffering in both cases, also engender shame. The common solution lies in the destruction of those institutions, and at the personal level, in overcoming the introjected shame.

What I want to do here is to expose myself and to affirm the dignity of this exposure, taking Cleaver and Ginsberg as models. How does one make that jump, find dignity in feeling psychologically fucked-up? It's not easy; at the worst times the feeling of indignity, of pathos, is overwhelming, riveted to the deepest layers of the soul, not being capable of going to the store, of not crying. At the worst times the bleakness washes away all comprehension, all sense; this has got to be diabolical, biochemical, without rational cause, irrevocable. There's no dignity then, no energy to make it, you're leaning out, I'm leaning out, arms busy waiting for the floor to jump up. But that's only at the worst times.

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It's almost impossible to make the quality of the fear and depression comprehensible to people who haven't experienced them, largely because the experience falls outside the boundaries of everyday language. I don't want that to sound like inverted elitism, for there's a relentless need to communicate the experience, to transcend the unsought privacy inherent in the feelings. Much of what goes by the name of mental illness can be understood as being private reality. By reinforcing the privacy, the taboo and stigma are doubly harmful. Most older people who subscribe to the Protestant, kick-em-in-the-ass ethic, are beyond communication. A lot of younger people, who've gone with and without drugs into new spaces, are not, and a new language is developing to make possible a sharing of the personal. Knowing that there are people who are open to new, non-institutionalized experience is where I see the beginning of a road out — for me, for us — a struggling together.

By separating the personal from the public, the old culture created the private, yes, as in private property, as in schizophrenia. By seeing the essential inseparability of these constructed levels, a new culture is struggling to be born; a struggling at the personal level (getting over the guilt, hatred, fear, repression), at the social level (living in communes, being in Gestalt groups together, learning to share), at the political level (building socialism, a decent society, where decency has more to do with the heart than the genitals).

The political movement in North America is in a pre-revolutionary state. Growing political awareness is reflected in the organization of oppressed groups, e.g., women, homosexuals, blacks, working separately to expose and eliminate the causes of their oppression. Clearly, there is a need for mental patients to begin organizing. The fact of our oppression is undeniable. For a long time now I've thought about doing something about it, getting together with other patients, making our grievances known. So far, not much has gone on except a lot of talk (but the importance of that fact shouldn't be underrated). Paradoxically, most people in psychiatric wards are incapable of the kind of discipline required to undertake serious political action. The struggle to get through each day takes precedence, leaving little energy for that other struggle. Accepting the obstacles as given has led me to write this article, which I take to be an instance of political action. As the movement matures, there will be a coming together of the various liberation groups. It's essential that the needs of people in mental institutions find a recognized place within the converging movement.

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