Virtual Ability, Inc.® presents the 6th Annual
International Disability Rights Affirmation Conference
December 1 and 2, 2017
in Second Life at
http://maps.secondlife.com/secondlife/Virtual%20Ability/54/170/23

Title: "'We Are Not Disposable': "Psychiatric"/Psycho-Social Disabilities and Social Justice"
Speaker: Dr. Carol Moeller, Moravian College

[2017/12/02 12:26] Carolyn Carillon: Hello everyone.
Today's presentation is being transcribed so those without audio or who require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.

You will see the transcription in local chat.

[2017/12/02 12:35] LV (lorivonne.lustre): <>

[2017/12/02 12:36] Tarquin Evermore: Hello, my name is Tarquin Evermore, also known as Zombie Doggie. Most of my SL friends just call me Zombie.
I am hard of hearing, learning disabled, and I have depression.
I like collecting records, listening to various music, sewing on my antique sewing machine, role play, animals, ships, Victorian, and goth and steampunk.
But this isn't about me, or my interests.

I am here to introduce Carol Moeller, PHD.
She is an associate professor of philosophy at Moravian Collage in Bethlehem, PA, where she currently teaches courses in ethnics and philosophy.
She is interested in the ethics and philosophy at the intersection of gender, race, and disabilities,
and has written extensively on social justice issues experienced by persons with disabilities.

Dr. Moeller's presentation is titled, "We Are Not Disposable":
"Psychiatric"/Psycho-Social Disabilities and Social Justice.
She is going to be talking about the subject of psychiatric and psychosocial disabilities and social justice.
Often, the very terms used to name persons with "mental disabilities" have explicitly foreclosed of our status as a person.
"Psychiatric"/psycho-social disabilities are often left out of the disability conversation entirely.
She considers the voices and representations of people with "psychiatric"/psycho-social disabilities in a number of activist and service organizations.
Without further ado, here is Dr. Carol Moeller.

[2017/12/02 12:43] LV (lorivonne.lustre): CM: thank you everyone. I think I am ready to go now
This is my first time in SL
Thank you for your patience.

[2017/12/02 12:42] VAIPresenter2 Resident: "We Are Not Disposable":
"Psychiatric"/Psycho-Social Disabilities and Social Justice

Carol J. Moeller, Ph.D.
This talk is largely taken from my essay by the same name, published in 2017, In the Sphere of the Personal: New Perspectives in the Philosophy of Persons, Beauregaard, Smith (ed.), Vernon Press, 2017.

1. Introduction
How does personhood relate to "psychiatric disabilities/psycho-social disabilities? As Margaret Price, author of Mad At School writes,
"The problem of naming has always occupied DS [Disability Studies] scholars,
But it acquires a particular urgency when considered in the context of disabilities of the mind,
for often the very terms used to name persons with mental disabilities have explicitly foreclosed our status as persons.
Aristotle's famous declaration that man is a rational animal
gave rise to centuries of insistence that to be named mad was to lose one's personhood."
Voices of people with "psychiatric"/psycho-social disabilities can bring out important critiques of what Antonio Gramsci calls hegemonic culture.

2. The Politics of Naming: "Psychiatric"/Psycho-Social Disabilities
As Tobin Siebers notes (in Disability Theory, 2008) the "ideology of ability" is so built into language
that it is hard to find any words that do not perpetuate the very problems we are trying to solve.
Siebers writes, "The ideology of ability is at its simplest the preference for able-bodiedness.
At its most radical, it defines the baseline by which humanness is determined, setting the measure of body and mind that gives or denies human status to individual persons."

This privileging of able-bodiedness and able-mindedness runs so deep in contemporary culture that one may seldom be aware of it.
I use the term "psychiatric"/psycho-social disabilities in an attempt to capture "psychiatric disabilities" or "psychological disabilities"
without endorsing the medicalized and pathologizing associations built into these terms.
I leave the term "psychiatric" in quotation marks precisely to note its status as a contested label as opposed to a natural kind.
It is a label with sometimes oppressive politics and history and policy associated with it.

Overall, what gets called disability is some subset of human diversity and variation.
Elizabeth Kamarck Minnich describes the "Root Error" of dominant Western culture as
the division of human beings into fundamentally different kinds, setting up the subsequent ranking of those kinds.

