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The Paradox of 21st Century American Mental Health

Paul Rogov · Wednesday, October 7th, 2015

As we live in an age of manufactured phantasms, of public hedonism and private fear, it is difficult to determine the impact social networks have on our mental health and our understanding of the world. Let's not get carried away and start believing the abyss of a Facebook news feed is a Hive-Mind yet, but often times I feel as though I am a stick-insect or some cricket chirping in the darkness, one whose legs have grown so tired of producing a song that there is almost no point in moving.

Last Wednesday, while learning about how the current heroin epidemic has reached the highest levels in the entire history of the United States, I received a text which stated that our age was coming to an end, that the dark star "Nibiru" was born in Virgo, and that Christ was coming to Earth seven months and four days from that day, Wednesday, on Yom Kippur, the Day of Atonement, where a shofar was blown, where one broke one's fasting, and where one celebrated and meditated on forgiveness for one's sins and shortcomings.

In the spirit of empathy and forgiveness, then, I was quite conscious of the fact that the text I received about the Second Coming of Christ did not bother me at all. I was also aware that we, on Earth, in the Northern Hemisphere, were going to experience the fourth "Blood Moon" of the year, on September 27th and the 28th, 2015, the second date, which could be attributed to the evangelical Christian, John Hagee, who had prophesized that eclipse as a critical moment in the eschatological narrative of the"End of Days." Then I received a second text that had exclaimed that Pope Francis, who was visiting the United States last week, was the Antichrist. I did not balk; I did not roll my eyes, nor did I want to get into a theological debate. I was relieved.

See, I have not facilitated DBSA (Depression Bipolar Support Alliance) support groups at St. Joseph's Hospital in Orange, CA, for over 4 years now and I miss being of service.

9/27/15 Blood Moon Lunar Eclipse – Wikimedia – Creative Commons

I love listening to other peoples' points of view. I place no limits on what they say, have one or what they want to do because I was trained in social work, though I left the profession–the happiest times of my life—having developed an empathetic stance towards every young person in the transitional group I ran, which had about a dozen people, aged 18-35. Americans may think they cracked open the discussion about mental illness in America, but the worst is yet to come. I mentioned crises culture. How can we cope with crisis after crisis when mental illness is still suspicious to Americans, twenty percent of whom suffer from some form of mental illness

sometime in their lifetime. Taking into consideration that having a no-fault illness does not equate to weakness, the United States has yet to find an effective, efficient means, medium, forum, venue, liaison, conduit or platform, nor gathered the right speakers, teachers and educators to discuss the nooks and crannies of American's mental health issues. We need more than books and more than movies. We need an open dialogue about it that is incorporated even in our cultural endeavors, even if that entails buying a shiny, sleek self-help book that directs the reader to inner peace by expounding on why his or her life is worth living, how his or her problems are only temporary, how important it is to have integrity, and keep one's word, and that, by analogy, that reader, along with other members of the same species, should not feel burnt out at all, nor degraded, nor tired of being alive. After all, after a good workout one should feel invigorated, ready to flee in an RV into the deepest Canadian tundra in order to avert the Earth's Pole Shift and prepare to fight the dark forces of the Antichrist!

Pope Francis — Wikimedia Commons

I now sense the problem more than ever before. More and more Americans have a dull, wry, nothing-can-impress-me, negative or bleak view of humanity's future, and the mental anguish that goes along with keeping such a mentality has taken its toll on each and every American's emotions and/or inner life. This means we are in a socio-existental crises. We don't need geniuses in our era. we need teachers, because the psychiatric turmoil, in fact, is embedded and informed by the media as we read and absorb the great "Hydra," the Fourth Estate, or media. What we need more of is meta-journalism in order to dispel some myths about mental health.

Our eco-cultural-Russophobic-Islamophobic-ideological-racial-financial crisis culture is precisely where it needs to be: pounding on the grottoes of our skulls in the form of strange beliefs, delusions, even sorrows that have seem to have no root causes, which can lead to temporary yet certain psychotic breaks, compulsions to hoard, the abuse of drugs and/or one's medications, sexual behavior that is risky, and other self-deprecating behavior that stems from an inability to fully embrace life and to love oneself despite the suffering, the grief, and the evil in the world.

