First Person Account: What It Is Like To Be Treated Like a CMI

by Betty Blaska

The article that follows is 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. 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, Research Publications and Operations Center, NIMH, 5600 Fishers Lane, Rm. 10C-16, Rockville, MD 20857. — The Editors.

At the outset, I'd like to say that if we can be called CMls—chronically mentally ill—then they, the mental health professionals, can be called MHPs. If we must be relegated to a three-letter acronym—and basically stripped of our identity and individuality—then they too can be lumped into one pot. I present a series of vignettes from my history with the mental health system that depict what it feels like to be treated like a CMI.

You spend the whole first evening and night crying. You don't want to be here. There must be a mistake. Your only previous experience of this was the movie Snake Pit. You're only 18, very young, very naive. You're not yet a CMI. Next day the "staffing" (as they call it) is very intimidating. All the head brass of the hospital are there. They laugh at you. You tell them you don't want to stay. They patronize you: "Oh, we think we'll keep you a while." You don't know it yet, but you're on your way to becoming a CMI.

The first time you experience dystonia from the neuroleptics they've given you, you're extremely frightened. Your tongue is rigid and you're unable to control its movements. You rush to the nurse's station and they're all huddled inside the little cage's protective walls. They won't leave it for fear of contamination. They are puzzled by your presence and seem greatly inconvenienced by it. You can't speak because of your tongue's movements. Yet they wait impatiently for you to tell them what's wrong. And you wonder what's wrong with them. Can't they see your predicament? But, no. It's not that they don't see. They don't feel. Because you don't count. You're on your way to becoming a CMI.

Your first discharge from the psych ward finds you loaded up on major tranquilizers, neuroleptics, and other psychoactive substances. Your follow-up therapist sees you for a while and then announces that he won't continue with you unless you come in with your family for family therapy.

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sessions—all eight of you. But they're scattered all over the State. And they don't want to come in because they hate the shrinks almost as much as you do. They've been belittled, browbeaten, and laughed at by the MHPs. And so your therapist refuses to see you at all, saying, "If it's important enough for you to see me, you'll get your family to come in." You're not God. You can't get your family to come in. The MHP stops seeing you. And he also refuses to refill the drugs. So you go through withdrawal. And end up back on the same psych ward. And they say to you, accusingly: "Why did you go off your medications?" It's then you realize: You're a CMI.

After the second hospital stay, you're supposed to come up with a new MHP to follow you. So they send you back to the same clinic where you found the first jerk-therapist. You enter the room and there are two male MHPs seated in front of you. You ask questions, and they look at each other and respond to themselves, not to you. You spend the entire hour having the two shrinks talk to each other, not to you, but about you, in front of you. At the end of an hour of this frustration, they say they have no openings, that there are no openings in the entire clinic. You wonder why they wasted their time and yours. You wonder who's really crazy—them or you. And so you start to see more clearly: You're a CMI.

During your third hospital stay, one of the MHPs approaches you to inform you that they've asked—demanded—that your parents come in. Today. This afternoon at 1:30. Apparently they've replied that they couldn't. It was the first good planting day and your dad was in the fields. They inform you that they threatened to send you to a big State mental institution, if they didn't come in. You express indignation at their ultimatum and defend your parents. They have six kids. You're one of them, but your father has to put food on the table for eight people. The MHPs seem alarmed at your defense of your parents.

Well, their threat worked, as your parents are there that afternoon. Now the MHPs haughtily announce that they've changed their minds. They're sending you to a State mental hospital anyway. Your defense of your father was an "admission" that you feel less important than the rest of your family. Your lack of self-esteem is deplorable. They're sending you to the hospital anyway. The lesson? A CMI, even a CMI's family, are powerless next to one or more MHPs. Your parents discharge you AMA (against medical advice) from the clutches of this hospital's self-righteous MHPs. Their pronouncement of your "low self-esteem" is their first lesson in doubting your own basic instincts.

The next MHP you get hooked up with is a loony. The less said about him, the better. Except that he gets fired some months after you quit seeing him—for alcoholism—and you're not surprised at that.

You're sitting in a huge lecture hall in a medical school where first-year med students are receiving their first psychiatry lecture. You're taking the course as part of graduate studies and you're in a depressive phase at the time. A woman who is an inpatient of the psych ward is being interviewed. The uneducated and uninformed med students find her delusions "funny" and do not hide their laughter but display it openly. You try to hide your crying. But it's not only tears for you or for the woman. The tears are for these future MHPs who will never acquire the education or insight or sensitivity they need to help heal the CMIs in their world.

Then you end up in Psychopathic Hospital—don't you love the title? There they tell you you were misdiagnosed. You find out you're not schizophrenic, you're manic-depressive. You tell the new MHPs that the former MHPs sued you for a $3,366.66 bill. They sent the sheriff after you with a subpoena. That you want to sue them. Would the new MHPs testify that you'd been misdiagnosed and mistreated—treated with the wrong medications—your symptoms made worse, not better? Oh, no! They wouldn't consider testifying against fellow shrinks. Who knows! Someday they might be sued. They have a collegial loyalty to each other. Their reputations are on the line. Their salaries are at stake. And who are you? One little patient, one little CMI!

As an inpatient in what's called a "mental institution" you go to something they call OT—occupational therapy. Everything here is called therapy—even when it isn't.