Minnich identifies processes by which the knowledge claims of privileged white men have been taken to be universal,
while others (like those with "psychiatric"/psycho-social disabilities) are left out, or – worse – distorted and misrepresented.
Consider women – and only women – associated with the label of hysteria.
Researchers Tasca, Rapetti, Carta, and Fadda write that this diagnosis was applied only to women for nearly four thousand years, from 2000 B.C. to Freud.
It was then attributed occasionally to men.
Women were thus seen as categorically different from men.
Minnich claims that constructing people into groups that are radically different from each other
is a prior move to then constructing one group as superior to others.
Minnich describes "classifying humans by kind" as the "root conceptual error that feeds knowledges that…derive from and legitimate systems of domination."

As with race, sex, sexuality, and other axes of identity,
with disability we have Minnich's "Root Error" of interpreting human variation as marking fundamentally different categories of humans.
As Tobin Siebers writes in Disability Theory (2008), "Some bodies are excluded by dominant social ideologies –
which means that these bodies display the workings of ideology and expose it to critique and the demand for political change."
Like the metaphorical canaries in the mines, people with disabilities who are undermined in the present, dominating culture can testify to
how we might think differently and live differently toward a world more oriented toward all people's genuine needs.

People with "psychiatric"/psycho-social disabilities are such bodies that "do not fit" with the reigning "ideology of ability" (using Siebers' terms).
It is precisely in our not fitting that we reveal barriers, harms, injustices, moral-political insights, and need for counter-hegemonic change.
In reading and unpacking how we do not fit we can identify obstacles that point to blueprints for such transformation.
People with "psychiatric"/psycho-social disabilities face "hidden taxes" -- like those of various minoritized groups –
challenges to their authority, assumptions of incompetence, subjection to inappropriate standards.
Following Linda Martín Alcoff and Satya P. Mohanty, I have in mind here not so much numerical minorities
but rather people who are minoritized conceptually, politically, and institutionally.
We speak of minoritization as a process, sets of social practices by which some groups exercise dominance and others are marginalized.
Of course, these categories are neither natural nor static.

Americans with Disabilities Act (A.D.A.) and Equal Employment Opportunities Commission (E.E.O.C.) law in the United States
and similar laws elsewhere do offer some promises of protection.

In March, 1997, the E.E.O.C. offered Enforcement Guidance on the Americans with Disabilities Act and Psychiatric Disabilities.

The legal protections are largely limited to "reasonable accommodations" for one who can document

the specific disabilities and accommodations required to enable one to function "normally" in doing the work involved in the position.

Such documentation must constitute proof to the institution, and so it must be on terms that are intelligible to them.

To be eligible for such protection, one must come forward to the institution with the often very private details of one's situation and challenges,

yet with no guarantee that one's disclosures will be understood, respected, kept private, or otherwise kept from stigmatizing the person.

Moreover, one must prove oneself to be disabled enough to warrant protection from discrimination

and yet non-disabled enough to perform the "essential functions" of the job.

Price notes that college teachers have been radically unsuccessful in legal cases under the A.D.A., particularly in cases of mental disabilities.

Consider my context.

Since I am a philosopher and college professor, challenges to my mental and physical health are quite serious professional liabilities.

Further, since my particular challenges may result in intermittent periods of lacking the various capacities to function in my work roles,

disclosure would still fall short of the expectation that – given accommodations – I could function as my "normal" peers do.

I do have concerns about calling "psychiatric" or psycho-social issues disabilities at all, given the realities of able-ist oppression.

Like people embracing the term neuro-diversity, I suggest that minds which work in different ways than those validated as normal

may have gifts that we have not even begun to understand.

I worry about what would be lost if potential parents select against fertilized embryos

that show genetic markers for bipolar, attention deficit disorder, or depression.

I have struggled with my own experience of these issues as well as with abuses by the medical establishment

and its dehumanizing labels, over-medication, and the like.

Still, I know that there are insights I have had, mystical experiences, deep knowing of what is important, creative energies,

and social critiques that seem to have arisen ought of those very ways of being that have been represented as pathological.

