

## Compassion is Contagious: Campaign for Compassion

At last, Canada as a nation has recognized the need to address the shame that is stigma through the inception of the new federal Mental Health Commission and a 10-year anti-stigma campaign. We are taking examples from the UK and the US, in particular, and while it is somewhat embarrassing to be so late on the proverbial bandwagon, I am grateful that the time is come.

Stigmatization of mentally ill people is to be defused and positive change effected through promoting subjective voice. There is already an impressive store of videos and texts to support the cause. At Forward House, we are privileged to have had Michelle Good, a graduating psychology student from our local university, present the most current information and campaign materials and facilitate a focus group to discuss the measures we might take to mitigate stigma in our own neighbourhood.

Stigma expresses a pre-conceived notion, or set of beliefs, that is/are pejorative. It makes gross generalizations about a given group of people that defines them, without regard for individuality within the group. It is antithetical to compassion, inclusion, and tolerance.

Stigma is a shame.

Chicago-based expert Patrick Corrigan, Psy D, categorizes stigma as being public, institutional or personal in origin, contributing one to the other. Public stigma, as he defines it, is a generally negative opinion about mentally ill persons expressed through stereotyping, prejudice and active discrimination. We recognize these things in such statements as 'all people with mental illness are dangerous', fearful or angry reactive behaviour toward them, and refusing them such necessities as employment or housing [Corrigan]. There is glaring evidence of public stigma in much of the media and in advertising, potent governors of common view, and an insatiable appetite for material possession and self-interest above humanity. In a society that promotes division, our understanding of what is acceptable narrows. We tend to regard others in concrete terms such as 'good' or 'bad', and those we suspect of being the latter we will by devaluing their humanity treat with indifference, or worse, vilify, not only opposing their perceived 'badness' but outwardly avenging ourselves against it.

Institutional or structural stigma is expressed through language that subjugates individuals in documents, policies and controlling directives of the various systems, including health, education, justice and social services. A case in point is the term 'consumer', a term foisted upon mentally ill adults and perpetuated by the ether of the health care system, and I daresay the term was chosen carefully. Arguably, systems require people to remain ill, under-educated, recidivistic and poor in order to sustain their own existence. Arguably, we have been well trained to be passive and unquestioning, to shun self-responsibility, to blame, and to crave medication for all things.

There is furthermore our collective tendency to take things to extremes, to over-react. For example, Michelle Good cites evidence in her presentation that there is a pervasive desire throughout the U.S. to be on anti-depressant medication; it is considered 'cool'. Illness is *not* cool. Psychosis really does suck (BCSS and BC Fraser Health Authority). The buy-in to stigma and reverse stigma is evident and the point of normalizing and humanizing living for those experiencing illness is lost.

Ironically, the mind pre-set of stigma can also be apparently positive in nature, whereby all members of a given group are attributed with some admirable quality. I have heard it said that everyone in one group of people has rhythm and all persons in another are technically gifted.

A salient example is contained in our own Ministry of Health Best Practices document, the statement that "...people with serious mental illness have the capacity to work or return to school...People with mental illness want to gain new knowledge and to obtain meaningful employment..." [Best Practices in Psychosocial Rehabilitation and Recovery, pg 3]. I understand that it is well meant, but the sweeping generalization is a kind of reverse prejudice. If the statement were universally true, the experience of mental illness would be very different. The damage of stigmatization is accomplished because both the dynamics of wellness and the uniqueness of the individual are denied.

Politically correct language also exemplifies reverse stigma. So pointed are we in our efforts to avoid labels that could be or have been perceived a derogatory that not only are we often unclear, but the amended language references, confirms and perpetuates the problem. For example, 'mentally retarded' people are now called 'mentally challenged', but we know each time we say this the trap we mean to avoid; the entrenchment is deepened.

But self-stigma is in my experience the most acute and resistant to change. It is the internalization of the judgments of our society, and it looks like shame, anger, apathy, resentment, sense of entitlement, self-limitation, self-loathing, self-pity, irresponsibility, isolation, and all their ensuing consequences.

Whatever its origin, stigma has created a world of isolation and wounding of self and others. Religious wars, cold wars, wars for oil, wars on terrorism; children gunning down other children at school, children and adults gunning down store clerks, children and adults gunning down passers-by for no apparent reason; black people being shut out of white neighbourhoods, affluent people gating their private neighbourhoods, homeless mentally ill and poor people having no neighbourhood at all; French abusing the English and the English abusing the French; thin people ridiculing plump people and plump people ridiculing thin people; smart guys shunning slow guys and slow guys shunning smart guys; battles of wits, battles of strength, battles of endurance, battles for power and battles for peace; extreme sports, extreme home decorating, extreme dating; whole neglected nations dying from AIDS: all these things tear at the substance of humanity. Where there is no apparent conflict, we contrive it: witness 'reality' television. Everyone's a target, everyone is vulnerable, so fearful are we, so ready to hate. But we cannot afford to wound any more. We cannot afford to be alone. We must quell the violence against ourselves and our fellows and work together toward a kinder, gentler life on this planet.