How can we cope with crisis after crisis when mental illness is still suspicious to Americans? That term should be discarded; mental illness is one only aspect within the field of mental health. It's not about being PC; it's about understanding the truth about where violence begins and where premeditated vengeance begins:

It begins in the human mind.

Twenty percent of Americans suffer from some form of mental illness sometime in their lifetime. One out of three Americans owns a gun. For those who feel guns are an issue, they fail to understand the relationship between mental health, not mental illness, and gun ownership. Before pontificating about the fact that is guns, and not the accessibility to guns that is then the country will lose traction, and stagnant in the same debates that are circular: mental illness + guns = potential shooting or lone white gunman + mental illness = another massacre. What many journalists, many of whom have no first hand experience in the mental health field, no sense of homicidal ideation, and no sense of what psychosis really is, or how even how emotions come from our beliefs, which are predicated on ideas

Gun owners are afraid that we live in an era where it's possible for Big Brother to take away their guns, and that they will then be, as many libertarians believe, subject and unarmed against the

tyrannical regime of evil men. That's a valid point; however, it also does not get to the facts about mental health, how the Second Coming of Christ, how guns, and lone white American gunmen end up shooting innocent people. One does not need to be "crazy" to kill someone. Why do people kill? Because they can do whatever they want. Therein resides the problem: gun regulation should begin with a mandatory course taken in high school, perhaps, called Mental Health 101 — the Myth and Facts About the Human Psyche. This would be a lot like how it is mandatory for students to go through Sex Education as junior high students. It is imperative that society fortify or construct the necessary institutions, which might very well be new, so that at every stage of development for an American citizen, there are resources they can use, which can reduce, not eradicate, but reduce the probability of another sensationalist story about something horrific that someone with a "mental illness" has done.

The question then to ask while ISIS releases more video tapes of heinous crimes committed in the name of God is: how does one keep living and striving without being affected by the suffering mechanisms burned into our consciousness by all that we expose our minds to? Moreover, how can we detach from all the violence and the grief, from all information we collect lest we break from reality itself and have an psychiatric crises on account of the external conditions of our lives? How do we connect to another without it becoming a toxic predicament? How do we preserve our sanity in an absurd world while Obama meets Putin, Russian troops on the ground in Syria, the latter making an alliance with Syria, Iran, and Iraq, an information center to fight ISIS, while the U.S. is upgrading their nuclear warheads in Germany?

Neuroscientists, like Dr. Vilayanur S. Ramachandran, talk about the existence of "mirror neurons," that is, neurons that make up neural pathways which allow us, as subjects, to put ourselves within the point of view of another person. This is worth discussing because for every social or cultural phenomena event or series events, like 9/11, for example, there is an action that has equal and/or opposite reaction. How do people copy people, or live vicariously through others? How do sports fans identify with their favorite sport teams? How do gamers derive *jouissance* from racking up kills as snipers in their video games? How to people empathize? Mirror neurons. There are evolutionary reasons as to why we emulate and put ourselves within the conceptual space of another subjectivity. We do it all the time when we maneuver the disembodied "ghost" of ourselves within a system as our own Doppelgangers on Facebook. Point being, perhaps, the social-existential crisis American find themselves in has found a way to project itself. It now has an interface upon which we, as constituents, emulate the features of consciousness, doubling ourselves, through voyeurism and self-voyeurism, distancing ourselves from what is taking place in reality and on the ground.

Of Eden Garden by Amosha — Deviant Art — Creative Commons

Vladimir Putin and Barack Obama 9/27/2015 — Wikimedia – Creative Commons

So where did our fascination and also demonization of the mentally ill begin? Mental Illness itself has a story. As French philosopher Michel Foucault pointed out, sometime between the Middle Ages and the Early Modern Period, leprosy disappeared from Europe. This happened not because a cure was found. The conception of the leper figure itself disappeared, and yet society's systematic removal of the contagious afflicted outcast remained. How? In Mad Men, the New Leper figure: the undesirable quasi-humans who hallucinate all night, poetastic ramblers of arcane visions, and many cases, a world leader or an artist.

