



# VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

## Living with Mental Health Challenges: Personal Stories of Recovery from Across the Globe

### A Teaching Guide for Mental Health Professionals\*

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The stories referenced in this study guide can be downloaded for free. Please see the “Living with Mental Health Challenges” volume of <https://nibjournal.org/voices/>

Art Frank has written a short reflection piece on learning from narratives for NIB. Please see the Narratives Page under the Education tab on the NIB website to download the piece. <https://nibjournal.org/education/narratives/>

#### General Questions:

1. Many of the authors talk about the difficulties of addressing stigma and bias associated with mental health challenges. What stereotypes or stigmas about people living with mental health challenges are discussed in these stories? As a mental health professional, how, if at all, do these stereotypes affect the care you provide? How do you address negative or harmful biases?
2. What are some of the different meanings of recovery that emerge in these stories? In your opinion, is “recovery” possible?
3. What are some of the problems with the Western biomedical model of psychiatry raised by these stories, with its focus on pharmacologic intervention and psychotropic medication? What are some of its strengths? What barriers hinder adoption of a biopsychosocial model of treatment, which acknowledges the interconnection between biology, psychology, and social factors?
4. Several authors in this symposium pursue recovery apart from psychotropic medication. When is it appropriate to encourage people to look beyond pharmacological treatment in pursuit of recovery? How do you combine various forms of healing to best support people seeking care?

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\*Created to accompany VOICES: Stories from the Pages of NIB, 2021, which contains the narrative symposium from Narrative Inquiry in Bioethics, Volume 11, Issue 2, titled, “Living with Mental Health Challenges: Personal Stories of Recovery from Across the Globe.”

5. As a mental health professional, what term or terms do you use to refer to those for whom you care? Patients? Clients? Consumers? What advantages and disadvantages do you associate with different terms?
6. What lessons have you learned about recovery from these stories?

## **Story Questions:**

### ***My Wedding Day***

Syrena Oswald, Canada

1. Syrena shares a traumatic experience of being physically restrained and locked in an isolation room for days. Discuss the ethicality of using physical restraints and involuntary measures to control patients. When might coercion and involuntary measures be necessary? When might these practices produce more harm than good?
2. Syrena shares her story in order to bring light to mental healthcare practices that might need to change. In your opinion, what are some common or conventional practices in mental healthcare that need revision or further examination?

### ***From Fear to Love***

Glenn Roil, Canada

1. Glenn and several other authors discuss the ways in which past traumatic experiences—particularly in childhood—have negatively impacted their mental health. How do you assess for adverse childhood events, and how does this assessment factor into diagnostic and treatment decisions?
2. Glenn writes, “What has been challenging for me was dealing with my family, who did not understand or accept me or other people facing mental health challenges. My immediate family did not support me when I needed them the most.” How do you help people navigate challenging family dynamics and create meaningful relationships in their lives?

### ***A Voice of Hope for Mental Health in Cambodia***

Bunna Phoeun & Fr Kevin Conroy, Cambodia

1. Bunna writes, “Though I had experienced many problems related to my behaviors, I did not know that they were signs of mental illness.” How do you communicate a new mental health diagnosis to patients who were previously unaware? What kinds of reactions have you experienced from patients receiving a new diagnosis? How do you respond to these various reactions?
2. Bunna wishes that medical professionals would “provide more care and empathy to their patients.” What might this look like? Describe an encounter in which you were able to provide empathy, and describe another time in which you could have responded with more empathy.

### ***It Is Never Too Late to Turn the Page and Rewrite the Story of Your Life***

Konstantinos Manthos (Translation by Eleni Chatzopoulou), Greece

1. For Konstantinos, discussing his mental health challenges is a powerful way to fight bias and stigma. As a mental health care provider, in what ways do you fight bias and stigma, both in personal and professional settings?
2. Fitness and religion are important parts of Konstantinos's wellbeing. How, if at all, do you incorporate holistic care into treatment plans? In what ways could you better integrate other aspects of wellbeing into your plan of care?

### ***Depression: One Person's Perspective***

Craig Marchant, Australia

1. In the early years of his mental health challenges, Craig writes, "I remember mum at one stage asking the doctor if it could be depression, but he replied that children my age didn't get depression. Ha! If only." In what ways does misinformation or lack of information continue to harm the mental health field? As a mental health provider, how do you address these issues?
2. One of Craig's providers thought Craig was just seeking attention from his first hospitalization, but then realized he was wrong and confessed that to Craig. The provider's willingness to admit that he was wrong actually strengthened his relationship with Craig. Talk about a time when you were wrong and how you remedied that wrong. What makes it difficult to admit (to ourselves and to others) when we are wrong?

### ***Learning How to Take Care of the Otherness of Myself***

Anonymous One, Columbia

1. What do you think Anonymous One means by "learning how to take care of the otherness of myself"?
2. Anonymous One describes their good relationship with Dr. Altea. Talk about a successful relationship you have had with a patient. What made the relationship successful?

