The Assumptive Worlds of Psychopathy VIII: Embracing Shame and Guilt—Unraveling the Stigma Surrounding Mental Illness

Christy Lewis, Psy.D. and Kendell Munzer, Psy.D.

The negative stigmas surrounding mental health in humans date back hundreds of centuries. Public stigma, which is the negative reaction of the general population about people with mental issues, is widespread. In turn, this public reaction can cause a self-inflicted stigma. This is a reaction that occurs inside an individual who has the “problem”. This troubled person will turn against themselves, believing that they have a deep and shameful flaw. Feelings of shame and guilt accompany this internal stigmatization. The stigma, in turn, causes and is reinforced by an unfortunate cascade of social stereotypes, prejudice, and discrimination.

In this essay we address both historical and modern perspectives of mental illness and how societies reject abnormal behavior, supply historical and personal examples of mental illness and stigma. We also provide a philosophical viewpoint about chronic mental illness and health. Finally, we offer a discussion about psychological perspectives and modern advancements in neuroscience. We consider how they enable us to find new ways in which to understand mental illness—in an effort to further destigmatize our beliefs about human abnormalities.

The Trials of Stigmatization and Suicide

Extreme examples of social injustice and stigma are the infamous events of the Salem Witch Trials (Reis, 1999). These events, which took place several centuries ago, led to executions in colonial Massachusetts between 1692 and 1693. The first group of people, mostly women, targeted as “witches” were accused by a local doctor of “behaving strangely”. They were labeled “bewitched”. After this and several other happenings, the public started to persecute people, labeling them as “witches” if they appeared to act differently in public, or if they did not go along with Salem’s societal norms.

While the root causes of this persecution and subsequent hysteria may have been difficult economic times driven by unusual weather events, the Puritan's rigid cultural beliefs allowed the communities' misfortunes to spiral out of control. The Puritans held the belief that men and women were equal in the eyes of God, but not in the eyes of the Devil. Puritan's believed that women's souls were unprotected in "their weak and vulnerable bodies". In fact, a well- documented event of mass hysteria of the town ensued these public humiliations, and many notable scholars have outlined some causes such as an economic downturn, environmental hardships, and religious pressures.

The unfortunate consequences for many of the persecuted people in Salem resulted in a social phenomenon, whereby people openly displayed psychological and physiological distress—an event that we term "mass hysteria" today. After studying the witch trials in Salem, sociologists and social psychologists have offered many insights to help us understand human behavior patterns that lead us to socially devalue and stigmatize our peers.

In Salem, some of the mechanisms that fueled stigmatizing were related to justification of their rigid societal norms and beliefs. These norms and beliefs boosted the self-esteem of non-stigmatized members, and probably reduced feelings of anxiety regarding the non-stigmatized groups' own mortality. Also, aside from tough economic times in the late 1600's, the societal beliefs that the Puritans held offered few options for entertainment, especially for the young girls. As a result, their society took on a cult of its own, as the young girls entertained themselves by telling scary stories, and then started to believe in witches and witchcraft, blaming and persecuting others for illnesses, failed crops, and bad weather, some of which had perfectly rational explanations.

Finally, people were stigmatized for not abiding by the rigid Puritan beliefs, thereby justifying the society's dominant morals and values. Today, any rational person might look at this event, and speculate that the entire Puritan culture developed a mental illness based on their belief system. Maybe some of these people who bought into the Puritan belief system experienced a self-stigma. Due to the extreme stressors during their time, some probably developed a mental disorder that was undeniably misunderstood. Those must have been scary times indeed for people of Salem.

The Salem Witch Trials offer a good example of how social stigma and certain cultural beliefs can negatively affect any given community. Today, our culture and belief systems are greatly affected by the compounds of social media and the superficial perfectionism it portrays. In fact, there is a higher incidence of anxiety in both children and adults today, and certainly one explanation concerns the way in which people are comparing themselves to certain social media postings, causing a domino effect of self-stigma, insecurity, guilt, and shame.