Over time, the leprosarium became the sanitarium. The compulsion to quarantine flesh—unattractive flesh. Flesh so horrid that the mere sight of it provoked nothing short of disdain for Nature left leprosy as the contagious disease to flee from, and it led people to believe that it must be isolated, that is, the leper must be partitioned off from society and quarantined. The absence of unhealthy flesh is more important to society than the person that it belongs to. It's no wonder then Europe wanted to lock up the flesh and, by extension, the person that wore that flesh. That flesh was clubbed, bagged, sent to a building that housed its kind. It was forced to wash, to scrub itself. This did nothing. A human being was defined by being only flesh because they had an affliction. The flesh was left there to live out the remainder of its days in total isolation It was encouraged to lurk in the shadow world. . .until now.

Casa de locos (The Madhouse) by Francisco de Goya, 1812-1819 – Wikimedia – Public Domain

People in mental institutions, ones that housed "deformed thought," were quarantined just like deformed flesh was quarantined. Leprosy mysteriously, over time, disappears. A new threat arrives. *Someone does not like the eyes of that person trying to get into that carriage. Was that person staring at me? Through me? Why are they laughing? Why can they not stop laughing? Why are they saying things to my cousins? What are they saying?*

These questions are rooted in fear, totally coherent, but irrationality, and exude paranoia. The Age of Reason, or the European Enlightenment which champion the use of Reason clashed with those people who apparently not enlightened: the enlightened ones becomes afraid of the unstable, the unpredictable, the uncanny New Leper, that is, the Mad Man. In fact, insolvent eyes of the New Leper say only one thing to a person who would otherwise be knowledgeable about mental health: the person who beholds me in their vision wishes to kill me! That person feels threatened; they think the madman must be quarantined. They do this by consensus, Nobody wants to deal with them.

And so, one cannot emphasize how the isolation of the flesh extended to mental phenomena. The need to quarantine flesh becomes the need to quarantine the mental world. Enter the mental hospital. The birth of the mental institution and the rise of the prison-industrial complex.

During state-ordered sedation there's nothing to scrub off. One can release men on good behavior. They are allowed to walk the earth. There are king and queens on that sedation on prescription medication. That sedation is the condition by which they can mingle with and maneuver within society—and integrate with it.

That being said, there quite simply seems to be no place for the "madmen" in society except to hold a sign at Skid Row which indicates to us that "the end is nigh." In a modern, developed country—perhaps, even any country—it is the mentally ill who are the most abject, the most feared, and the most misunderstood as well as the most incarcerated. In effect, the mentally ill people's identities do not mean anything to anyone. They have a condition they did not choose to have, yet they are, because they are thought to be sub-human, even considered lower on the totem pole in a hierarchy or society than other oppressed and marginalized groups: immigrants, racial groups, ethnicities, LGBT community, minorities, as well as women—which is not to say there in so intersectionality between the sites of identification.

Nevertheless, because the mentally ill person can be anyone in any of those groups, having to deal with double or sometimes triple or quadruple stigma: Black, Red, White, Brown, straight, gay,

religious, atheist, all the way down. . .any orientation, any way of identifying oneself as a human being, the mentally ill are viewed as defective in advance in a society that privileges reason, self-control, control of others, the vainglorious enterprise of recognizing ‘discourse,’ of coming to understand efficient causes, of knowing what is real and unreal, surreal, fantastic, nonsense, depth. The mentally ill are an anathema to all of them. It is perceived that they have nothing to offer a society, as if they are simply “freaking out” or “talking to themselves” or “hallucinating”—which are typical societal perceptions of the mentally ill, which borders on trope, if not cliché. Rarely is it considered that a “crazy” person can become, through hard-work and self-care, a high-functioning CEO of a company, becoming a psychiatrist themselves, even a doctor or a lawyer. Why does attaining a higher stature or upward mobility in class so seem so impossible to those who see no value in the lives of those who suffer from no-fault illnesses? With treatment, one can live a meaningful life. Check out Google Scholar. Empirical, evidence practices underscore that is true.

Is there an accurate test for mental illness? What is it called? What does it prove? It proves that a person has a no-fault set of symptoms that makes them behave differently from how they would behave if those symptoms were merely absent. symptoms that makes them behave differently from how they would behave if those symptoms were merely absent,.symptoms that makes them behave differently from how they would behave if those symptoms were merely absent.

