

Stigma Silenced: Stories Spoken (A Mental Health Podcast)

Episode One: Reclaiming Madness with Mack Thompson - Transcript

Bailey Patterson (BP) – she/her, Host

Mack Thompson (MT) – he/they, Guest

(Introduction Music)

Bailey Patterson (BP): This is episode 1 of *Stigma Silenced: Stories Spoken*—a mental health podcast. This podcast is produced in collaboration with Sphere at the Human Development Institute, University of Kentucky. Please enjoy this episode.

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BP: For the *Stigma Silenced: Stories Spoken* podcast, this is Bailey Patterson, and I'm here with my very first guest. If you would like to introduce yourself, tell us a little bit about yourself and you can share your pronouns if you feel comfortable doing so.

Mack Thompson (MT): Yeah, hi, my name is Mack. I use he/they pronouns. A little bit about myself: I'm an anthropology student at UK. I have Ehlers-Danlos and with that, I have a whole bunch of other stuff that's comorbid, or morbid or morbidity, including a lot of brain stuff, which is why I'm here. It's like, body, mind, everything is connected, but you know, psychiatric conditions, etc. And I'm just really excited to be here and excited to be the first person—it's an honor and a massive privilege. Thank you for having me today.

BP: Of course, we're so glad to have you. To just jump right in with the questions. The first question I have is **how do you describe yourself and your identity in terms of mental health disability?** And what is your preferred language with that?

MT: I ascribe a lot to Mad Theory. So, I identify as 'mad,' but also, I am psychiatrically disabled, if I could say that. If I could pronounce it, that is. Just “mad” and “disabled.” I'm also neurodivergent which, with the stigmatized, conditions in question that we're specifically talking about today, I tend to refer to “mad” and “disabled” for those. My main thing I don't really have a label for that is relevant to this podcast is that I have a history of psychosis and hallucination symptoms or altered states where I experience reality different than other people. But I also have other stuff that's not really related to that. I have less stigmatized, mental health, like anxiety, depression, and then I have autism, ADHD, but often, I feel like one of the things that intersects the most with my experience of psychosis is that I also have Tourette's, which is a neurological disorder, but often people will perceive those, as, ‘Oh, there's clearly something wrong because you're ticcing and you're

hallucinating...” The stigma kind of compounds with the way people stereotype those. With the combining of those conditions, I feel, keeps people from taking me seriously, especially in academic settings. I feel like people don’t believe my observations on the world as much because of that or don’t believe what I say is reality.

BP: Thank you so much for sharing that. As a follow up question: **Could you say a little bit more about why you why you prefer “mad” for language to describe yourself and your mental condition?**

MT: Well, it's a political thing, you know. I believe that there's, compared to a lot of the terminology that is pushed upon you, a very much an identity of being ill with something, something's wrong with you that you need to change. "I am suffering from a mental illness." I'm not. It's part of who I am, at least with my embodied experience with the world, and even though I am not personally a psychiatric survivor, I am regularly in solidarity with these groups because I know that it very easily could have been me except for I did so much work to never go when people were pushing me to go. The way that psychiatry institutionalization treats people with stigmatized conditions and the way it impacts a lot of people. It's this political movement for community, for liberation, for speaking out against the ways that people who experience the world differently are just closed off from the rest of the world, like, "We don't know what to do with you, so we're just gonna lock you away against your will." This idea of solidarity within madness and reclaiming that stigmatizing label is important to me.

Often, I guess I didn't mention it, but with myself I'll reclaim the word “crazy” a lot but I'm very careful about what context I reclaim it in because I know that a lot of people have a lot of, especially in the US, we don't have that connotation as much with "mad" being a recent slur that we're like reclaiming. “Crazy” has a lot of harm that is being done to people today and I don't want to undermine that or reclaim that in a way that causes harm. Because when I was starting to accept that what I was experiencing with my psychosis symptoms is something that is different than the rest of the population, because I assumed everyone hallucinated sometimes, and when I started to realize, “Hey, wait, maybe I'm just experiencing the world differently than other people. Maybe that's okay.” And I was like, “Yeah, we're all a little crazy sometimes. Some more than others, but so I'm crazy. What? What of it?” I said that, and my friend was like, “Holy shit, wait, first of all, you’re downplaying your symptoms. But secondly, that sounded really powerful to say. Did it feel good?” And I'm like, “Yes.” It's something that I go back to of, like, this fear of like, I'm... there's this fear, this anxiety of like, “I'm not like everyone else. What is wrong with me? Oh, I have this diagnosis. I'm not going to dwell on that.” And instead, finding the solidarity with other people that have been stigmatized in such a way and reclaiming that label, is a really powerful thing. And I prefer “mad” a lot of the time, simply because I feel like it's one that (A) has been used more in this more unified political movement, especially in the UK, and (B) in the US doesn't have as much frequent use in a derogatory way all the time as “crazy” does. It's reclaiming it, but it's also about that little bit of distance there that someone's not going to feel as triggered if they hear me just throwing that term around, you know?

BP: Yeah, for sure. The next question kind of playing off on some of the things you had mentioned, with kind of, learning more about yourself, and more about your experiences with psychosis, if you just wanna share, in

your own words, what your journey with that has been, and also just mental health overall, madness overall, throughout your life, just wherever sounds right to you.