Suicide rates have climbed and today suicide is considered a major public health issue in the United States. In 2016, the Center of Disease Control (CDC) released data showing that the suicide rate in the United States had hit a 30-year high. What could be the cause of this increase in suicide? It appears we are in a mental health crisis right now. Societal pressures may be different than they were back in the 1600's, but people still react the same to stress and pressures.

Mental disorders continue to have public and self-stigmas attached to it, and people are afraid to talk about their problems and seek help. We think this is due to a general lack of understanding and acceptance of mental disorders that continues to be present in our society. Most of us freely use terms such as "crazy" or "weird" to label someone who does not seem to fit into societal norms. We cast them out from our communities, and often misunderstand the root cause of mental illness. In turn, we tend to stigmatize ourselves when we are labeled crazy or weird by thinking the worst and burdening ourselves with shame and guilt.

The Mark of Shame

Mental illness is rampant, yet people rarely talk about it. One internationally known psychologist, Dr. Stephen P. Hinshaw (2019), has written extensively about the broad subject of mental illness and openly shares his unique personal narrative regarding how he and his family have been affected. Dr. Hinshaw maintains that narratives play a key role in our overall understanding of the human mind, and in fact "humanizes" us. Because we guide and shape meaning to life and experiences through the creation of a personal narrative, writing or telling our story can even be beneficial to our health.

In *Another Kind of Madness: A Journey Through the Stigma and Hope of Mental Illness*, Dr. Hinshaw writes about how people today continue to have negative emotional reactions to individuals with mental illness. He indicates that each year probably ¼ of the world's population is affected by moderate to severe forms of mental illness. Maybe if we all took part in telling our unique life narratives, this number would diminish. In his own rich narrative, Dr. Hinshaw relates that his father had a mental condition called bipolar disorder. He writes about how his father's condition affected his family, recounting how members of his family never talked about it with others. Medical Doctors even told his father not to tell his children—thereby shrouding his family with layers of family secrets. His Father experienced a string of misdiagnoses and misunderstandings about the disorder. This occurred everywhere he turned, even in medical community. Hinshaw notes that even today, we tend to neglect or punish those who have mental issues—instead of treating them with kindness, compassion, and empathy.

Kendell's Narrative

Unfortunately, the guilt, shame, and stigma surrounding Mental and Chronic illnesses are oftentimes more debilitating to the person than the diseases themselves. One of us, Kendell, suffers from a misunderstood condition called Lyme disease or Borrelia Burgdorferi. It is not only a chronic physical illness—Lyme disease can present as a mental illness when it enters a person's brain. This is called Neurological Lyme disease. Symptomatically, Lyme can be all over the map. It has often been called the "great masquerader," because it does not present with a specific set of symptoms. Kendell has suffered from Chronic Neurological Lyme disease for the past 13 years; however, the doctors believe it was latent and undetected for many years before that. She also suffered from several other tick-borne diseases such as Babesiosis, Ehrlichiosis, and Bartonella. They all present somewhat similarly—hence it is almost impossible to tease out which disease was causing each symptom. For ease, we will use the word Lyme as the catchall word to represent all these diseases.

When Kendell was first diagnosed, she knew little about the disease, and mistakenly thought it would be an easy fix. Thirteen years later, she has come to realize the extent to which this disease is misrepresented and misunderstood. Many doctors will not admit that "Chronic" Lyme exists. Insurance companies won't cover it, because they would be out billions if they admitted to its existence. Typically, physicians will only treat the disease with a course of antibiotics for one month—which is all the CDC's guidelines require. After that, patients with Lyme disease often find themselves on their own financially and often times they also medically on their own as well. Guilt and shame are almost always associated with this disease—since it purportedly does not exist and doesn't warrant any kind of real attention or even much compassion.

This disease has left Kendell stigmatized, ashamed and often ridden with guilt. It is guilt for not being strong enough to fight the "disease" and shame for spending so much money on a disease that doesn't exist. There is also stigmatization by the medical community and friends alike—who deny any real existence of the disease and its long-term effects. Kendell remembers being in the hospital on one of her many visits and meeting with a doctor who was extremely dismissive. As she sat there shaking and barely able to function—trying to explain to him that she had “Chronic” Lyme disease—he looked at her and said: “Lyme is a Red Herring, and Chronic Lyme does not exist, so do you and your family a favor and get on some antipsychotics.”