The challenge for each of us is this: how?

Exposing stigma and its attendant ills is a logical starting place. Incredibly, many people exercising stigma are unaware that they are doing so, testament to its pervasion. The materials in the anti-stigma campaigns I have seen to date are arresting, even disturbing, and sure to capture attention. They have been placed very much in the face of the public – at theatres, bus stops, schools, malls, street corners – and consciousness has surely been raised. These comprise some of the educational tools to commute mythical stereotypes to factual knowledge.

Other measures to address stigma included protests against the 'moral injustice' of stigma such as by boycotting businesses known for prejudicial practices, and personal 'contact' with diagnosed individuals whose truth and qualification of *experience* are indisputable. [Corrigan and Geld, *Psychiatric Services online*].

The reaction our partners have had to the imported anti-stigma materials they have seen and discussed so far can generally be described as angry.

Which fact caused me some concern.

Resentment about any mistreatment is understandable and absolutely justified, but inciting anger anew is not in my opinion a desirable outcome. Angry people do irrational things. Anger widens the rift between our partners and society that requires healing instead. Anger deepens the wounds. We need to acknowledge the hurt and allow ourselves to move on.

The law of attraction dictates that what we give our energy to, we empower. What we bring into consciousness, we create. What we fear, we attract. Therefore, it seems that launching an anti-stigma campaign may prove counter-productive.

I am reminded of Mother Teresa, who declined to participate in anti-war demonstrations but willingly engaged in pro-peace activities. The difference may seem negligible, but language is indeed powerful and we must be careful about the words we choose, the thoughts and feelings we arouse, the consequences we create. The semantics strongly influence outcome.

We want people to empathize, to embrace those they fear or have learned to despise. We want them to feel neither pity nor loathing; we want them to simply feel. [Carrie Godin]. We want to make apparent our common human needs and desires, the ethereal thread that unites us. We want to be heard, our individual voices equal among the many. We want acceptance for our strengths as well as our limitations.

And so we embark on a campaign that is not anti-anything but pro compassion, inclusion, tolerance and respect.

In the absence of significant financial backing, our campaign will culminate many small acts of gentle consciousness. We will *continue* to help re-frame self-deprecating remarks, practice random acts of kindness, contribute to our community, take care of our health, celebrate differences, take every opportunity to find joy. We will demonstrate respect for self and others when we disagree. We will put our cups away and clean up our own messes to exemplify self-responsibility. We will go with another to an appointment that is scary and speak for those if they are unable to speak for themselves. We will create vehicles for self-expression through art, music, filming, writing and discussion, on the understanding that people engaged in creative activity are not only making art or music or stories but also mindfully creating positive life circumstances. We will continue to help people start their own businesses so they can achieve greater autonomy and financial independence. We will welcome students of the health and social science disciplines and demonstrate that we can do things differently than they have always been done, that we are indeed *obligated* to do things differently if we want things to be different. We will give and receive hugs whenever it feels safe and welcome to do so. We will collaborate with other groups, especially those whose people experience similar disenfranchisement. We will lead with our hearts and act with integrity.

We will refrain from adopting commonly accepted language that couches stigma, words like consumer, victim and survivor. We will refuse 'always' and 'never' pronouncements about any aspect of our individual or collective being. We will honour but not aggrandize struggle, and we will continue to do and be our best. We will proceed knowing that the person who has never struggled or been the subject of scorn or criticism does not exist, and we will try very hard to forgive others who have wounded us, make amends for wounding them or ourselves.

We will resist the temptation of self-pity or helplessness, and we might just turn off the news. We will resist fighting what we don't want and wanting what we can't have and celebrate what is. We will resist blame but remember that the governors of our lives do not live outside ourselves. We will simply *be*.

We will work on writing the books and the music and making the films to help educate ourselves and others. They may not be grand or as visible as some, but they will be more empowering than anything else anyone else has ever done, because they will be of our own creating.

This won't be easy, but we're worth the effort. We will find that the more we practice, the easier it will become. We will find that others will join in. Can we do it? In small but important ways, we already are. The change is already begun.

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever does." [Margaret Mead]

Please help us in our campaign for inclusion and acceptance.

Remember: *compassion is contagious* [Norm Bergkvist]. *Pass it on.*

Carol Richardson

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