And today it's "assertiveness" class! Whoopie! Someone back in the 1960's decided that the hallmark of a mentally healthy person was being assertively able to choose and refuse, speak, act, and listen. This is a mockery inside a place called a "mental institution," because here no mental patient is free to choose, refuse, speak, or act. You can't even listen to each other without someone
Spying, reporting, recording, and charting. And then calling you paranoid if you notice. Or object.

And when you refuse an activity or “therapy”—which they tell you is your right—and which they’ve taught you to do in their “assertiveness” class, then they badger you by sending nurse after nurse, attendant after attendant, into your room to remind you that “Time for OT!” Your refusal means nothing. They badger you until you either give in and go, or they’ve frustrated you to tears. Or enraged you to anger. And then they can justify calling you by the malignant label they’ve designated you by—resisting treatment or “noncompliant,” passive dependent, passive aggressive, paranoid, or borderline personality disorder. They’re all different labels. But they all mean the same thing: you’re not really you. You’re just a CMI. And that justifies their dehumanization of you.

You’ve been in and out of the hospital, on and off a cadre of psychoactive drugs. In doses you complain are too high. In combinations you complain are too much. A year and a half of being some high-priced pseudoscientist’s guinea pig. (I’ve always contended that he should pay you—not the other way around—for the privilege of trying out the latest psychopharmaceutical fad on you.)

And of course you’ve lost your job. Who could work amid all this drug experimentation? And the myriad of drug side effects—nausea, diarrhea, dizziness. Vision so bad you can’t cross the street because you can’t judge the cars’ distance from you. Drug-induced psychosis so bad you can’t leave your bed or look out the window for the terror you feel. Blood pressure so low you can’t stand for very long, and your voice so weak you can’t be heard across a telephone wire.

So, you’re without a job. And they send you to a place called DVR—Division of Vocational Rehabilitation. They “help” you get a clerical job. Never mind that you don’t want to do that kind of work. Never mind that you have a degree—or two. Or that you have dreams. They “help” you get a clerical job because, yes, you’ve guessed it, you’re a CMI. A woman CMI. But the men CMIs are just as lucky. They get to become janitors!

You’re depressed. You’re feeling suicidal. None of the medications are working. The blackness ushers in suicidal ideation almost without your needing to give any conscious direction to your thoughts. Your thoughts—they’re all negative. Trying to steer them into something positive—because they’ve said cognitive therapy works!—only ends in bringing up something negative along with it. You catch the negative thought and start over with something new, until it, too, leapfrogs you into another negative one. It’s as if a whole Pandora’s box has been opened up in the attic of your mind, only that box is labeled “black.” And the box labeled “white” is locked tight, the key thrown away. And you tire of this endless exercise of redirecting the thoughts. Your mind, nerves, and body are fatigued enough as it is.

You call a place named Crisis Intervention Services. The person who answers is brusque and unkind. She adds more stressors to your already overtaxed nervous system. You don’t want to go on with this life. You’re told your situation is not serious enough. And besides, she doesn’t have time for you. You feel insignificant.

You have a cyclical disorder. After the second year at the same job and the second episode, your MHP tells you it would be better if you worked part time. You know you can work more than full time when you’re well, which is three-fourths of the year, and you can’t work at all when you’re ill, which is one-fourth of the year. But he’s the MHP, so you go along.

Now, you’re working for the State—and they encourage accommodating for the handicapped, and you guess you’re one of these. And you’re working at a typist classification, for which job sharing and finding another typist to work the other half-time should be a cinch. But your boss happens to be a big-shot neonatologist. And he insists they need one full-time typist. He won’t budge. And the medical school won’t budge. And their affirmative action officer can’t make him budge. And so you’re forced out of the job. It’s then you’re reminded: You’re only a CMI.

You have severe abdominal pains again in the middle of the night. The last time the Emergency Room (ER) doctor said to come over right away when you get the pains to better diagnose them. So you go. A different ER doctor is there. He asks you the preliminary questions. Then he comes to “Are you taking any medications?” After you name the psychotropic drugs you’re on, his face changes to one of skepticism. Suddenly he doesn’t believe the pains are real. He finds nothing in his examination. And he says he doesn’t have any notes from any other ER doctor.
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(though your last visit was only a week ago). He doesn't believe you. You’re malingering, or hypochondriacal, or psychotic, or worse. You know the truth. But the truth can't be believed: You're only a CMI.

You file a sexual assault grievance against an MHP. The investigation is as painful as the episode, and you are depressed for days. But the examining board finds in his favor. You get the transcripts of the testimony. It's said that you have a personality disorder (news to you). It's said that you put people in no-win situations. But, he wins the suit and you've been losing all your life. It's his word against yours, and you have a psychiatric label. He's the respected professional. You're only a CMI.

What have you learned as a CMI? Abuse—physical, emotional, spiritual, sexual, and financial; humiliation; belittlement; vulnerability; lack of credibility; reduced to a three-letter acronym: stripped of dignity; denied your own inner convictions, feelings, and instincts; frustrated; stigmatized; expected to conform; always wrong; put in double binds; given a lack of choice; lack of control; and lack of love; left with nothing; and finding it's better not to feel, not to try, and even not to live.

Until today. Today you speak out. Today you reclaim yourself. Today you begin to heal, to heal others. Today you educate others and reeducate still others. Today life begins anew for you and for others whose consciousness you are trying to raise. Today the patient, ex-patient, mental health consumer movement is reclaiming the dignity and power of the CMIs of this world.

The Author

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