Reductionist Western medical science tends to deny or pathologize that which it does not understand, thus blocking the development of other kinds of knowledge.

Of course, there are dangers of romanticizing disorders in the name of neuro-diversity.

Certainly some people seem to suffer greatly and would be eager for a "cure" for the unique ways their minds work.

In times that I have gotten through breakdowns/breakthroughs/"psychiatric" crises/enlightenment experiences,
certain features were present that relate to how certain indigenous wisdoms respond,
being based not on economic profit and its concomitant valuing of "productivity."
Importantly, I had allies to help me make sense of the experience.
Even when they did not understand, they treated me as a person, not a label.
They took my thoughts, experiences, and feelings to be meaningful. They treated me as having cognitive authority.

This was something utterly lacking in my experience at age 21, when I had a traumatizing encounter with the medical establishment,
in a poor county hospital and no health insurance, and dealing with a disrespectful psychiatrist whose only resource seemed to be heavy-duty pharmaceuticals like Thorazine.
I was then an undergraduate student at Oberlin College.
In the face of my frustration that I was stuck in the hospital and continuing to miss my classes, a nurse confronted me and said,
"Honey, you won't be going back to college. You have a serious mental illness."
Writing these words, twenty-eight years later, my eyes well up with tears.
However well-meaning this nurse may have been, she treated me as if I was a label, a mental patient, a psychiatric statistic rather than a person undergoing psychiatric challenges.

Years later by chance I encountered another former resident of this same Lorain County, Ohio hospital.
He too had been a young Oberlin College student, who (like me) came out as gay and in the midst of that shake-up of how he saw himself and the world experienced a bipolar (manic depressive) episode.
Whereas I had managed to return to Oberlin College the semester after my hospitalization, graduate from college,
attend graduate school, receive a Ph.D., and become a tenured professor,
he reported that he had spent him whole adult life in and out of psychiatric hospitals and residential facilities.
I do not claim to have any easy answers as to how our separate paths have gone.
Certainly even with the same diagnosis two people's experiences are unique.
Nonetheless, insofar as I have experienced a relatively high degree of flourishing,
I credit it in part with a strong access to thinkers and activists who raise critical questions about oppression, including that pertaining to disabilities.
I have been unusually lucky in building communities of resistance and solidarity that are life-sustaining.
And a philosopher's life enables me to do meaningful work, support myself, and have consistent medical insurance,
despite occasional periods in which I find it difficult or impossible to work as a direct result of my "psychiatric"/psycho-social disabilities.

Audre Lorde makes frequent connections about how some people are treated as disposable, as problems
(again reminiscent of W.E.B. DuBois' classic question "How does it feel to be a problem?").
Further, she notes how oppressions' rationality or lack thereof is hidden.
She writes a poem "Eulogy for Alvin Frost" for a co-worker who dies suddenly.
She regards his death as connected to the pain and stress of living with oppression.
Lorde writes that she is:
"tired of…
the psychology of the oppressed
where mental health is the ability
to repress
knowledge of the world's cruelty."

3. Social Justice Efforts by and for People with "Psychiatric"/Psycho-Social Disabilities:
National Alliance on Mentally Illness (NAMI), Center for Independent Living (CIL), and The Icarus Project
People with "psychiatric"/psycho-social disabilities have long been at the forefront of social justice movements.
Here, I reflect upon several social justice oriented groups that are potential sites of such advocacy.
Ideally, such praxis might combine the critical multicultural inquiry and experiments in living theorized above.

Several years ago I approached a new colleague who is blind and who is active in disability activism and disability studies.
I mentioned that I work on disability studies and activism, particularly in mental health.
She asked, "Are you the NAMI (National Alliance on Mental Illness) kind or the CIL (Center for Independent Living) kind?"
I immediately said, "CIL (Center for Independent Living)."
In that brief question, she crystalized this distinction:
"Do you stand for doing advocacy for people with disabilities or for people with disabilities doing advocacy for themselves?"
Given the legacies of institutionalization of people with disabilities and paternalism toward them, this is a crucial distinction.
The Center for Independent Living movement has been life-changing for many –
for their experiences there but also for the model of activism and service.
They insist that often the best people to help people with disabilities are other people with disabilities.
The focus is upon supporting people to live as independently as possible;
for example, supporting policy and service options that enable people with disabilities to live autonomously in their own homes rather than in institutions.
My favorite disabilities activist slogan is associated with the Center for Independent Living:
"Nothing About Us Without Us."