Yes, there are all sorts of “instruments” or “scales” used by social workers, nurses and doctors to assess how well someone is or not, how compounded and indiscriminate certain psychiatric symptoms are, but psychiatrists, at least the ones in California, often times seem to function more like educated drug dealers. Such psychiatrists are often paid by the pharmaceutical companies who make the medication they prescribe. The “consumer” or psychiatric patient, despite how well they are doing, for good or for ill, is manipulated and coerced into accepting medicine therapy, with a specific medication by decree of the psychiatrist’s opinion, indefinitely, whether the power to do so is more or less voluntary, state-issued or court ordered, which can, in the worst case scenario, lead to a person’s suicide because psychiatrists, to be sure, know as much about the brain as a theologian knows about God. No magazine, no peer-reviewed article can erase how doctors of our so-called consciousness can only diagnose: they cannot cure mentally illness, therefore they are not doctors, they are diagnosticians.

One can easily make the claim that there is no true mental illness, that we are all on a vibration spectrum of consciousness; some have control over their moods better than others, some do not have that luxury and are more debilitated or fatigued, some even have sought our Eastern medicine, and abandoned the Western model of medicine, which only offers only two things: taking pills and/or surgery, let alone ECT (electroconvulsive therapy).

If that is the case, there are not “crazy” people out there, somewhere, in the Big Other called Society, there are only crazy thoughts and crazy attitudes, beliefs, and actions. Look at the prison-industrial complex, which is run like a business, just like the war on drugs. You would think the two would cancel each other out, but no: the mental health of prisoners perpetuates the idea that we, as individuals, are somehow incomplete, broken, misshapen, or worse, defective. This is what needs to stop: convincing ourselves that we are hopelessly defective and/or not repairable. Consider the label “mentally ill.” Believing someone has “mental illness” is like branding them a “terrorist.” They could be a freedom fighter in opposition to the former assessment, yet it is a form of geo-engineering, social control that perpetuates the idea that this person is mentally and gravely ill. The term is a colloquialism and a trope from anyone that is not conforming to or is not thinking alongside the status quo.


Image by Saad Faruque – Creative Commons

Just recently in the DSM V, non-conformity and free thinking were classified as mental illnesses. How is that possible? Can we not think anymore?

The insane do not predictably change like werewolves do, that is, beginning as a "normal person" when they awake one morning, only to then mysteriously transform when the full moon comes out.

En-route to madness, a schizophrenic, or manic-depressive (in a state of psychotic mania) must unwittingly conjure a parallax belief system almost immediately as a temporal cutting off from what is commonly known to us as "linear Earth time," the kind of time that is at the beginning of the psychotic episode itself. There is an un-philosophical reason clinicians say patients "break" from reality. What is broken is a person's ego: this destruction then breeds a fertile ground for astute exploration in a sacred world that is neither heaven nor hell or Earth, but somehow an amalgam of all three, so that the ego can then align and identify with the rules and laws of the world they choose to abide in.

Once the psycho-biological conditions for madness is established, whereby one's brain physiology—chemical distributions, synaptic patterns—an entirely new temporal dimension in consciousness is created by the mind in question. This dimension, for lack of better words, can be thought of as "madness time." It is supra-temporal in that it does not foreclose the experience of sane time; rather, it establishes itself as a natural parallelism to "madness time" insofar as the two temporalities fade into an out of one another. In short, linear time is ultimately forgotten during a psychotic experience and things "flow" in a free associative chain of connections that are phenomenological in how they appear to the eyed of the beholder.

Because of the relationship between these two modes of time (linear in reality yet episodic when psychotic) for the person experiencing the break from reality, it appears that a psychotic person's sense of time in their mind and the time of the people they see around them overlap. Therefore, a person in "madness time" sees themselves as someone that is equally part of and outside the world of experience. Their own self-consciousness knowingly experiences its own looking in at/into the world. It is as if the world "out there," far away, yet also abundant immanent, immediately, and fully present. The "sane world" (which is anything but, if you consider war, genocide, politicians being found guilty of crimes against humanity) compared to people in psychotic episodes is simply one of many dimensions in the universe.

The sane world, in fact, is just another boring, pathetic dimension to be reckoned with only insofar as the psychotic person's perception penetrates it, engages with it, enjoys the causality of the events of what is called reality for the sake of the events themselves.

To a psychotic person, one who has broken from reality, every event has a symbolic value. This is far different than the sane, cynical realist who, looking up at the ceiling on their back in their bed, doesn't see any patterns or anything telling or interesting in the stucco on the ceiling.

