*Coming Out Proud to Erase the Stigma of Mental Illness: Stories and Essays of Solidarity*

By Patrick Corrigan, Jon Larson & Patrick Michaels

QUESTIONS FOR STUDY AND DISCUSSION

*(1)Coming out Proud* comprises 36 stories told by a remarkable variety of individuals with various types of mental illness. Do you have a favorite story? Reflect on your choice; describe the highlights, and what most influenced your response to the story.

(2)Do you agree with the author’s view that contact with the lived experience of persons with mental illness is more effective in fighting stigma than the learning gained from public anti stigma educational programs? Why/Why not?

(3)Compare and contrast the author’s discussion of “public stigma” and “self stigma” with regard to persons with mental illness. How does that jibe with your observations and/or experience (Chapter 1)

(4).Corrigan asserts that recovery stories meant to tear down stigma usually contain four components: (a)“on-the-way-down messages,experiences with symptoms and disabilities; (b)on-the-way-up rejoinders, despite my illness I have accomplished goals; (c) stigma experiences, despite my recovery I have been victimized by public prejudice; (d) call for change; we need to stop the stigma to promote full opportunity.” ( Chapter 1, p.13) Are you comfortable with these components? Do the stories in this book generally contain these components? Which of these components would be hardest to read/write?

(5).Issues regarding disclosure of one’s diagnosis and lived experience appear in many stories in this book. In “Suicidal Ideation: A Silent Esoteric Existence”,(p.55) author Patrick Michaels vividly describes difficult situations around disclosure, and describes what guides his selective disclosure. Below is an example: how do you think you would react to this experience? Discuss thoughts and feelings regarding the risk vs benefits of disclosure.

*“The first time I met my brother-in-law Dan, his tirade about mentally altering psychotropic medications was based on public misperceptions rather than fact. Dan was a Lieutenant in the U.S. Army and survived two tours in Afghanistan. The conversation with Dan short-ciruited my coming out, rendering me speechless. For years I had held similarly negative beliefs about psychotropic medications. Yet as a person taking an antidepressant, I knew my personality was unchanged and I was not a zombie. My experience was anecdotal; yes sometimes medications do leave a person zombie-like. ..The conversation was awkward so I relied on my graduate school training. Coming out seemed wrong in that moment and listening to my gut was easy to do. It was self-preservation, but again coming out was ultimately my choice. Despite wanting to be strong and open, ultimately I conceptualized this as another learning opportunity, something to help*

*me understand my limits.*”(p. 55)

(6).What are the characteristics of resilience? How is resilience demonstrated in Patrick Michael’s statement at the end of his story?

 *“Why do I come out? Well, I know that people with lived experience are powerful messengers of resilience and hope. As a person with lived experience, I choose to be a messenger. I am not damaged nor ruined by mental illness. I tell my story so other people might not struggle in silence. My silent stuggle only prevented higher functional capacity. By sharing my story, I actively confront past fears and silence. I am proud of being in recovery from mental illness and continued self-care efforts, and I believe speaking out aboutexperiences will help others hear and see the living, breathing truth. I am being the change I want to see in the world”.* (p. 56)

(7). What can we learn about the depths of depression from this searing, yet at times humorous, description in Carl Blumenthal’s story entitled, *Saved by Imagination: A Memoir of Depression and Recovery by the Book.* The passage below is excerpted from the section called “Briefing for a Descent into Hell” (p. 61)

 *“During my long depression I tried tro cope by withdrawing from the world:quitting my job and school, ceasing hobbies and volunteer work, neglecting physical as well as mental health, avoiding friends, and limiting contact with family, except my wife, Susan Palm. My world shrank to the living room couch where lying down was the most comfortable and comforting position, both during the day while I listened to the rdio and at night when I retreated farther--- into sleep and dreams. It was like clinging to a raft of calm on an ocean of bad thoughts and feelings…….I maintained this fetal-like pose by avoiding as much stress as possible because undertaking the simplest task made me feel as if I had a permanent case of indecision.. Thus hygiene went down the drain even though I didn’t shower. Determining what to eat and how to prepare it required an appetite I lacked. And househld chores seemed like opportunities to malfunction.”*

(8) In Chapter 13 entitled “My Life: From a Wheelchair to the Books(passing through anxiety, phobias and much more), author Rita Coruzzi vividly describes the importance of social support in fighting stigma. Reflect on this example, perhaps recalling an incident from your life when the support of teacher and schoolmates made all the difference.

 *“The first individual who helped me to overcome stigma was my secondary school teacher, who suggested that I write down my anxiety symptoms and phobias. In doing so, I started to eliminate barriers between me and schoolmates; they started to understand my situation by reading my biography. I rapidly perceived social support from my classmates, which I never did before. They wanted to take care of me, to help me somehow and to provide me with any support I needed. I simultaneously experienced success in gym class; the teacher developed a personalized physical program tailored to my needs, which was focused on strengthening my arms. Given the improved support from my classmates, I could enjoy the gym program even more. I remember that when I went to the locker room with them, it was normal to be there with someone in a wheelchair. We started laughing and from that moment, the process of development and de-stigmatization was initiated.”(p. 164)*

(9).Discuss family, friends and doctors portrayed in the stories. Do you see yourself described in any of the poems by Bill McKnight In “Recovery as Reality” . p. 137-145.

**“Friends”**

They don’t call me sad

They don’t call me bad.

They don’t call me mad.

They don’t call me

**“Dr. Who?”**

I disclose to you. You don’t disclose to me.

In this power imbalance lies inequality.

Dr. Who, if such is a relationship is to your credit

I simply don’t get it. Unfairapeutic!

**“Mr. Fix-it!”**

Face up to your ghosts.

Yes, but….

Put the past behind you.

Yes, but….

Be strong,

Yes, but….

Be in control

Yes, but….

You need to manage your feelings.

Yes, but…

Time is a great healer.

Yes, but….

Pull yourself together.

Yes, but….

You’ll get over it.

Yes,but you are not listening.

(10). In Chapter 13, entitled simply “A Mental Illness Story”, William Vasquez describes his life with schizophrenia. How does his description in the following example help you to appreciate his feeling of wanting to be “normal”? Does his story help you understand the onset and the course of disordered thinking, that we call schizophrenia? What part do you think the mother played in the psychiatrists decision to start “changing the medication”?

*“To have a mental illness is no game and it’s no fun having all the issues that come with it. I can say I have a mental illness which comes from my mind and my thinking. I think I was like any other kid when I was younger. I have been struggling to be normal or to be like any other person you see on the street. This is a story of how to come out saying I’m a person and I can do normal stuff like any other person. I have been struggling with schizophenia for a while and it is no game. I don’t like saying I have schizophrenia. I’d rather just keep it to myself and have someone else say I have schizophrenia.”*

*“One day my mom took me to a psychiatrist to check out what I was feeling. After a long talk, the psychiatrist told my mom I had schizophrenia and that I had to take medicine for my mind. That’s when I started taking medicine. That’s when my mom started putting all these statements on me that would make me feel kind of angry like, “It’s time for your medicine,”or “Are you taking your medicine?” At first I would feel really slow and strange. I learned that those were side effects. After noticing the side effects, I stopped taking the medicine. When my mom gave me the medicine I would fake taking it. Once she found out, she told the psychiatrist that I was acting strange and that I wasn’t taking the medicine. That when the psychiatrist started changing the medication.” (pp 167, 168).*