As he finished saying this, Kendell looked over at the nurse’s station and the 3 or 4 nurses standing there were snickering at her. The humiliation she felt at that moment was crushing! She started to think about her family, her two- year-old son, and how she was unable to take care of them. Her mother-in-law had flown up to help because Kendell could barely function. As the doctor threw this insult in her face, the guilt that Kendell felt for not digging in deeper and taking care of her son was unbearable. She thought, “How could I be such a horrible mother? Maybe the doctor was right? What if I really am just crazy or as he had insinuated, histrionic? Was I doing this to myself and my family?” Even though her symptoms had come out of nowhere and she knew herself, it was interactions like this that placed seeds of doubt in Kendell’s head and made her even start to hate herself. Kendell remembers leaving the hospital that day with a feeling of utter hopeless and humiliation.

After every one of these interactions, and there were many along the way, Kendell was flooded with a deep sense of shame and despair. Over and over again, she faced and felt the stigma surrounding this disease. Each time she found herself falling further and further into the abyss of self-doubt. The worst was what she faced in her personal life. Since there is a wide misunderstanding that Lyme is easy to get rid of, she was expected to just bounce out of it. When it took too long for her to recover, she was told by many close to her that maybe she did have a mental illness, or that maybe if she did dig a little deeper, she really could control herself and her psychiatric symptoms.

Kendell was being stigmatized everywhere she looked. She was facing her own witch trial. If she had a more recognizable and accepted disease, such as a broken leg with a cast, or even cancer, things definitely might have been easier. Instead, she had this physical and psychiatric illness that was disguised, and in turn acting as her own private and invisible torturer. Finally, she got to a place where the shame and guilt and self-hatred became too much. She knew she had to make a change. She adjusted her mindset and started to realize that only she could save herself. Kendell looked inward and started to dig deep. Not out of shame or guilt but driven out of the necessity to take back her power and finally show this disease who was boss! She was able to do this by assimilating one transformative word into her vocabulary: Hope. Kendell and Christy co-wrote a previous essay titled *Is Hope the New Antibiotic for Chronic Illness* detailing their personal journey's about hope (Lewis and Munzer, 2019).

Christy's Narrative

As Kendell's story illustrates, the guilt, shame, and stigma surrounding mental illness can be quite devastating to the patient. Mental illness can also be incredibly upsetting and overwhelming for family members. Our culture still paints a misunderstood, damaging and sometimes scary picture of mental illness, especially when it is paired with dementia. Christy's Mother, Linda, has a debilitating illness called Alzheimer's disease which was diagnosed back in 2012. The road she has traveled with her Mother has been nothing less than heart-wrenching, moving back and forth from crisis to crisis. Even though today the DSM 5 further defines the term "dementia" as major or mild neurocognitive disorder, there are still stigmas and misunderstandings about both mental illness and dementia. This is probably because dementia has been linked to mental illness in earlier versions of the DSM, and individuals with dementia clearly have cognitive impairments that share psychiatric tendencies. The term Neurocognitive Disorder focuses more on the decline, rather than the deficits. This is because Alzheimer's disease is progressive and considered a neurological and degenerative disorder. It is hoped that this change in DSM name classification, will reduce the stigma attached to this disease.

When one is exhibiting noticeable memory impairment, errors in judgement, and cognitive issues, other people who do not understand the disease and the mental problems that ensue are typically not convinced that the afflicted individual has a problem. They are simply labeled as "crazy". When we wrote earlier about how there are mechanisms that fuel stigma, we noted that people justify what they believe is true. This boosts the non-stigmatized person's self-esteem as well as decreasing their own feelings of anxiety regarding their own demise. Christy found this to be true with her Mother.

There is also the matter of accepting the diagnosis. Some people would say to Christy, "it doesn't seem like Alzheimers. I knew someone that had it and their symptoms were different". Much as in the case of Lyme Disease, Alzheimer's disease and its symptoms present themselves in different ways. Because of this lack of understanding, it is challenging for the caregiver to convince a healthcare provider of their needs. Even family members who don't understand might tend to ostracize the caregiver, "siding" with their loved one. Actually, they are in deep denial that there is a problem, and when this disease goes unnoticed it can progress rapidly. In her personal experience with her Mother, Christy noticed a general lack of understanding as to the stage and severity of her mother's decline. This was because her Mother was able to mask those key symptoms that were psychiatric in nature.