According to the Center for Independent Living's national office (NCIL):
NCIL Guiding Principles
"Disability is an expected natural condition of life. Therefore, NCIL believes that:
1. The rights & empowerment of people with disabilities should be promoted, therefore,
NCIL will advocate for procedures, policies, systems, regulations and legislation that promote their civil and human rights.
Note that first statement: "Disability is an expected natural condition of life."
Like Minnich, Siebers, and others cited earlier, the Center for Independent Living explicitly cites disability not as an aberration
but as a "natural" happening, a part of human diversity.
Note also how this fact of human diversity becomes the justification for what follows in the organization's guiding principles.

From the website of the National Centers for Independent Living, they state:
"Centers for Independent Living are: Consumer-controlled, cross disability, community based, not-for-profit corporations which are nonresidential."
Note the emphasis in the guiding principles that Centers for Independent Living be consumer-controlled
(not run by nondisabled people for those with disabilities) and that they be cross disability, coalitional among people with all sorts of disabilities.
Center for Independent Living offers empowering models, placing people with disabilities at the center.

However, sensory and mobility disabilities seem to take center stage.
In my interactions with Center for Independent Living in Pittsburgh, PA and in Allentown/Bethlehem, PA,
the staff were supportive of me as someone with psychosocial disabilities but did not seem as informed and knowledgeable
as they were about, say, the potential needs of a wheelchair user.
Apparently some Center for Independent Living (CIL) members are similarly concerned that more awareness is needed
in working with people with psychiatric disabilities, as shown by a three-day training advertised as "ground-breaking" and "brand new" on the national website:
"Empowering Persons with Psychiatric Disabilities: The Role of the Peer Model in CILs."
In advertising this two-day training, they note that Centers for Independent Living are already serving people with psychiatric disabilities,
whether they realize it or not.
Among the topics to be covered were "Philosophical reasons for a CIL to get involved."
This language clearly assumes that they (at least some CILs) are not already involved on these issues.
Another topic to be addressed was: "Strategies for gaining board of directors and staff buy-in."

Again, this sort of language clearly demonstrates that advocating social justice with, by, and for people with "psychiatric"/psycho-social disabilities
is not already in full swing but is rather something requiring philosophical justification and strategies for convincing others of the need for doing so.

NAMI (National Alliance on Mental Illness) might seem to be an obvious great resource, focused upon the needs of people with psychiatric disabilities.
NAMI claims to be the largest grassroots organization supporting people with mental illness.
On the home page of their website, they urge us to "Join thousands of Americans dedicated to improving the lives of people with mental illness."
The website says: "What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health."
Note the emphasis here, in origins and in orientation toward families of people with mental illness, and toward helping people with mental illness,
versus self-advocacy by people with mental health issues.
Note also the absence of disability language, disability studies language, and disability rights language.
NAMI claims to be advocating for people with mental illness,
yet it is not clear how much people with psychiatric disabilities are at the center of the organization.

[2017/12/02 13:08] LV (lorivonne.lustre): CM: I don't mean to be harsh about NAMI, just raising some questions for discussion.

[2017/12/02 13:08] VAIPresenter2 Resident: Nor does NAMI appear to leave much room for questioning and critical thinking –
for people with "psychiatric"/psychosocial disabilities to make sense of their own experiences and to question the dominant Western medical model.
NAMI has a nation-wide campaign going against the stigma associated with mental illness.
One can take a pledge to be "stigma free."
This might seem to be a strong social justice position.
However, their website and educational materials seem clearly trapped in Western medical models
about specific diagnoses with conventional Western medical model treatment.
If a person diagnosed with bipolar disorder, for example, looks up that term on the NAMI website,
she/he would not find much in the way of political questions, critical thinking about the term, historicizing and contextualizing discussion of mental illness,
commentary about the Diagnostic and Statistical Manual and how it has changed over time, critique of the bipolar label and the larger phenomena of labeling,
relationships often found between creativity and bipolar experiences, or connections to able-ist oppression or disability rights social justice movements.
Rather, she/he will find Western medical categories reifying the label bipolar disorder, as if bipolar is a natural kind.

