First Person Account: Maintaining Mental Health in a Turbulent World

by Joan F. Houghton

The article and the poems that follow are part of the Schizophrenia Bulletin's ongoing First Person Accounts series. We hope that mental health professionals—the Bulletin's primary audience—will take this opportunity to learn about the issues and difficulties confronted by consumers of mental health care. In addition, we hope that these accounts will give patients and families a better sense of not being alone in confronting the problems that can be anticipated by persons with serious emotional difficulties. Although there are a number of books and articles describing the personal experiences of patients and families with mental disorder, we believe there is a continuing need for experiences to be shared among mental health professionals, families, and current and former patients.

We welcome other contributions from patients, ex-patients, or family members. Our major editorial requirement is that such contributions be clearly written and organized and that a novel or unique aspect of schizophrenia be described, with special emphasis on points that will be important for professionals. Clinicians who see articulate patients, with experiences they believe should be shared, might encourage these patients to submit their articles to First Person Accounts, Center for Studies of Schizophrenia, NIMH, 5600 Fishers Lane, Rm. 10–95, Rockville, MD 20857.

In memory of Ina Jean, a friend, whose laughter continues to ring in our hearts and whose hope was lost in the struggle to survive in a turbulent world.

My mother and I sat next to each other in the waiting room while my father investigated admission procedures. A young man was seated near us. Perspiration dripped across his brow and down his cheeks. In silence I took a tissue from my purse, moved close to him, and gently wiped the moisture from his face. I reassured him that everything would be fine.

Soon my father rejoined us. We went together to a small room where I met Kay, the psychiatric social worker assigned to my case, and a psychiatrist (whose name I don't recall). We talked a few minutes. I was presented with a piece of paper and instructed to sign my name. Obediently, I wrote "Saint Joan" on the paper, not realizing that I was voluntarily admitting myself to a state mental hospital.

This is a preview of a tragedy in my life which I find difficult to remember 5 years later. The difficulty is a function of the fact that my reality is your reality—that I, like you, struggle to cope and survive each day in a turbulent world. The difference between us is an experience which has changed every aspect of my life. It is the changes and not the experience that I want so much to share with you.

In order to replace mental illness...
with mental health, considerable learning and relearning had to occur. To survive and cope, I had to begin my life over again, to adopt a new, healthier style of living. By learning more about myself, my limits, and weaknesses and strengths, and by making changes in my way of life, I have been able to maintain my health and prevent a recurrence of mental illness. My first psychotic episode and the hospitalization experience set the conditions for these changes to happen cataclysmically.

At the time of my hospitalization I had both a sense of death and a rebirth about me. My first psychotic episode appeared as a private mental exorcism, ending with the honor of sainthood and the gifts of hope and faith. Fortunately, this sense of power became a source of tremendous strength during my recovery and sustains me even today.

Then, and in my memory, my hospitalization was an entombment; the medications were an embalment. I walked among the living dead. It was not so much cruel as morbid and morose. It lasted 5 eternal weeks.

In the real world the sense of death remained for years, until I stopped ingesting medications. The transformation was extraordinary: My face was no longer swollen; extra pounds began to melt away; my hair grew thicker and more manageable; my movements were no longer mechanical and forced; my energy level increased. I had a tremendous sense of rebirth.

To maintain a sense of well-being, I have had to change my lifestyle and my priorities. My illness taught me (the hard way) the importance of meaningful work, good patterns of rest and sleep, exercise, diet, and self-discipline. Once freed from the regulating shackles of medications, I had to substitute their positive effects—a reasonable routine, a slower pace, and a calm atmosphere.

I began my new life by setting up a schedule for myself, by providing a structure for everyday living. I put the schedule for “the ideal day” and “the ideal week” in a small black notebook which I kept in my purse or briefcase. The notebook also stored a calendar and addresses and phone numbers, and a running list of tasks to be accomplished. It reminded me of what was important.

Although I no longer carry the notebook, parts of it remain recorded in my thoughts. Even now, I schedule in “down time” at the end of the day—about 30 minutes to an hour of quiet before bedtime to read, write in my diary, lounge in a tub of hot water. Because television, phone calls, rock music, exercise, or other mentally or physically stimulating activities can disturb my sleep patterns, I avoid them whenever possible before bedtime.

