

Original Paper

Societal Labels, Maslows Hierarchy and Care within the Mental Health System

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Received: October 11, 2021

Accepted: October 20, 2021

Online Published: October 29, 2021

doi:10.22158/jpbr.v3n4p17

URL: <http://dx.doi.org/10.22158/jpbr.v3n4p17>

Abstract

This article deals with how social attitudes and the consequent labelling in the society and prevent climbing the maslow tree and the kinds of therapy personal growth can offer to those living with schizophrenia. The way this works is illustrated in the article and how the various parts of the mental health system including hospitals, day centres and sheltered accommodation can help with this based on my own experiences.

Keywords

labels, maslow and mental health care

1. Introduction

There are various ways labels can damage your mental and hinder personal growth and these will be outlined first then having identified the problems involved we can begin to find solutions.

It is argued this involves that any growth on the Maslow tree will require a proper education of stigma the labels and underlying beliefs and how this be changed by political correctness, reclaiming and renaming the terms so we do not feel so socially isolated.

From here there is a need for further stigma reduction but also it possible a more direct approach can take place through care in the community where we can still achieve our full personal development despite the stigma attached to the condition. Peak experience should be the goal of mental health service users and is the most powerful source of therapy.

2. Methodology

This paper is based on my experience of having schizophrenia and living in the mental health system for twenty years. As a personal account it doesn't make reference to academic procedure and is solely derived from the experiences of the mental health system and stigma can be applied to the theory of Maslow's Hierarchy of needs.

To begin we must see the effects of labels on Maslow's tree of personal growth and then move on to what can be done about this. Darko Pozder has provided an account of how stigma affects climbing the maslow tree.

Tier one

Schizophrenia can be so frightening you cannot eat or sleep both of which causes some physical fatigue and makes you emotionally drained so you do not have the strength to look after yourself and the house.

As far as been unable to look after ourselves is that labels can make you feel like a social outcast and that makes the feelings of pain and fear worse to the point you cannot look after yourself. This makes the problems eating sleeping and sometimes homelessness even worse.

Eventually you will sleep through exhaustion but the illness can cause nightmares which can further keep you awake and prevent you sleeping during the night and so missing the daylight and you are unable to reset your body clock. Looking Pale and withdrawn will be noticed and further prevent you going out and will again lead to the use of stigmatising labels.

Tier two

Schizophrenics often feel they are being spied on by the neighbours but with looking odd and having the curtains drawn during the day and the lights on all night attracts attention. This fuels the paranoia as people will be watching you on top of thinking you are under surveillance.

The hostility of the stigma could be very dangerous and I was mindful of what Frances Jeffrey said "opinions founded on prejudice are always sustained with the greatest violence".

The problem with the stigma is that it is all you ever hear about in the media and the negative labelling is prompting acts of violence as Frances Jeffrey points out.

The labelling involved notions of danger including being unstable or disturbed, psychopathic, split personality, locked up, escaping and straight jackets and padded cells. People fear difference despite publicity campaigns to enlighten people.

Tier three

Being a social outcast is emotionally painful and given the scale of the rejection that pain is overpowering and intense. The whole thing is a terrible emotional shock as you are perceiving everyone dislikes and hates you. You become a pariah and the word for it just compounds the problem. It really hurts to be labelled insane and thinking you don't deserve to live.

Tier four

Stigma at this level is much the same as it operates through labelling in that we weak for having allowed ourselves to be driven round the bend and we getting the impression that everyone thinks we are weak. The conventional wisdom is that life is not a bowl of cherries and we are to blame for not coping with it. From here we get to the notion we don't deserve any help and makes us feel worthless.

Tier 5

The problem at this level too is that it runs up against a lot of labelling and we are being accused of being a schizophrenic. It is important to realise the use of person centred language that schizophrenia is something we have rather than something we are and that we are not the same as our diagnosis.

3. My Story with the Mental Health System

When in hospital the thought of escaping had both good point and bad. The hospital was an institution but there was no choice but to stay there. Trying to escape would have just made things worse being back on the street again and that was a frightening thought which kept me on the ward.