Treatments for bipolar listed on the NAMI site emphasize pharmaceutical interventions over other options.

NAMI receives a tremendous amount of financial support from pharmaceutical companies.

For example, Pfizer and Eli Lilly each donated $75,000 to NAMI in the third quarter of 2014 alone.

For the second quarter of 2015, the corporate and foundation support reported totals $320,000, with the overwhelming majority coming from pharmaceutical corporations.

In 2009, Dr H. Richard Lamb, a member of NAMI's board resigned in protest upon learning that two thirds of the organization's funding came from pharmaceutical companies.

In an interview with the New York Times Dr. Lamb noted the conflicts of interest that may arise with such drug company support.

Dr. Lamb said that NAMI's dependence on the drug industry made some actions impossible.

For instance, Dr. Lamb said that NAMI should consider warning against the use of some mental health drugs with life-threatening side effects.

But the organization could not consider such a move since doing so could threaten much of its funding, Dr. Lamb said.

In contrast, The Icarus Project does not accept money from pharmaceutical companies.

Icarus is explicitly geared to critical thinking and to people with "psychiatric" disabilities making sense of their experiences on their own terms,

and to maximizing potential for inclusion, empowerment, and social justice.

The Icarus Project's main slogan is "Navigating the Line Between Brilliance and Madness."

This slogan is not mere words.

They conceive of themselves as a community and mutual aid society that truly does help people navigate that line.

People with bipolar/ manic depression started it.

They write, "When we got the idea to create The Icarus Project, however, we were just planning to carve out a little space on the web

where people could find community around both the gifts and dangers of their extreme trajectories.

We sought to offer an inspiring manifesto about the experience of 'mental illness' which draws its strength from myth and metaphor

as opposed to the paradigms of disease and dysfunction."

In addition to chapters in major cities where members meet in person, Icarus offers a Facebook group, online social forum,

and free downloadable empowerment guides, such as guides to negotiating mental health crises,

and a "Harm Reduction Guide to Coming Off Psychiatric Meds."

Icarus is an inclusive group, with some members quite critical of mainstream psychiatry and others not.

They are not recommending that people avoid or quit using psychiatric medications. Rather, they recognize that some choose to do so and so they offer a guide with information, risks, and concerns

to help people who make that choice do so as safely as possible.

Icarus presents agency and empowerment as compatible with significant mental health challenges.

In the digital age, Icarus offers the possibility of real-time contact, connection, support, and co-theorizing opportunities

in making sense of what one is going through and in asking larger questions about social justice in light of these experiences.

One can go online at 3 a.m. and ask for advice in the middle of a potential mental health crisis.

That is not simply nice for the individuals in need of support; it is justice-preserving

One Icarus guide includes suggestions for maintaining autonomy even in the face of great difficulties.

The Icarus Project portrays personhood as vulnerable, with lucidity being potentially intermittent.

They advocate such tools as "mad maps" to preserve one's empowerment as much as possible even in the face of potential crises.

For example, such "mad maps" allow one to articulate (while not in acute difficulty) what sorts of interventions tend to be helpful

and which sorts unhelpful when in crisis, and to compile lists of allies and their contact information,

to state ahead of time particular treatments one might be opposed to, etc.

In the U.S., a person can be involuntarily committed fairly easily, at least for an initial "302" seventy-two hour hold in a psychiatric ward

if one is reported to be a potential danger to oneself or others.

Interacting with police (who often do not have extensive training in mental health issues) can be perilous, frustrating, and challenging,

with situations often escalating rather than resolving.

The Icarus Project's guides such as "Friends Make the Best Medicine: A Guide to Creating Community Mental Health Support Networks"

Handouts: "Navigating Crisis: When It All Comes Crashing Down" and "First Aid for Emotional Trauma"

suggest alternatives to calling police when that is not strictly necessary.

Most remarkable about the Icarus Project, in contrast to NAMI, is its explicit emphasis upon social justice in terms of

developing critical consciousness, naming oppression, and building communities of resistance.