Although my daily eating habits have not changed that drastically, I give careful attention to dieting. I never eliminate a food group—balanced meals are essential to good health, mental and physical. I minimize consumption of foods which have proved harmful to me—sugar, coffee, and other stimulants. For me, sugar intake is a critical indicator of my general health and well-being. When I crave sweets, especially sugar candies, I am typically very tired and working under stress. This is a sign to take a day off from work and rest. Coffee, cokes, and other caffeinated beverages are rarely consumed because they generate nervous energy. I reluctantly take medications, even aspirin, unless I am physically very ill or in great pain. Occasionally, if I have trouble sleeping, I drink a glass of wine. When I’m feeling “down,” I give in to my one dietary weakness: potato chips. (Food frustrations can be very harmful, in my opinion.)

Exercise and physical activity not only strengthen the body but serve as an emotional safety valve. A tennis racket, a softball bat, or a golf club is an excellent means for displacing anger. Running is often effective in alleviating depression. Dancing and swimming can be equally beneficial for lethargy and withdrawn personalities.

From my perspective, mental illness is often negative energy turned inward; exercise provides a healthy release for this energy. Physical activity serves in a paradoxical way to build and exhaust the body. A well-balanced exercise program is as essential as a well-balanced meal—too much, too little, or the wrong types of exercise can be as detrimental as too much, too little, or the wrong types of food.

My own exercise program is varied because I like to participate in most sports. Because some activities, such as tennis, frustrate me, I avoid matches which are too competitive. Since my back and knees cry out in pain when I run, climb steep mountains, or exercise too long, I minimize these activities. A bike ride or hike in the woods can be very emotionally and mentally rejuvenating.

The second major area of my life in which I learned to change involved my mental processes and...
intellectual development.

Psychotic episodes have the effect of "playing" mental messages on 78+ and frequently switching stations. Disorganized thoughts are often best managed in organized environments. Impulsive obsessive-compulsive behaviors have been a critical indicator that my mental world is not well-ordered. I have learned to manage this by a process I call "mental purging."

If I have had a particularly busy day, if someone has upset me, or if I have a great deal to accomplish in a short period of time, I reach for paper and pen. When I have a great deal to do, I list the tasks to be accomplished, establish priorities, and try to set up a reasonable time frame in which to get them done. When my emotions have been tested, I make an entry in my diary. When I have spent a lot of myself and my energy on the needs and problems of others, I write a letter focusing on all that's good in my life. I view writing as a healthy form of transference. It purges my mind of information that interferes with action and helps to organize my thoughts into patterns of action.

Another essential change in my life has been learning to set reasonable goals and to reach them. (I still struggle with what's "reasonable.""

When I left the hospital, I felt as though I could do nothing. Reaching a goal wasn't even an issue when getting out of bed was my greatest challenge. I had no desire to set a goal because I had no desire to live.

To relieve her own pain of watching me waste away, my mother taught me to crochet. The goal was a poncho cape. She coached me while I struggled with a skein of wool which seemed to have no end. My therapist became a cheerleader along the sidelines, encouraging me to finish the cape, to do a row a week, and to bring it to his office for periodic check-ups. It took 3 years, but I finished it! I won the game against that part of me that was already defeated.

In addition to mental purging and reasonable goal-setting, I have endeavored to remain mentally stimulated. At first I had the sense that I had suffered a mental (heart) attack—a stroke of the brain. My body movements were slow and mechanical; my brain functions were retarded. In general, I was on slow speed.

Not only was I painfully aware of the differences in my mental and physical abilities, but I felt helpless to rehabilitate myself. When I returned to work and to graduate school, I had great difficulty attending to lengthy oral instructions and concentrating on written material. In spite of the challenge, I endured. In time, especially after I discontinued medications, I was more academically proficient than I had been before my illness. Being back in school forced me to think about something other than myself. As a psychology graduate student, my course work put my illness into perspective, and my illness provided a special meaning and direction for my education and training.

When I returned to work, school, and the stresses of "normal" living, the importance of defining my own limits and setting reasonable goals became apparent. I learned through two subsequent episodes that I could not permit others to push me, and more importantly, that I could not push myself without suffering serious consequences. I learned that any change—such as a business trip or vacation—which drastically altered my routine was stressful. Deadlines, other- or self-imposed, were harmful, especially if they were unrealistic.