Christy's Mother, Linda, started to exhibit troubling signs when she was only in her mid-60's. Christy had what she considered to be a close relationship with her Mom, they talked almost every day and Christy shared everything with her. One day in June 2010 on Christy's Birthday, she did not receive a phone call from her Mother like she had all her adult life. Linda was always the first person to call Christy in the morning on this very important day. Late that afternoon Christy called her Mom and realized she had forgotten her birthday! When Christy reminded her, she said "Oh, Happy Birthday", and said it flat with no emotion, completely unlike Linda and what seemingly was the start of a shift in her personality. She acted irritable, anxious, and was easily agitated.

After that, Christy knew something was dreadfully wrong. Looking back, there were many signs of changes in her personality, but that was a day that stood out. Subsequently, Linda started showing increased signs of anxiety, being scared to do things that she normally used to do. Her stories were incredibly inconsistent, and some stories Linda fervently believed happened had never occurred at all. There was a delusional component to Linda's reality. Christy did not know what was going on. She wondered, "Why is my Mom acting this way? What have I done?" Christy finally talked her mother into getting a full assessment at UT Southwestern Hospital in Dallas in 2012—where she was diagnosed with Alzheimer's Disease and mild cognitive impairment.

Christy wondered how long she had it. Linda was unable to work, and her paranoia grew increasingly worse. Christy was heartbroken. The relationship she had with her Mother was forever changed, and the grief engulfed her. She started receiving calls from Linda's friends, who were expressing concerns about her behavior. The challenging thing with Linda was that she never seemed to realize she had a problem with her memory, or her thinking. Her friends could see it, and her family could now see it, but her verbal skills were so good that the disease was difficult to detect unless one spent time with her.

Today, Linda lives in a residential treatment home, and she now dependent on others to do most things for her such as meals, cleaning, personal hygiene, finances and medications. Even though the disease is too far along for her Mother, Christy holds onto the hope that a cure for Alzheimer's will happen soon, so other families will not have to endure this sad and cruel disease.

Polarity and Life

At the annual gathering for the Professional School of Psychology in 2019, Dr. Maggie Cary provided a fascinating lecture on the subject of polarity and how and where it plays out in our lives. She had each student physically walk a figure 8 she had taped to the floor, to fully immerse themselves in the exercise. In doing so, they learned that every value we hold has an upside or positive, but in contrast to that positive or upside, if you were to only honor that portion of the value, without balance or harmony there will always be a negative waiting on the other side of the 8.

In walking this loop, Kendell and Christy had a full circle, or full circle eight moment of insight. Although they fully embrace a mindset of Hope, they both realize it must be done with provisions and balance. If for instance Kendell neglects to take her medication, exercise, or eat a healthy Lyme diet, she will become gravely ill again. On the other hand, if she were to over focus on her medication and sickness and why she is taking that medication living solely in a chronic state, she loses all the health benefits she has created by having a healthy mindset and nurturing the hope she has.

This can also be true of mental illness. For example, with an individual who has a neurocognitive decline such as Alzheimer's disease, it is imperative to acknowledge that there is a problem. It is just as beneficial to retain hope. It is about hope that with early diagnosis and analysis the condition can be treated and even reversed. It is also important to never forget the other side – the negative side. If one were to always live fully in a place of hope, they would neglect the psychological and medical things they must do in order to stay on top of those issues. There is a yin and yang relationship to everything. Learning about and appreciating Polarity, not just with diseases and mental health, but also in our personal and professional lives can be extremely beneficial.

We will offer a quick example of Polarity management where stigma shame and guilt can sneak in and rear their ugly heads. Let's say you have an amazing job, and you give it your all and have made huge strides in your field. With that comes pride and honor and joy. However, the thing that has taken all your attention will eventually move you to the downside of it. The downside is that you no longer see your friends or have time to be with your family. This is where shame, guilt, and stigma start to break in.