Madness then is not a "shitting out of bad logic." On the contrary, it is an amplification of one's sense of ego and time. It is an altered state and does not need to be fetishized or exotified. It needs to be understood for what it is, so that it does not carry the stigma of some kind of coming violence that was always-already innate to madness as such. Evidence-based research, time and time again, in fact, has statistically proven that those in a psychotic episode are more likely to be a danger to

themselves than to someone else. There are exceptions, of course, but it is only when one throws drugs and alcohol into the mix that the statistics really change significantly in the wrong direction.

This means that illicit substances and how they affect the brain and lives of a person who has a mental illness is critical to demarcate from the mentally ill who take their medication. It then goes without saying a harmless psychotic man or woman can be weaponized through the abuse of of alcohol and/or drugs simply because, in a psychoanalytic sense, such a person screws with the supra-temporal process and the collapse of the ego that is characteristic of psychosis itself, which is supposed to run its course like a metaphysical pimple, then pop, and return to the healing process, hopefully without distraction, and in accord with family and friends who are supportive of that process. In fact, many of the greatest minds in world history, world leaders, philosophers, scholars, teachers, clergy, shamans, conquerors, diplomats, painters, writers and artists were all, in many cases, broke from reality or were psychotic at some point in their lives. This is not an epistemic claim, rather it is a claim that stands if one explores the minutia of the biographies of such prime movers and unique expressions of life as themselves.

The opportunity to live more than one life within one life and experience supra-sensual time is the common denominator for those who experience psychosis as part of their life's path. In that regard, this vulnerable population should be understood in a philosophical way, rather than merely a medical way. Science, as we all know, dictates that visual proof is the weakest proof. Hence, in the case of psychosis, people are more prone to be afraid not of what they can see, but of precisely what they can't see.

Flying Art by Niko47 – Creative Commons

What one can't see is unknowable essence of anything that exists, including the human brain, which is set up like a circuit board or nexus of freeways, with thoughts conflating and thoughts relating and thoughts constraining and thoughts, just plain old ideas. The idea of mental illness is socially constructed; people suffer differently when they are called people. Nothing is more cruel than calling that which is good evil and that which is evil good. In that regard, who are we to know that the psychiatrists and therapists have replaced priests and nuns for our confessions? And what shall we confess? Let's confess that we tell stories and some of them cut us to the bone. The self, too, does not exist in time or space, so why should mental illness?

I no longer actively use *that* term (only in this essay for instructive purposes) because it's the term most people know; I think the term "mentally ill" is dubious and misguided, often damaging both to the person using it and the person it is referring to. It places a border between whatever is supposed to be the set within historical a priori conditions of what is "the normal" as opposed to the psyche that has its own mystique.

Now, whereas there is a general acceptance of the importance of discriminating which psychiatric patients are most vulnerable to substance abuse disorders, studies vary in both prevalence rates and demographic and clinical correlates of substance use disorders. Some of the variability across studies is a result of differences in sampling procedures, such as the setting in which patients are assessed. (Drake & Wallach, 2000),

Other methodological problems have also contributed to inconsistent findings, including the failure to employ standardized instruments to determine diagnosis and a lack of information about refusal rates, problems that limit the possibility of generalized findings to the broader population of

psychiatric patients. 335 patients consented to participate in one study, for example. Average mean in years was 38.8. The level of education in mean years was 12.1. They were mostly female 23.4. 98 percent Caucasian. And 95% has been admitted to the hospital involuntarily (Muesar, 1998). There is a broad consensus that these disorders are “biological diseases,” in the sense that their etiologies are minimally affected by social factors (Muesar, 1998). Almost all data on the prevalence of substance use disorder are drawn from clinical samples of patients in treatment.

There is overwhelming evidence that genetic factors, as determined by family history and twin studies, contribute to the development of schizophrenia, bipolar disorder and substance abuse disorder (Mueser, 1998). There is a general association, including contemporaneous correlations and prospective prediction, between lower socio-economic status, including education, income, and occupation, and higher rates of substance abuse disorder (Muesar et al, 1998). This is also true for patients who have schizophrenia. Yet for bipolar disorder research suggests there is a higher level of socio-economic status compared to non-patients (Muesar et al, 1998). Self-medication denotes that individuals seek specific substances to alleviate particular painful affects (Muesar et al, 1998).

