

A Dark Age Attitude

By BRYAN HAISLIP

RALEIGH — A stigma from the Dark Ages still attaches to the victims of mental illness.

A society that calls itself humane no longer condones flogging of the mentally ill, though it may impose punishment in subtler forms.

The refusal to accept as "normal" the person who has received treatment reflects a public attitude that is a throw-back to the past, said Dr. Peter Witt, director of research for the state mental health department.

From the professional point of view, he added, that is the discouraging aspect of the dropping of Sen. Thomas Eagleton of Missouri as the Democratic vice presidential nominee.

"Psychiatrists say patients already are very reluctant to come for treatment because they feel a stigma may be attached. Now, in the Eagleton affair, we are openly saying 'Yes, it can ruin you for life.'" he observed.

"It is really undermining all the efforts that are made to make people look for help in maintaining mental health."

The end result can be that many people will try to thrash out problems too large for them to cope with alone, knowing they will not be forgiven for seeking treatment. "Some of them can come to great damage," Dr. Witt said. "It's really terrible, when you think about it."

Dr. Witt, whose office is at Dorothea Dix State Hospital here, discussed attitudes towards mental illness and current directions in treatment in the following interview.

Question: How far have we come in the way we regard mental illness?

Answer: A very long way, no doubt about it. We still have a long way to go, of course.

Originally, mental disease was thought of as a curse of the gods. The victim had done something wrong and must be punished for it. They were whipped and locked up.

The next stage was to get rid of them, put them where they wouldn't be seen. This was the birth of the large institutions.

Treatment Concept Emerges

Then came the age of treatment. The medical model looked at the emotionally and mentally disturbed as any other sick

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person — a cast for a broken leg, psychology and drug therapy for the mentally ill.

We're supposed to be beyond that. The social model of psychiatry defines the patient not as sick but as one who doesn't fit into society.

Q: What difference does this make in treatment?

A: It tends to move therapy outside the institution. The mental hospital setting is asocial. The institution becomes a society in itself. The patient is discharged to live in a far different world outside. In many cases, it is the environment which is involved in his illness.

Q: Is mental health in our state moving in this direction?

A: North Carolina is very much in the forefront with its community mental health program. The idea of going to a hospital can be frightening for a person who needs treatment. Today that is not really necessary. He can get help locally while living at home. Therapy is less disruptive.

Ten years ago this program did not exist. Some states do not have anything like it.

Q: How does the public attitude on mental illness within a community relate to the success of treatment?

A: It is an important factor. The family needs to be educated to deal with the patient as he works out his problems. The acceptance or rejection he encounters in the community can determine how well he will fit again into society.

It's important that the public be more aware of help they can get. If they trust the system and think they will get help, it is easier for them to look for treatment.

Q: Is the present controversy over mental health care in the state harmful to the system?

A: The fact that there is controversy can be a very healthy sign. It's excellent for people to be interested, concerned and willing to participate. The worst thing is when the public says, "Go away and leave us in peace. Don't upset our orderly life."

There are states which have conditions far worse than ours, and their citizens do not seem concerned at all.

Ours is a decent, progressive state. It can be counted on to do what is necessary.