One option was to run back home where it was safe but my mother wouldn't allow it and the slum I ended up living had no therapeutic aspects to it either. Hospital was probably the best choice available. When first getting symptoms I felt the schizophrenia was caused by the government and I was going to be locked up in an asylum as punishment. This stopped contact with the mental health system. Again labels were of prime importance here especially the nut house, loony bin and mad house.

My symptoms and fear seemed so overwhelming I thought I would never stand up to them but it was explained this has to be done gradually. Graded exposure was the answer to feelings of being weak and driven round the bend.

Even though I thought the world was out to get me before being admitted to hospital I realised some one cared about me and watching the other patients made me think that I wasn't the only person like this.

Hospital turned out to be soothing as it is not stigmatising environment like the wider society and this gives you an opportunity to calm down and cheer up about stigma. I no longer felt there were labels being applied to me.

With the isolation the frightening stigma and fear of hospital as an insane asylum is also the illness is very stressful and is enough to perpetuate the symptoms.

Being left on my own Alienation from being treated as weak and the anomie from being cut off by labels means there is no emotional contact from friends and family and that you are on your own with it. This again this can make the stress induced illness but once cared for this problem can be helped.

Driven round the bend further means we are to blame for our own problems and that we have been allowed to let ourselves go mad through being weak. But as my psychiatrist said my delusions about 9/11 would frighten anyone and so again I was reassured.

If the society was going to be correct about this that for instance that like fighting in a war it created the reaction that I was going to be alienated and more isolated. Again this made me feel like I had to cope with the illness on my own without help.

In my case though I had some insight into the stigma with the help of the psychiatrist that madness is perceived in paradoxical terms and the usual understanding I like walking alone through the shadow of

the valley of death.

In my case this was true as thinking I was responsible for 9/11 and the whole world was out to get me together with the punishment that was just as overwhelming too.

Once in hospital I began to receive help instead of punishment and that made me begin him to calm down and managed to get off the alcohol which again was perpetuating the symptoms.

To begin I refused to talk about my problems in case I was to be identified as having caused 9/11 but a strange thing happened as I thought people were reading my mind about this. Again I didn't feel safe.

I could not keep my head clear of these thoughts even though I thought they were being monitored about the voices yet as time went on nothing was happening so eventually I began to open up about them.

This opened the door to some cognitive behavioural therapy. The insight took a leap of faith with the doctor that I might be suffering from a delusion before I could talk about it as I needed some insight to trust the therapist.

When I first got to hospital I found there were long stay patients and lock up wards and thinking the government was going to lock up in there for the rest of my life seemed to have some credence so again it took a long time to open up about my problems.

This on top the fact I got sectioned and handcuffed by the police who chimed with thinking the CIA was after me for 9/11. Also if I escaped the police would be out looking for me which was a strong incentive to hide in hospital and accept the schizophrenia label.

But the more I got to thinking about this the more I realised once in hospital the police were not coming back and as the doctors knew about me causing 9/11 they weren't telling the police about.

The longer this went on I began to feel a bit safer as compared to being outside where the neighbours might have been spying on me and passing information about 9/11 to the CIA. I could perceive the doctors just thought I was delusional so began to talk to them.

It takes trust to open up about mental health problems but the longer you spend in hospital the more you realise you are not there to be locked up and you can get some idea of the notion of mental health.

The other reaction here was I could admit to the nursing staff why I was suffering and that allowed for some empathy and sympathy with the suffering I had been going through and at this point some compassion focused therapy was possible.

Trying to stay away from hospital made me turn to drink to calm down and cheer up but alcohol is a depressant and it wasn't safe consuming the amounts I was drinking. Again I felt calmer with the drink so coming off it was frightening.

I need to be in place I felt safe like my family home to deal with the illness as I didn't feel safe being anywhere else but the ward had a family atmosphere which made up for this to some extent.

With the drinking I could rely on it to get to sleep and it calmed me down enough to eat so I look normal instead so again I was very anxious to come off it. Instead I was given sleeping tablets and

anti-depressants to cope with this.

With the depression the illness was causing I could rely on family support for this too as I had the problem having to give up my postgraduate studies.

I didn't mind having to see a doctor about this as I already knew depression affects one third of people at some point so I knew I wouldn't be locked up for it.