I had to learn that my body rhythm had been reset at a slower speed and that I could no longer work and play at my previous rate without suffering a physical or mental "breakdown." I was indeed much like the patient recovering from a heart attack. If I were to avoid another "attack," I had to change my physical pace and my mental attitude about myself and my abilities.

Socially, I also experienced changes and with these changes I had to learn new social skills which would not only help me but others to cope with my illness and hospitalization.

Because I was a mental health professional, I assumed that my colleagues would be intensely interested in my experiences as a patient. I felt no reason to close myself because of my illness—I had done nothing wrong. I had gotten sick, had a mental (heart) attack. My desire to detach and withdraw grew more from a sense of physical ugliness than from my episodes and hospitalization. I wanted and expected to be embraced for my suffering, not rejected because of it.

A condition, which I call "justifiable paranoia," developed from experiences of rejection (covert and overt), persecution, and discrimination. Others simply did not know how to relate to me as a recovering psychotic. Does one send
a get-well or a thinking of you card? Does one visit? What does one say to a business associate who is shuffling around on Haldol? What tasks should a supervisor assign to an employee who is having feelings of uselessness? Can universities accredit students as psychologists who receive part of their education (without credit) in a mental hospital?

If not for many advocates (whom I will discuss later), I might not have been able to endure the answers to these questions. I was forced, for my survival, to learn—for the first time in my life—to fight. No longer could I turn the other cheek.

My friends have remained my friends. New acquaintances—people who accept me for my strengths, my weaknesses, tragedies, successes, and failures—are vitally important to me. They reassure me that “I’m OK.” Those who continue to struggle for a sense of mental health, who call or die, successes, and failures—are myself and when to open my closet experiences, to say the word “crazy” I’ve learned to laugh about my ex-

mental patient. Most important, I’m asked about it. I rarely volunteer my “confession” of sins as a[v]

I have learned to cry.

A few years after my illness I met someone who permitted me to talk about my hospitalization. As I described the experience, I cried. A gentle touch that said, “It doesn’t matter; we can still be friends” was worth years of therapy. That moment was an emotional breakthrough for me. That person gave me a very precious gift—hope.

Many emotional lessons in anger have yet to be learned. I often “sit on it.” It’s there; I feel it; but I don’t express it well. All too often it’s displaced and misplaced. It’s a problem I share with much of our society.

Former patients live in emotional straightjackets simply by the nature of their illness. To others, misplaced anger may be a sign of repressed violence. Tears, a state of sadness, may be misread as an impending state of depression. Laughter may be heard as mania. Emotional extremes create fear, especially in those who only know of our history rather than our personalities.

My spirit is stronger, more determined. It permits me to “tune in” to myself and the world around me.

Some of the most beneficial changes for maintaining my mental health have been environmental. Learning when to move has not been an easy lesson. It has always been costly financially but with a substantial benefit emotionally.

Six months after my hospitalization I decided to take a leave of absence from my job and live in Seattle, Washington, with friends. The time away was very therapeutic. I used it to write an overdue research paper for one of my graduate courses, to rest, relax, and assess my life. It helped me to see how the stresses of my every-day lifestyle had contributed to my illness.

The most crucial change for me occurred in the workplace about 2 years after my hospitalization. I moved from an office setting which was stifling and destructive to one which continues to be supportive and creative. In this new work environment I have found meaning to my life. I have been permitted to grow and develop with an abundance of nurturance, encouragement, and support.

Repeatedly, I have pointed out the importance of the workplace, particularly for the recovering patient. For most of us, the workplace is the primary source of ego strength. We spend our young life preparing to work and the majority of our awake, adult life at work. Some of us work by the Protestant ethic; others of us develop identities around job titles and organizational affiliations. We work to survive as well as to enjoy life. It is often a source of stress and a source of socializing. It provides our bread and butter, our meat and potatoes. Without a meaningful job, we lack meaning. We become parasites on society by chance rather than by choice. Worst of all, we have no self-worth.

I have been extremely fortunate in this regard. My education, training, and diversified work experiences occurred before my illness. I was hospitalized as a re-
spected mental health professional and honor student in graduate school. There was a fair share of security attached to my job, and there were opportunities for career advancement before my illness.

