

Writing About Mental Distress - for Oneself and Others

by "Nick Hewling - Service User"

Over the last year or so I have been trying to write about mental distress, disorder, illness (or what you will). Immediately one comes across the problem which every client I have ever met seems to share, and which is felt most acutely in the hospital consulting room - 'the inability to explain oneself to others'. Weird experiences have been happening to you, which you cannot explain to yourself let alone to others. For a start you don't have the language (I am not entirely happy about that first sentence!) I resisted writing for many years, put-off by my dislike for nearly all the examples of users' writing I came across. Recently though I have come to the conclusion that I simply was not equipped to understand them. Writing something that makes sense to oneself, is simply a different process than writing for an audience, where the meaning of what is written, is always that which is given to it by the reader.

When writing about oneself the overwhelming temptation is to turn it into a story. A narrative in which the present moment seems the inevitable end point of everything that has gone before. In retrospect, and with the benefit of hindsight, your selective memory provides the 'facts' ('I know because I was there'). Yet on reflection, how much of one's life seems to have turned upon chance events, or things we did without being aware of having made any choices at all. The idea of our lives leading to somewhere, even without the help of a partial recall, is aided by our commonsense notions that we have an essential character, identity or personality which becomes more fixed over time. So in writing for ourselves we seek meaning and explanation which makes sense to us, but based on fragile foundations which may fall apart in the attempt to communicate it to others. It may feel cathartic to 'vomit' our experiences on to the page, but the relief is temporary. When I look back on some of my earlier attempts at writing they offer little now, I simply think who was that person? Evidence of change, but little else.

Since so much of the experience of mental health problems is emotionally isolating, it seems to make more sense to reach out and share. Yet as the writing on the Recovery Stories page of www.recoverydevon.co.uk testifies there are as many differences between people's experience of mental distress as there are similarities. When it comes to the sharing of stories, and writing for others, the best example I can offer is the first occasion when I was happy to be the recipient of another client's work.

It was during my second admission to hospital in 1990, a client who had been 'on the roundabout' for some years in various hospitals, showed me a poem he had written. Unexpectedly I liked it. It described his addiction to various street drugs, and the inevitable consequence of further admissions - it seemed to show great insight. When I handed it back to him he told me to keep it, though he had no copy. But what struck me most was the way it looked (it still does). Written with a real ink pen (rare even then), the required rhythm was 'spelt-out' by words written in capitals and others underlined. Talking to him for a while longer, he explained that it had no meaning for him in itself, it was the creating of it that gave a release from unwanted thoughts and feelings, and in giving it away he hoped others might share that.

Weasel Words - the language of Mental Health by "Nick Hewling - Service User"

(One service-user's reaction to the post-modern, culturally relativistic, politically correct - bullshit!)

Facilitator - (corruption from its original meaning in group therapy). Now almost always means; a teacher/trainer who through their use of student-centred methods, deludes themselves in to believing they are not pursuing their own agenda.

Lived Experience - (what other kind is there?) Taken to mean the experience of mental health problems and/or, of using mental health services.

Survivor - (we're all alive aren't we?) This term remains unclear, for some it means they are survivors of mental disorder/illness, for others it means they are survivors of the mental health system, or both. Others still, maintain that the treatment/hospitalisation itself caused the illness/disorder.

Patient/Client/Service User - someone who receives care from a paid employee of a mental health organisation.

Carer - someone who cares for a patient/client/service user; in practice individuals often occupy both roles. (In the wider world of health and social care of course, everyone is a user and a carer at some point in their lives).

Customer - a new term intended to replace patient/client/service user. (Will future psychiatrists say 'Enjoy!' when handing out a prescription, or on leaving the consulting room say 'Have a nice day!', will you feel obliged to reply, 'Missing you already!')

Damaged - a euphemism for someone who either looks mad, appears to be suffering from the long-term side effects of certain medications, or the effects of institutionalisation.

Appropriate/Inappropriate - clients act inappropriately but staff never do (how else would you know they were a client?). This is expected and understood. Whatever the relationship is, the client should 'take the rap' to protect the job of the member of staff (the consequences for the client are minimal - there is nothing that hasn't been done to us many times before!)

Recovery/STR/Service User Involvement - for all practical purposes they are the same thing, or they should be! (Individuals or groups pursuing the same objectives none-the-less feel obliged to invent unique names for what they do, to look different enough to justify special attention or funding.)

Please, Please, Please STOP - don't invent any more!