### ***My Journey from Psychological Rape to Spiritual Awakening***

Fehmida Visnegarwala, India

1. Fehmida discusses the importance of spirituality and certain spiritual practices in her journey toward recovery. When patients seek out alternative (read: non-Western) treatment measures, how do you integrate these practices into your "standard" plan of care?

2. Fehmida writes, "The states of ecstasy and bliss during my manic states are only momentary, yet they are transformative. They fill me with a conviction that one is much bigger than just a body and mind." How do you respect and engage with people who may romanticize certain aspects of their mental health challenges while managing the practical difficulties or dangers of these challenges?

### ***On the Road to Get Our Son Cured from Schizophrenia***

Luc De Bry (father), Catherine De Bry-Meeùs (mother) & Valère De Bry (son), Belgium

1. In seeking treatment for their son, the De Bry family conducted their own research and read Robert Whitaker, who says in his 2010 book *Anatomy of an Epidemic*: "In Western Lapland [...] their conception of psychosis is quite distinct, as it does not really fit into the biological, psychological, or psychiatric category. Instead, they believe that psychosis arises from severely frayed social relationships. Psychosis does not live in the head. It lives in the in-between family members and the in-between people. It is in the relationship, and the one who is psychotic makes its bad state visible." To what extent do you agree with this understanding of psychosis? How might you incorporate this focus on relationships into your own practices?
2. Unlike Valère, many people living with mental health challenges do not have access to treatment, healing therapies, or families who support them. As a mental healthcare provider, how might you work to ensure equal access to care and resources around the globe? What barriers to resources exist in your own communities, and how can you dismantle these barriers?

### ***The Lost Darn Tea-Time of the Soul***

Nataliya Yaneva, Bulgaria

1. Nataliya writes, "Having depression is a peculiar experience. I wouldn't go so far as to say I'm grateful for it but I certainly learned a great deal from living with it.... I've learned to be more tolerant, more patient, more compassionate, and thoughtful. I wouldn't be the person I am today without my anxiety and my depression." What lessons have you learned from caring for people living with mental health challenges? How do these lessons shape both your personal and professional lives?
2. Nataliya ends her story with a quote by Andrew Solomon, who says: 'Every day, I choose, sometimes gamely and sometimes against the moment's reason, to be alive. Is that not a rare joy?' What small and rare joys give you strength to continue your work as a mental healthcare professional? When patients may not be improving, what propels you to continue on?

### ***Living to Die: On Chronic Suicidality and the Authentic Self***

Michael Nair-Collins, United States of America

1. Michael writes, "I see suicide as a spiritual and aesthetic accomplishment; a Good Death, one to be desired and admired. I've come to see death by one's own hand as

the ultimate affirmation of life and existence by fully grasping, and acting on, the only true existential choice." But then, through perspective and dialectic, he claims, "It can be true that I want to kill myself, and that I want to live my best life." How do you help people seeking care balance these competing beliefs?

2. Michael says, "'You are not your illness' is a common refrain in mental health circles, and I don't buy it. I don't deny that my brain and emotional, cognitive, and behavioral functioning appears different from many others, nor that these differences have caused me severe difficulties in life. But the only conclusion I take from this is that I am neuroatypical: my brain/mind is not "typical" (whatever that means). But the fact of my neuroatypicality does not imply that I must accept the disorder model for explaining my authentic self, a model that denies the richness of my experience, including all the pain and all the joy, as genuinely *mine*, as authentic aspects of *myself*. The disorder model shrugs off these experiences as pathological, to be gotten rid of or 'managed.' This framework sees much of my life's experience as nothing but 'dysfunctional biochemical activities' and not my authentic self. I reject this idea thoroughly and completely." Do you agree or disagree that mental health challenges constitute part of one's "authentic" self? Why? What do you see as strengths and weaknesses of the disorder model?

### ***Motherhood, Work, and Mental Health: One Woman's Journey***

Karin T. O'Brien, United States of America

1. Karin discusses the challenges of managing her mental health in the midst of work and family demands. How might the pressures that working mothers face exacerbate mental health challenges? How do you best provide support and treatment?
2. Karin writes, "I understand needing to provide accommodations to people with physical disabilities—but realizing there may be a framework to assist me with a mental disability is the next step in my journey." How do you help people you care for overcome the stigma of seeking accommodations? What are some common reasons you hear for *not* seeking accommodations?

### ***A Portrait of Trauma***

Armando Quiñones-Cruz, Puerto Rico

1. In the early stages of seeking treatment, Armando writes, "The doctor would change the diagnoses every other month from post-traumatic stress disorder, borderline personality, bipolar disorder, and general anxiety. This constant change and unstructured therapy made me skeptical and wary, missing a lot of appointments and medications." Are these difficulties of diagnosis unavoidable? How can mental health professionals better support patients during the initial diagnostic phase of their mental health journey?

2. Armando says, “[R]ecovery is an ongoing effort.” In the context of mental health challenges, what does recovery mean to you? Is curing mental health challenges possible? If so, how? If not, why not?