My episodes and hospitalization undermined my own accomplishments. Not only was I experiencing a rebirth emotionally, physically, mentally, and socially, but I was as an infant in the arms of my employer.

My work and work environment had contributed significantly to my "breakdown," but I was ill equipped to move into a new job situation when I returned to work. At the same time that I needed to relocate organizationally, I was clinging to what was known and familiar to me.

In time, as I grew stronger and could recognize the destructive aspects of my work situation, I challenged the injustices. My struggle against management resulted in a most satisfactory job transfer to the Mental Health Study Center of the National Institute of Mental Health. The first steps toward the reconstruction of my dormant ego and infantile identity were taken when the Chief of the Child and Youth Programs Section, Dr. Milton Shore, reviewed my job application and resume, invited me in for an interview, expressed an interest in having me work with him, and engaged the system to hire me. It was as though he had injected me with hope.

The new job situation only improved over time. Special arrangements were made and approved for me to complete my graduate work while conducting research and providing counseling to students in a high school. My on-site supervisors, whom I subsequently told of my experiences as a mental patient, applauded my excellent work and assured me of a continued place on the staff. If there was discrimination, it was in my favor: My consulting assignments broadened to all areas of the school; my counseling caseload was increased; I was asked to develop staff training programs on sensitivity and caring. They rewarded me for my own intense sensitivity to kids and my ability to help them find solutions (rather than to "wallow" in problems). I set my own limits and priorities. I was given opportunities to translate my own personal tragedies into something meaningful for others.

Many people have served as my advocates these past 5 years. I have mentioned only a few of them here.

My family and friends have continued to give love in abundance. They coached, encouraged, cried, and laughed with me. They have been my army against those who were denying me my place as a productive, worthwhile member of society.

My therapist, Jeremy P. Waletzky, M.D., has become a friend. He has permitted me to be his teacher.

Norman Rosenberg, my attorney at the Mental Health Law Project, validated my sanity. He was my armor in the battles against a university which was denying me readmission to graduate school and against a supervisor who threatened me with disability retirement.

My supervisors have restored a sense of meaning and purpose to my life. By giving me a place to give to others, I believe they have given many places to many people like me.

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The Author

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Poetry

Tomorrow
I'm going to spew my emotions into the largest of Rubbermaid wastebaskets, seal it with Reynolds aluminum wrap, and set the hazardous urn out for the trashman.

—Lynne Morris, 9/20/80

I open my mouth and out flood words of cowardice, pouring over any listener like an upset gallon of bright yellow paint.

I wonder how easily the listener removes my words.

I feel like a nuisance, over dramatizing the insecurities other people manage to underst ate.

I never learned the paintbrush method of dealing with fears.

—Lynne Morris, 9/20/80
I'm viewed
as an open can
of gasoline,
apt to explode
and burn someone
at any time,
and I'm aware of that
and hurt by that.

I'm viewed
as a helium balloon,
apt to pop or
drift away,
and I'm aware of that
and hurt by that.

I'm viewed
as honey,
apt to be sticky
if not
properly contained,
and I'm aware of that
and hurt by that.

The more you
view me
negatively,
the more I hurt,
and the more I hurt,
the more
I behave negatively,
and I'm aware of that
and hurt by that.

The more you
view me
negatively,
the more I hurt,
and the more I hurt,
the more
I behave negatively.
To my great
misfortune
I am a
person
who needs
people,
and I'm aware of that
and hurt by that.

I'm viewed
as a cigarette,
a threat
to your health
and very expensive,
and I'm aware of that
and hurt by that.

I'm viewed
as a scarecrow,
apt to hurt
your reputation
if you talk to me,
and I'm aware of that
and hurt by that.

I am
the
rear tire
of a bicycle,
not trusted enough
to be a
front tire,
expected to go
round and round
in one narrow rut,
ever going very far,
ignored
except
when I
break down.
Then
I get lots of
frightening,
angry
attention
and
I am put into
a
garage,
sometimes for months,
where
I forget my function
and
I become afraid
to function
and all functions seem useless.

Next time out
I think I will be
an off-ramp
from a
freeway.

—Lynne Morris, 9/8/80

—Lynne Morris, 9/8/80