So then it should come as no surprise why the mentally ill exist on the margins of society—even while “normal” people believe in all kind of delusions and/or haughty fictions, and they are not even considered “mentally ill.” That is why believing mental illness as mental illness alone and not viewed in an alternative way is a form of social partitioning. Yes, people suffer from problems. Yes, they hear voices or see hallucinations, but it does not follow that such symptoms are abnormal. They are just more rare than for others. Madness fascinates us so much, yet we fear it so much, even in films they rarely get it right. It’s not like the movies *A Beautiful Mind* or *The Silence of the Lambs* (the latter being about a psychopathology, which is different from a mood disorder or a schizophrenia), nor is it as depressing as the depiction of a wandering fool in robes who blathers in many tongues (though no tongues) like in the film with “The Name of the Rose” (which is more a murder mystery about priest and monks in the monastery than a stab at putting mental illness as a cameo idea or as a state of mind to be further fathomed). On occasion, a book gets it right with the madness, but usually the author of that book has gone insane him or herself before, then regrouped, reflected on what ensured before, then transmogfified the experience into a baroque fiction. That was certainly the case with Philip K. Dick, Lewis Carroll, Emily Dickinson, Sylvia Plath, Virginia Woolf, even William S. Burroughs. These writers and poets knew madness well. They lived it. They even died at its precipice. Madness is not a “discharge of bad logic” or represented as a cognitive schema of troughs and peaks of a mode of irrationality, as some suggest. Madness when it comes upon a person is the glimmer that diamonds are comprised of. When in tandem with knowledge, dreams and falling in love, madness is Nature itself—sublime, doing its own thing: mobile, amoral, fractal to fractal, until we as subjects get such a rich picture of our subjective reality that our objectivity becomes a nuisance.

Mental illness sounds like someone is defective whereas madness is less likely to create stigma for it is antiquated, and it simply expresses a different side of the spectrum that is the soul. Few non-artists understand the seemingly airtight prism of madness, which is opaque like a diamond, but which reflects light and scatters it in all directions. Many people do not see the light. They only see behavior which is strange. They cannot fathom why its happening as to why it occurs and there is a causal relationship short-circuited by being in a psychotic state that a normal person simply cannot emulate within their own physiology.

While Foucault wrote on it in *The History of Madness (*Dr. Thomas Szansz did the same with *The*

Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement), does the United States of America, the most superabundant and bountiful nation on earth, realize there was no mental illness before the 17th century? Not as we know it. That's because mental illness itself had an origin and was constructed by those who held power, whether they were experts, or heads of state that funded experts. There are even many more reasons for why mental illness became a craze (no pun intended) in the late 80s-early 90s—new medications came out that wasn't simply Lithium, Valium, and Librium. Now more effective drugs are available that have less side effects.

I just hope people start understanding that most "crazies" out there and I mean the certifiable ones, are more a danger to themselves than they are to others and that this marginalized group, in the wake of school shootings and gun violence, endure then most prejudice, as if their profile is the glove that fits every time, yet doesn't: for no one wants to talk about "those people" because it makes "normal" people uneasy, much how race used to in the past or even still does make people feel uneasy What America does not realize is that, most Americans, though twenty percent of them have a mental illness at one point in the in their lives, possess an unwillingness to live next door to a mentally ill person, have a group home for the mentally ill in the neighborhood, [want] to spend an evening socializing with a mentally ill person, [want] to work closely with such a person on the job, [want] to make friends with someone with a mental illness or have a mentally ill person marry into the family.

How does one account for the chasm between what is apparent and what is perceived?

I will give you the answer: People fear what they cannot see more than what they can see.

By associating mental illness with the irrational and with violence, scores of mentally ill persons have been stigmatized and even killed as a result of what mainstream America does not understand, nor wishes to understand at this time about mental illness.