### ***A Soldier's Unseen Scars***

Jason Jepson, United States of America

1. Jason describes his mental health challenges as a “brain disease.” When might you use this language with patients, if ever? How does this understanding of mental health challenges differ from the conception of Michael Nair-Collins, in which his “symptoms” are a part of his authentic self?
2. Although Jason is now “in recovery” and is learning to live with his mental health challenges, he writes in his poem: “There is still fear.” How do you help people manage and confront the fear of living with mental health challenges so that they can “live out loud?”

### ***Half Dead***

Jessica Morgan, United States of America

1. Jessica writes, “I grew up not understanding what mental health was....When I thought of mental health, I didn't see my face.” In your opinion, how do we address this lack of education and awareness in our everyday life? How do we make mental healthcare and mental health challenges more visible?
2. Jessica says, “I wanted to adhere to the strong Black woman archetype so bad. I wanted to be superwoman, but I couldn't.” What archetypes or stereotypes prevent people from seeking mental health care? How do we break down these stereotypes to make mental health care more accessible, both socially and practically?

### ***Embodying Bipolar***

Julia Knopes, United States of America

1. How does privilege “soften the ground upon which people with mental illness fall?” What systemic issues need to be addressed so that all people, regardless of status or privilege, have access to mental health resources? How do we support people and families who are marginalized by race, culture, or class?
2. Julia was “willing to attend therapy” because “it felt characteristic of liberal, educated white women like myself: listening to NPR, sipping water out of reusable bottles, paying for the luxury of professional validation.” Have you worked with patients who were seeking therapy but were not yet ready to confront the reality of their mental health challenges? How do you help them move beyond seeking mere “professional validation” to meaningful change?

### ***Seeking Balance and Recovery in a Life Near People Who Care***

Nikolaos Kougioumtzis Stopy (Translation by Valentini Bochtsou), Greece

1. Nikolaos worked in a vocational agriculture program for many years and found the work fulfilling. What programs or resources (beyond psychotropic medication) have your patients found helpful? In your opinion, what do people find valuable from these types of programs?
2. Nikolaos speaks of the importance of building a “bond of trust” with one’s therapist. What does a bond of trust mean to you? How do you build trust with your patients?

### ***Your Unique and Beautiful Brain***

Sara Schley, United States of America

1. It was Sara’s fifth psychiatrist who finally diagnosed her with Bipolar II, and he said he was able to correctly diagnose her because he keeps studying and learning. Do you think some mental health providers “stop learning?” How do you continue to study and learn?
2. During a crisis, Sara goes through a five-step process: 1) notice what is happening; 2) call your “brain buddy;” 3) state your affirmations; 4) make a plan for immediate next steps; and 5) celebrate yourself for implementing the triage plan. What do you think of these five steps? Have you helped patients create their own triage plans? If so, what process do you recommend?

### ***On Suicide and Survival***

Anonymous Two, United States of America

1. Many of Anonymous Two’s mentors warned them never to disclose that their leave from medical school was due to mental illness, despite going into the field of psychiatry. Why do you think the mentors gave this advice? Does the field of psychiatry itself need to examine its own discriminatory and harmful practices? If so, how might these harmful practices be addressed?
2. As an attending psychiatrist, Anonymous Two shares their story and perspective with their colleagues and trainees. Anonymous Two’s mental health journey also informs their understanding of their patients and often leads to a deeper connection than they might have otherwise had. In your opinion, what are some of the strengths of having a provider with mental health challenges? What are some of the difficulties?

### ***Behind the Iron Curtain of Duty***

Monica Gupta, India

1. Like Anonymous Two, Monica is also a physician who lives with mental health challenges. Clinician pressures and shortages are leading to high levels of burnout and even suicide. How do we promote self-care and mental wellness for clinicians? What, if

anything, about your current healthcare system needs to change to better support clinicians?

2. After “being on an emotional roller coaster” for seven years, Monica “realized the power of surrender.” What do you think she means by this? What does the power of surrender look like in your own life?

### **Double Life**

Samantha René Merriwether, United States of America

1. Samantha writes, “Currently our mental health system is set up to put people in boxes and label them, which makes it even harder to get help. It is limited by how you fit in the box and what type of treatment you qualify for in conjunction with your insurance.” To what extent do you agree with Samantha's assessment? How do we move beyond “labeling” to help those living with mental health challenges?
2. Samantha talks about “being her own advocate” and “learning new ways of coping.” How do you help people advocate for themselves? How do you advocate for people who cannot advocate for themselves?

### ***Second Changes for Bipolar Women: Coming Out of the Dark, a Life Under Construction***

Imelda Caravaca Ferrer, The Philippines

1. For Imelda, writing and poetry are important aspects of her healing journey. Unique to this collection of stories, many of the authors included poetry in their stories. Why do you think this is so? In what ways is art a healing therapy?
2. Imelda writes, “people are afraid of things and people they don't understand.” As a society, how might we cultivate a better awareness and understanding of people living with mental health challenges? As a mental health provider, how do you work to cultivate awareness and understanding?