Often people with depression people can become unmotivated and socially isolated which again allowed some disguising the schizophrenia.

Also with the illness I felt my life was over as I had lead it until then and I would be locked up forever but having seen John Nash who was a high achiever I began to realise schizophrenia is not the end of the world. That was therapeutic.

A lot of the problem is not to give up hope and this meant taking tablets and remembering to keep mindful that the research into schizophrenia is always making breakthroughs and in particular drugs like clozapine which managed to improve the cure rate.

More than this when in hospital you can see people being cured and discharged or else being stabilised on medication and statistically thing again inspire much hope.

On discharge there is often a problem with keeping being readmitted and the doctors call it the revolving door where people coming and going.

My symptoms were peak peaking periodically with the terror although in between they were much more manageable and were so severe they kept me in there for two years under section.

I was not responsive to the medication while they tried different things but eventually they got used to this and felt that even so I could be discharged to manage these on my own.

That meant living out in the community again and same fears of being labelled and unsafe began to reoccur and again this drove me back to drinking, even though there is stigma about being an alcoholic on top.

The problem then became that during the crisis times I needed to drink to calm down but although the drinking works on the milder levels of fear it was causing more bouts of terror.

At these points it was necessary to keep being readmitted and once in hospital they could dry me out until things calmed down again. That created a cycle of relapse and recovery so something else had to be done.

The answer was to move into sheltered accommodation where people could keep an eye on my and support me during the worst moments although the project staff were not versed in cognitive behavioural therapy.

All the same with the milder levels of anxiety living in project was much better than on the ward where the nurses had limited contact time with the patients and just sat back and watched. I was more emotionally engaged.

In sheltered accommodation the increased level of social contact meant there was always someone to talk too and this was the best form of distraction. This was possible during the milder levels of anxiety and even when you were more frightened and helped reduce the alcohol intake.

The best thing about the project was I quickly made friends who could support each other since we all had knowledge first hand of what were going through and that allowed some empathy and support.

The staff were there during office hours but after that you were on your own but the reassurance there was that if someone was behaving unusually they could ring the emergency line and there was always someone there to talk you round.

The communal living took some getting used to at first but having been in hospital and to university that transition was made very much easier and having new friends around made the time in between crisis episodes much better for my mood.

More than this once I got over the house move and moving household is one of the most stressful things you can do there was less chance of a stress induced relapse I began to settle in without having to readmit.

The project was a god send after the slum I had been living in and unlike the house I had lived in before I was diagnosed had no harmful memories of having lived there. The new shelter was a carte blanche and could go either way.

Although I continued to get symptoms I continued to view the place as a sanctuary from the stigma and didn't associated it negatively as the illness was also more controlled at this point. My friends made the place seem like home and that was in turn very therapeutic.

I began to live again once I had made friends and had the money to furnish my place and very slowly over time it began to feel like home. I got out and about with my family as life became more comfortable and liberating I increasingly associated it with happy memories.

That meant just being around the place cheered me up a great deal and the therapy that offered meant a lot of the stresses on missing out on life became a good deal more bearable. I found all of this to be empowering and was soothing a lot of anxiety.

The best thing about the project was that they would keep your room for you during a lengthy hospital admission and without that the stress of moving house again where there was nowhere to go meant that hospital was a lot less worrying compared to my first admission.

Eventually however the time came to leave sheltered accommodation but this created problems because if I ended up back in hospital for more than a year I could end up losing my house as well as all my possessions.

The first danger was that moving home again might be stressful enough to readmit me and that could have been a lengthy process although being in hospital might have been better than living in the new house.

Being uprooted after 15 years at the project was particularly stressful as the place had become part of me and I was cast adrift once more. Putting down roots is a lengthy business and would years again.

The trick was to move within the same area which was reassuring as the area I was in was quiet and allowed some anonymity so I wasn't coming into contact with the observing neighbours once more.

I was fortunate again to find somewhere where I could come and go without walking past the front doors of people living on the estate and had put up window blinds and empty the trash late at night.

This is because I tend to stare or run from people when I am a paranoid about them and this behaviour would be deemed unusual or at worst abnormal.