One recent publication is called Madness & Oppression: Paths to Personal Transformation & Collective Liberation:

A Mad Maps Guide by The Icarus Project.

Further, their mode of operation are those of grassroots advocacy.

Their many written guides and resources are free and downloadable, and print copies can be ordered for a nominal fee.
For the founders and current members of the Icarus Project, critical understanding of psychiatric oppression is key.

4. Conclusion
Social justice goes beyond legal fairness and distributive issues to the levels of culture and everyday life.
Ideals of social justice must be expansive enough to include people with "psychiatric"/psycho-social disabilities.
Yes, Aristotle declared man to be a rational animal,
and the ideology of ability would make humanity and personhood thus a potentially exclusionary club.
But Aristotle also declared man to be a social animal. We are who we are together.
Together, as Minnich, Siebers, and Lorde (along with other interlocutors here) remind us, humans exhibit great diversity of minds and bodies,
including which I am calling "psychiatric"/psycho-social disabilities.

Tobin Siebers, following Bryan Turner, argues to be human is not best understood as having some attribute or ability, like rationality.
Rather, to be human is to be vulnerable, to be fragile in certain ways, individually and collectively.
Siebers argues, "The practice of granting rights to only those people capable of demonstrating a prescribed level of physical and mental ability
must be swept away if being human is to serve as a universal standard for political membership."
Siebers' critique of the "ideology of ability" culminates in thus embrace of humans across all diversity of abilities.
Following Turner, Siebers writes, "Turner insists that rights as a system of mutual protection gain their motive force from the collective recognition of human frailty, offering a crucial adjustment to the call for a universal rights discourse based on human status"

Recall the Center for Independent Living's Guiding Principles, how they assert that disability is a natural and expected condition,
and therefore social justice vis-à-vis disability is required.
U.S.-centered market fundamentalist processes value people for how "productive" they are,
framing disabled and other marginalized people as a drain on public resources.
People with "psychiatric"/psycho-social disabilities, like targets of intersectional forms of oppression generally,
often live in ways that reject hegemonic standards of personhood, societal membership, and contribution.
Such "failures" to meet hegemonic society's expectations of speed, "productivity," and "reasonableness" may not indicate failures at all.
They can produce critical knowledge that reveals other ways to be.

This essay arises from dialogue with many people rendered "unproductive," making sense of themselves and the world on their/our own terms.

The lives of people with "psychiatric"/psycho-social disabilities – across such axes as class, race, and sexuality –

can bring out critique of hegemonic culture.

Attention to voices otherwise marginalized as "crazy" is critical to envisioning possible futures that could serve all of us.

[2017/12/02 13:24] LV (lorivonne.lustre): CM: Thank you

[2017/12/02 13:25] Zombie doggie (tarquin.evermore): May I ask if we can have a link to the organizations you have mentioned, especially the Icarus Project?

[2017/12/02 13:26] Gentle Heron: theicarusproject.net/

https://www.nami.org/

[2017/12/02 13:24] Gentle Heron: Thank you Carol. You sure gave us a ton of ideas to mull over. Let me ask you to speak more about just one of those. You've experienced a hierarchy of CIL knowledge about different types of disabilities. How do you think this happens? Are we really a "disability community" or are we segmented into splinter communities for each type of disability? How can we do a better job of enacting "We are who we are together"?

NOTE: We will post Carol's slide set along with her transcript on our website.

[2017/12/02 13:25] LV (lorivonne.lustre): CM: Thanks. Great question.

A lot of people probably know more about CIL than I and its history

Getting any level of cross disability understanding can be hard for all of us.

I still struggle with identifying as a person with disabilities

I have internalized stuff. Hanging out with a friend who is a wheelchair user and talking about her challenges,

Many of our issues are internalized

We have more to do with talking about these issues and sharing experiences.

We need to be aware of shutting down the conversations

[2017/12/02 13:29] Guana Victor Daredso (guanadaredso): I have an aunt on my dad's side of the family who treats me like absolute dirt. When I get mad at her which is part of my issue with bipolar, she tries to calm me down but her tone of voice betrays the way she's trying to get me to calm down, because I feel she doesn't understand ME.