The atrocious acts perpetrated by the Fullerton police in Orange County, CA against Kelly Thomas is only one such incident of misunderstanding of mentally ill, yet it is not an isolated incident. Kelly Thomas was hogtied, beaten, stomped on, tazered 6 to 7 times, and that was not enough for the cops: they continued to beat him as he cried out for mercy; they continued to beat him as he cried out for his father, who coincidentally is also a cop; they continued to beat him, as if the moral maxim "to protect and serve" no longer mattered, nor ever existed in their minds. They continued to beat a defenseless, homeless, schizophrenic man until he fell into a coma, who was only to later die in the hospital five days later How does one live more than one life? Through reinvention or psychosis. Any reinvention of reality is a break from reality, therefore the terms of "reinvention of the self" and the "psychotic mind" are mutually exclusive, yet also two sides of the same coin.

A blown mind is the doorway to folding consciousness, to make new connections, both in the brain and in the social world and in that social world, hopefully, there are people with some good sense to not socially engineer society so that it's bifurcated between the sane and the insane. That is a false dichotomy: two choices of identification as if there are not degrees by which a person suffers from psychiatric symptoms. Those who want to throw away the key, as if nothing or no one was there at all has learned how de-humanization works, as a part of the cognitive process to adapt to ideological conditions in such a way that it would and could justify genocide. Imagine how the Nazis justified "The Final Solution." Again, consensus. A spell was cast, and people believed it, and the same goes for mental health, we adapt to the violence in American society, and are

grasping at straws attempting to figure out why or who could possibly come up with the gall or the evil to commit heinous crimes. They can only say that the culprit must be crazy; the prospects of another explanation, that a sane person did the horrid crime, is even worse of a thought because is suggests that the one is capable of doing that selfsame behavior oneself, which underscores the banality of evil.



A Panopticon: Inside one of the prison buildings at Presidio Modelo, Isla de la Juventud, Cuba. December 2005 – Creative Commons

“The mentally ill” have been persecuted since time immemorial. But they, instead, were said to have “demons.” Today they are called “symptoms.” Locking people up and coercing them to take pills won’t solve the problem. Americans need to seriously re-think what they think about mental illness. It is a disability. And yes some over-diagnoses occurs, as does under-diagnoses. (Laudet, Magura, Cleland, Vogel, Knight, 2004).

Consequently, thankfully, those with psychiatric problems, either mood disorders or thought disorders, are protected by the Americans with Disabilities Act. This is a step in the right direction, though the courts, research has proven, still have a bias: they either don’t believe a person is really mentally ill or they are not persuaded to judge favorably for a person suffering from an invisible disability as compared to their physical correlates.

Justice then is on the side of the powerful, and it is the meek who are subjected to extraction of the human will. This should and will not continue. Many more people are speaking out about this heavy-handed topic, and are bridging the gap between the good crazy and bad crazies out there in the world in such a way that it should become clear to people the difference between a person with a mood or thought disorder than a person who is a narcissist, sociopath or psychopath. For as of now, persons with psychiatric disabilities are called “consumers.” In a bout of dramatic irony, this population are not other to us, they are in our families, in our homes, it seems as though the name “consumer” suggests such people are nibbling away at the cake while the parents watch. But this is not the case. Sugar and spice may go well together. The psychiatric illnesses or existential predicaments (I prefer to call them) are much less depressing than one thinks, should one think, about how to abate the symptoms and learn how to live a joyful life. This is not only possible, it is real. I have seen a man see no future for himself and seen the same man open eyes and realize he needs help because he can’t do it all by himself. With the help of loved ones, friends, America can become more educated about mental health. It can no longer be the white elephant in the room. It must face the texts about the Blood Moon; it must face the apocalypse, and the Antichrist, and hopefully one’s resilience will be readily apparent as one moves from a place of weakness and meekness to a space that can be characterized as integrated, holy, even illuminated, enlightened, not because more knowledge has been acquired, but because judgment has been suspended, and the lesson of judgment is known to that person. Never can they look at another psychiatric symptom as a plank that leads to inevitable doom or perdition; no, it is the mad ones, the madmen, who are able to absorb texts on Yom Kippur in a motel room that are pleading for him to flee the country on account of a war in heaven. Maybe heaven’s too proud. Maybe some live silently, or some live out loud. But there must be some war in them clouds, and I am really anxious to find out what will be the ultimate fate in the Middle East, as regards to Syria, and by extension, United States, Russia, Iran, Iraq, and Israel. Is it all a self-fulfilling prophecy? Are we merely following a script? Is it the Second Coming of Christ. We have a shared responsibility to keep a crazy bipolar world in check.



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NOTES

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