At the project I could socialise all day but at the new place that contact was limited down to a few hours each week and so was much less distracting. Things began to pray on my mind and had to find coping strategies as best as I could.

Around the house wasn't a straight repetition of where I was before I first went into hospital as now I had friends and family this time and was on medication. That made me functional a lot of the time and was able to look after my basic needs.

The problem was I still getting crisis periods where I was so frightened I thought I might pass out and had to learn to deal with them on my own. I informed my family and community psychiatric nurse about them but thankfully nothing was done about being admitted.

Without the usual social contact I had to find a way to get through all the time on my hands as the anxiety symptoms have never gone away completely. The only answer to this was relaxation methods like deep breathing but this never worked on me.

Anxiety sounds mild but when it goes on and on it can be a severe problem and in my case was worsen by frequent bouts of fear. Without proper social contact something had to be done.

The answer to this stage of my life the drinking seemed once again to be the only answer but that stops the medication working and might prompt another hospital stay which have been even worse for my mental health.

This is not something the doctors would recognise as being important compared to my mental health but if I was discharged into another strange house with new neighbours the stress would mean a one way ticket to back into being admitted.

That meant keeping the drinking quiet and I only let my mother know about it and thankfully she didn't inform the community psychiatric nurse so once again I was lucky. Though of course if I did pass out, I would have straight back in there.

One life line for the anomie inflicted by the stigma has been going to day centres which along with family contact has been a bit of a life line albeit for only a couple hours a week but as life begins to settle down more I have learned this can improved things.

Once life difficulties have been overcome I felt more like socialising as the house move was creating a lot of problems with my safety needs. After that my I felt I could concentrate more and was able to

engage with the educational course on offer at the centre.

This for me has been a vital part of combatting the stigma as having been to university education is very important to me and I would not dare go to my local further education college in case I was acting unusually.

At home however studying is more problematic because while it should be distracting I can only do it when the symptoms wear off so again that leaves a lot of time on your hands.

Even within the system it is possible to make new friends in place of your old though nothing other than marriage can replace lost contact with your family.

A lot of people feel very isolated within the system as services users are thrown together from all walks of life and might have difficulty sharing things when there is not much in common.

The answer to this is to be open minded and enjoying diversity and meeting a variety of different backgrounds can be very interesting.

The other point here is that education courses like being at a university gives everybody something interesting that can break the ice and liven things up with chat over a cup of coffee.

Statically I am not sure how each picture of isolation and involvement is the most common and might a research topic to see how far we have managed to socially reintegrate people with mental health problems.

The other problem with the drinking and safety needs is that in large quantities it piles on the weight and combined with all the hours asleep on sedatives (fourteen hours a night on the clozapine) creates a need for exercise. That mean leaving the house and coming into contact with the people round a bout.

My weight went up five stone with the medication and lifestyle to the point it wasn't safe and that meant there was no choice but to go walking and this was about as frightening as the paranoia. My mother comes with me to do this so I am a bit reassured when out.

That still leaves some unusual behaviour as I don't make eye contact with strangers and again have to deliberately ignore them. Fortunately I never see the same people twice and so I am a bit reassured by this as well.

It was necessary to find a life indoors away from other people and which would also keep me out of hospital. For me this has been being able to write and publish but because it is such a distraction it works wonderfully well and passes most of my time.

Yet there are problems because with the distraction the voices like it and keep quiet but if I lost the ability the hallucinations would get worse and worse and something else would have to take its place and there is nothing I could think of.

Without some motivational activity in life things would grind to a halt and wouldn't be able to look after myself as this would mean hopeless depression and again the danger of hospital rears it head though I don't think it would help.

The answer to all this is to get some money saved so that if you did end up back in hospital you could afford to pay the rent yourself and you still get on years leeway anyway. Admissions this long are thankfully very rare and so the questions raised here can mostly be answered.

4. Conclusion

When I was diagnosed with schizophrenia I felt like it was the end of the world even the symptoms and societies attitude towards it yet with the help of the mental health system many things in life have returned to normal.

The problem is with my safety needs have not altogether be answered given the provisions of living within the system.

References

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