[2017/12/02 13:30] LV (lorivonne.lustre): CM: I can totally relate Guana. That phrase I used about relating comes out of liberation philosophy. It is hard to relate to others who do not understand us

If I am afraid about reacting, and then reacting, "Don't tell me not to be emotional". It is a self-fulfilling prophesy

[2017/12/02 13:31] Zombie doggie (tarquin.evermore): Even I with my own mental disabilities sometimes don't understand Guana.

[2017/12/02 13:32] Guana Victor Daredso (guanadaredso): Yes, give people like me a right to express themselves and then let them calm down and then they can try to explain why, in a more rational frame of mind, why they acted irrational.

It might not make sense but at least you'd see it from their point of view.
[2017/12/02 13:31] Pianoman (p1an0man): I know firsthand how crippling depression and an anxiety/panic disorder can be. At times it can be impossible to do normal everyday things like leaving the house or going to the grocery. Although the disability is mental and not physical, it is still a very real disability. It seems that this type of disability is almost discredited as a disability by a lot of society. What are some ways we can combat this ideal?
[2017/12/02 13:34] LV (lorivonne.lustre): CM: I think awareness and empowerment of the people dealing with these things is important. I still easily fall into blaming myself .
Awareness and community are key
Even in pockets where you think people should be hip and aware, they may still use terms like "crazy"

[2017/12/02 13:29] Gloriejoy (joycie.string): Some families do not contact my clients at all which is a shame
[2017/12/02 13:29] Zombie doggie (tarquin.evermore): I know about Nami, was shocked to hear they were funded by the pharmaceutical companies. I was going to do Nami walk in 2018, but now I am not so sure.

[2017/12/02 13:30] Mary Bikcin (mary.peel): Is there a support group here in SL?
[2017/12/02 13:32] Carolyn Carillon: GH: There are over 120 support groups in English alone
Look to the left of the stage
and you'll find some info
There are lots of support groups in SL
[2017/12/02 13:33] Guana Victor Daredso (guanadaredso): Is there a Bipolar Support group here in SL?
[2017/12/02 13:36] Gentle Heron: Path of Support on Virtual Ability's Healthinfo Island: http://maps.secondlife.com/secondlife/Healthinfo%20Island/150/73/23

[2017/12/02 13:34] Jadyn Firehawk: I am a medically retired professor with bipolar disorder/manic depression and PTSD, which illnesses cut my career short, mainly due to "breakdowns" and needing hospitalization and several weeks off, time after time. I've been active in second life now since 2009 and am very happy here about how productive/creative this medium allows me to be, including even resuming my teaching career in a way, but now focused on 3d modeling in SL. The key things here though are that they are low stress commitments, and allow for long absences when needed. What do you think this suggests for how we as a society could or should redefine what constitutes "productivity" or more especially "paid employment"?
I'd add too redefine the stressful nature of "the workplace culture"
[2017/12/02 13:36] LV (lorivonne.lustre): CM: Right.
[2017/12/02 13:37] Jadyn Firehawk: "work" for me needs to be on an "as-able basis"

[2017/12/02 13:36] Guana Victor Daredso (guanadaredso): My problem is I don't handle stress very well. I get stressed, I start having mania.
I take meds but they're not a cure-all.

[2017/12/02 13:37] LV (lorivonne.lustre): CM: it is one thing that makes me crazy about the ads on TV. Taking a pill is not a cure-all. There are no easy answers.
[2017/12/02 13:38] Guana Victor Daredso (guanadaredso): Yes, that makes sense.
[2017/12/02 13:38] Zombie doggie (tarquin.evermore): yeah meds aren't a cure all. That's why I suggested you to TP to somewhere calm when your farm gets griefed. we can take care of our own parcels yes, but the owners of parcels around us are rarely ever on.
[2017/12/02 13:38] Slatan Dryke: should be a straight control on Meds advertising
[2017/12/02 13:38] Guana Victor Daredso (guanadaredso): I know right? All those ads on TV make it seem like there's a "magic pill" for every ailment in the world. There's not.
[2017/12/02 13:39] Zombie doggie (tarquin.evermore): Oh gosh, the Abilify ads make it look like depression is a quick fix. here pop our pill and everything will be just fine.