Does this then turn into depression, anxiety, and eventually a mental illness? The negative downside can be avoided by being aware of the role you play in your own life. What does this all mean if anything, and where does this leave us? How do we engage in a balanced view regarding mental illness and stigmas? To answer these deep and often existential questions, we turn to the wisdom offered by Thomas Nagel (1987) who has written a book called *What Does it all Mean?*

What Does It All Mean?

Thomas Nagel ponders the question of whether we can really know anything beyond our own impressions and experiences. In *What Does It All Mean*, Nagel talks about Verificationism, which is a major thesis in a school of philosophy known as logical positivism. Central to this thesis is the belief that we speak in a meaningful way only about those aspects of reality that can be verified through use of broadly accepted empirical procedures (typically scientific processes). Any statement about reality that can't be verified might evoke some reaction—but it is ultimately devoid of any meaning. One's impressions are meaningless without the possibility of a correct, verifiable view of how things really are. According to Verificationism, where there is no possibility of verification, then an arbitrary construction of reality will reign supreme (as it does in such areas as the arts and mythology). If a physical world outside one's mind cannot absolutely be confirmed, then what might seem to be an illusion is actually a perception of the reality we have constructed. Verificationism requires that reality be established by what we can observe and how we interpret and frame what we have observed.

We can apply this philosophical perspective to ~~a~~ chronic disease or mental illness. We suggest that much of our way of observing and commenting on disease and mental illness is not subject to verification. If this is the case, then the way in which we observe and apply meaning regarding disease and mental illness is subject to change. We can readily reinterpret, reframe and essentially reconstruct the reality of this disease or illness. As we have already noted, there is considerably more myth and construction than verifiable reality in the world of witch trials and mental illness. Stigmas are assigned and shame is evoked without much of a relationship to reality.

Given this status, we are given the opportunity to do our own reconstruction—and our own "remythologizing". We can re-observe or "correct" our view of any disorder to make it into something that is meaningful or even positive. We can assert our own construction of that which we observe about any disease and how it manifests it our lives. It is ultimately up to us to create Hope and banish Despair.

At the end of the day, we can control our perception of our mind and body, and essentially give it whatever meaning we want. Nothing has any meaning but the meaning we apply along with our personal perception of it. This is a somewhat comforting view to take when facing any type of illness.

Nagel assists us in yet another way regarding the world of construction. He writes about the meaning of words. The words “disease” and “disorder” are scary words with even scarier connotations. However, these are just words with meanings assigned to them. If that is the case, then who is to say that we can’t also change the meaning of words to fit ourselves. We can strip a word of all its fear and stigma. We can instead give it a meaning that better suits our unique issues and apply some optimism to the image surrounding words such as “disease” or “disorder”. Nagel indicates that one cannot understand a word by itself. Words must always be understood in their specific context. Thus, in order to understand a word, one needs to see or know its referent.

Putting the words “Mental Illness” or “Chronic Disease” together is pretty heavy, and some strong referents surround these words. Each of these are just separate words, but when you pair them together, they are definitely scary and overwhelming. Why can’t we change all the meanings, or even rearrange their order to better suit ourselves. We might even jumble up the words: Cryme Lidease? or Mntall Inlless? Not so scary now. Not so powerful now! Now it just seems silly and ridiculous.

Nagel also debates the merits of three different philosophical perspectives. The first is Dualism—meaning that the mind and body are entirely separate and interact with one another. The second philosophical perspective is Physicalism where the mind is embedded in the body. Nagel identifies the third perspective as the Dual Aspect Theory. The mind is physical, but the brain also has non-physical aspects. In order to have lived with and battled the physical and mental assault that disease can put on the mind and the body, we fully support the philosophy of Physicalism and all its virtues. While there might be some aspect of mind that is separate from body, the “battle ground” for addressing any disease is to be found in the intimate relationship between mind and body.

Countless doctors told Kendell she was “crazy” and needed psychiatric help. She was told that there really was no help for her. Kendell had to harness her mind in order for her physical body to respond. For her to have the strength and hope to survive, she had to get her mind into the right space, and from there she was able to heal her body. When she was depressed and ridden with anxiety, guilt, and shame, her body was always more symptomatic, the insomnia worsened, the joint pain grew more severe, and so on. However, once she was able to calm her mind, her body always followed suit. Mind and body are much too closely intertwined for any form of dualism to have much traction in the world of health and healing—whether this be so-called mental health or physical health.

We wish to close our instructions from Thomas Nagle with a quote from *What Does It All Mean* (1987, pg.101):

> If life is not real - life is not earnest and if the grave is its goal perhaps it's ridiculous to take ourselves "and our problems" so seriously. Conversely, if we can't help taking ourselves so seriously perhaps, we just have to put up with being ridiculous.

These are words to live by. When one stops taking life so seriously, and stops to realize that life is truly absurd, then rearranging the words of associated with a "scary" disease can lessen the power of these words. In recognizing that there are two sides and both costs and benefits associated with each side of a Polarity we can begin to find balance in our life.

The question then becomes: why do we give so much energy and attention to the word's "disease" or "disorder" and the symptoms they entail, when in actuality it has no meaning at all? If there are two sides to every interpretation of illness and health, then why do we try to assign one single emotion (usually fear) to each illness or one emotion (hope) to wishing for health? Finally, if these words and emotions are only really in our mind/body or are an illusion we have created, then why do we pay so much attention to these words and emotions? Why do we breathe so much life into that "reality" which in many ways is arbitrary and ultimately even ridiculous?

The Expanding Science of Neurobiology

Nagel's philosophical insights have provoked us to consider diverse viewpoints regarding mental illness and disease. Recent technological advances and neurobiological discoveries also yield important insights that encourage us to consider new ways of viewing these mental health challenges—and help us in our quest to destigmatize mental illness. There is real value in understanding the biology as well as psychology of mental illness, especially when considering how deeply the environment can influence our mental health. Psychologists and Neuroscientists have discovered that when individuals are adept at adopting a hopeful mindset, it can strengthen their immune systems and improve resiliency for any future health or psychological issues. Raising children who are resilient is optimal. This can be done by teaching them life coping skills, thus helping them improve their level of self-awareness and ability to regulate themselves emotionally.

Along with adopting a hopeful mindset and improving resiliency to life stressors, neuroscientists have achieved major advancements in technology, such as neuroimaging and brain stimulation. These technologies have given us a deeper understanding of how the brain works. We can literally train our brain through a process called neurofeedback, as well as adopting healthy lifestyle strategies that allow us to generate new neuronal pathways in our brain. As identified by Nagel in his second philosophical perspective (Physicalism), the mind and body are fully integrated.

Conclusions

The experiences that each of us have had in addressing mental health related challenges in our own life or the life of someone who is dear to us lead to the following recommendations. First, the initial step to be taken in reducing negative stigmas and feelings of shame is the gathering of information about relevant symptoms and learning about helpful treatments. Second, seeking qualified psychological and medical treatment can make an enormous difference in terms of addressing the symptoms and identifying the ways in which we feel about ourselves. Psychotherapy can supply us with the necessary tools to emotionally regulate and gain perspective on major life stressors and problems. We can stomp out the shame and stigma. Furthermore, psychotherapy allows us to apply meaning to our emotions and develop insights so we can disengage unhealthy thoughts and better manage emotional dysregulation. As a philosopher, Dr. Nagel offers gentle (although challenging) perspective in this regard.

Third, while receiving a formal diagnosis of a mental disorder might bring up feelings of guilt and shame, it is important not to avoid receiving this diagnosis. An accurate assessment is crucial in guiding decisions regarding evidence-based treatment. This is yet another important source of information for us in overcoming stigma. Fourth and finally, recounting personal narratives will point to our strengths and accomplishments as well as help us identify and sustain our aspirations. All of this helps us face the sorrow and feelings of hopelessness that inevitably accompany our mental health journey. Individuals and families affected by mental illness can now directly address and eliminate the attendant shame and guilt as they gain a deeper understanding regarding the stigmas that cloud a wide range of mental health disorders. It is at this moment of Hope that we can find purpose and direction in a world that does at times seem to be a bit ridiculous.

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