[2017/12/02 13:38] Gentle Heron: "Mad maps" sounds like something we all ought to create. Information for care providers about our desires to be enacted when we can't advocate for ourselves.
[2017/12/02 13:38] LV (lorivonne.lustre): CM: The Mad Maps (Icarus Project) is very helpful. It gives me alternatives to freaking out -- human affirmation, a cup of tea, friends
[2017/12/02 13:39] Guana Victor Daredso (guanadaredso): Yes, people like me need a "mad map" especially on SL.
To alert others to, "Hey, so-and-so is getting really upset and needs to chill..."
At least that's how I understand it...
[2017/12/02 13:41] Zombie doggie (tarquin.evermore): That is easy to do on SL, I can probably can easily put together something similar to the speakeasy HUD that can make it emit in text "I need to calm down, I am getting mad."
But IRL? not so much. Some people just poke, poke, and poke, and ignore all the body language cues to stop. Then poke.
Then blame you for getting angry or crying
[2017/12/02 13:42] Guana Victor Daredso (guanadaredso): I know right? I so hate that. Even in that stabbing, hurtful tone of voice some use, THEY JUST DON'T GET IT. They don't get that sometimes they need to back off.
I don't mean to yell in caps, I'm emphasizing...

[2017/12/02 13:39] Teresa (teresaprairie): I found a lot of healing through practicing Tai Chi and meditation
[2017/12/02 13:39] James Heartsong (peacefuljames): me too
[2017/12/02 13:40] LV (lorivonne.lustre): CM: Yes, I am a meditator. It is very powerful
[2017/12/02 13:40] Jadyn Firehawk: mindfulness meditation helps me lots too
[2017/12/02 13:41] Teresa (teresaprairie): eat healthy foods
[2017/12/02 13:41] Carla Broek: meditation really helped a lot dealing with life issues

[2017/12/02 13:41] LV (lorivonne.lustre): CM: when I have a manic episode while on retreat, my Buddhist teacher knows what to do -- they have been working with the mind for 1000s of years. Sometimes it is a cup of team or getting enough sleep
[2017/12/02 13:42] Zombie doggie (tarquin.evermore): That sounds like an idea, a freebie gesture for bipolar users, and for depression users, that I can gesture and say "I am starting to get upset, give me a moment to calm down"
[2017/12/02 13:42] LV (lorivonne.lustre): CM: cool idea zombie

[2017/12/02 13:43] Carolyn Carillon: [13:41] Gentle Heron: You quoted, "nothing about us without us." Can you tell us how this applies to policy making, research, and service provision?
[2017/12/02 13:43] LV (lorivonne.lustre): CM: wow @ Gentle. It applies in every possible way. It is frustrating how little self-advocacy is in those realms
We often have the best information about what we need, but there are experts who are more empowered to make the decisions
This requires radically democratic ways of speaking up
I am not sure where this is right now, but it was an issue for me about the low maximums for mental health supports
It is therefore easier to medicate. And so my concern for NAMI and their funding models.
[2017/12/02 13:44] Teresa (teresaprairie): the radical rethinking is what makes your presentation so exiting here.

[2017/12/02 13:45] Gentle Heron: Looks like we could carry on this conversation for a long time, but we need to let our next presenter have time to set up. Thank you Carol. This was a great topic for us to consider! Thanks to our tech support, introducer, speaker, transcribers… it does take a whole community
[2017/12/02 13:45] Carla Broek: ty so much!
[2017/12/02 13:45] Slatan Dryke: great talk Carol , thanks
[2017/12/02 13:45] Jeff (jefferr): Thank you
[2017/12/02 13:45] Mook Wheeler: thank you so much, Carol!
[2017/12/02 13:45] Gloriejoy (joycie.string): great job catching comments!!
[2017/12/02 13:45] LV (lorivonne.lustre): Thank you everyone -- Orange, Gentle.
[2017/12/02 13:45] Jadyn Firehawk: thank you!
[2017/12/02 13:46] iSkye Silverweb: Thank you so much for joining us for this conference, Carol!
[2017/12/02 13:46] LV (lorivonne.lustre): <>