MT: Yeah. Okay. So, growing up, I was always the very, very much the anxious person in the room. I had a diagnosis of autism all throughout my childhood and undiagnosed ADHD throughout my childhood, and the way that that presented was me just being super anxious, super overwhelmed all the time. And I also had some young, some traumatic experiences when I was young, that I'm not getting into detail with, that really... not really having the tools to manage and navigate with that. I feel like especially in middle and high school, my brain was finding ways of "How do I actually see the world?" There's a lot of dissociation there too. A lot of developing me, and developing, around middle and high school is also around the time where I started and did hallucinate a lot. A lot of what I experienced, most of my middle and high school stuff, was actually positive experiences. So, I associated it with, I was a member of the Baptist church at the time, so I believed that I was just communicating with God. And it was like, I was like, "Okay, I'm not certain if this is or isn't," but this is something that, I mean, I saw this flower appear out of nowhere. It wasn't there and then it was. Or there's the lady that just chills and watches me from the wall, but I think she's nice. I like the wall lady. Then, around my senior year of high school and my freshman year of college, those hallucinations or whatever you want to call them, I started seeing more violent stuff. And that messed me up, and kind of led me to the process of like, "Is any of these things I've seen...maybe this isn't just divine revelation of, there's a flower now or there's the lady watching me, and the lady is probably a part of God or something. There might be something else going on."

Again, Mad Theory was really helpful with this framework of, "Oh, there's something wrong. I need to figure out what's wrong." But also, I'm really scared to talk about this with my doctor, because then they'll invalidate my other diagnoses. And all of that anxiety, I have a lot of medical trauma outside with my physical disabilities, which led me to be even more afraid. I know institutionalization would be very much a negative experience for me. I've been afraid of anything that even if it's not supposed to lead to institutionalization, I know people that have been institutionalized without proper... "They happen to exist with psychosis. That means they're a danger to themselves or others let's lock them up." And I think a lot of my fears was disclosing that to a mental health practitioner until very recently, but I do a lot of medicalization on my own.

What really helped me on my journey was like, "Okay, not this, let's not go back with his back and forth. Is this real? Is this not real? This is probably not real because I can tell afterwards that it's a different reality and perception of reality that I normally have done with an episode most of the time. Is this the divine? Or is this just in my mind? Or is my mind the divine?" Or "Okay, let's just not overthink that. Maybe it's spiritual, maybe it's my brain, maybe it's both and we can let that be and accept this is how I experience reality." And I do have a lot of unpacking there still to do. I do have this very medicalized dialogue when it comes to myself but when it comes to others, I'm much less so, but still medicalized and I'm trying to challenge that framework.

In and of itself, Western medicine is science too, but it is its own cultural practice and belief system and I've been learning a lot with medical anthropology of studying medicine as a culture, a practice of healing rituals. There's the data back from empiricism or whatever but that's just one approachable view that does have statistics behind it, but that doesn't mean it's the Right Way. There's no capital R "Right way" to navigate

people and I think the best approach is with care and with appreciation of everyone's experiences and needs, and not assuming you know better than someone else about themselves. That's where a lot of my journey has been.

I also mentioned Tourette's earlier, and that's something that, again, I feel like intersects a lot, because, even though my Tourette's was very much not impacting my life as much, except for when I was really anxious until, after my hallucinations really, or my episodes, I haven't really had them since my freshman year in college, and, by surprise, my sophomore year of college. And I'm a senior, by the way. Well, I'm technically a grad student, but I was a senior when I signed up for this. It's complicated. I would be a senior, but I graduated a semester early. I'm trying to timeline it, I'm sorry.

BP You're fine.

MT: When I was 18, I was having a lot of experiences with altered states and with hallucinations or with whatever you want to call that. And then 19, I went on a medicine. I went on Wellbutrin for my anxiety and depression. That is famously not a good medicine to go on if you have tic disorder or if you have a seizure disorder. But if you don't know that that's what you're experiencing, you think, "Oh, yeah, I just, you know, when I'm anxious..." Like people shake when they're anxious. I'm sure I sometimes make sounds. When you're explaining it to other people, when people see it, it seems pretty, like standard, anxious or tired. Tired people are treated a bit worse because there's less, like... But then I started taking Wellbutrin and suddenly those were like... I couldn't drive until I was well off Wellbutrin for a while, because I would randomly turn the steering wheel and crash my car. Still to this day, I've been off it since I was 19 and when I was on it, I was on it for like a month. Now I am 21, almost 22 and I still have tics that I probably wouldn't have, for life, where I punch myself in the face regularly. When you punch yourself in the face and, at the same time, working on getting more comfortable with talking about experiences in the past with hallucinations and I would experience this or that or whatever. What's my sickness or symptoms? That intersecting has really led to a lot less like... because I do, even within a lot of disability anthropology work and even within like disability circles, I feel like if I'm talking and people just recognize me as he physical disability, they'll listen to my instruction a lot more. It's important when we're talking about disability that we are being intersectional and uplifting disabilities that aren't just, "Oh, I need a ramp or whatever," and are uplifting mad, mentally ill, neurodivergent, and psychiatrically disabled voices, and uplifting psych survivors and uplifting all the different voices... intellectual and development disability and not just "Oh, I have a wheelchair. Oh, I use crutches."

When I start talking about my experiences, I see faces and I'm like, even as someone who is famously not great at social cues and reading people, I can tell that they are very much feeling like this like "Oh wait, I don't know if I am taking them as seriously now. I don't know if I trust his perspective as much anymore." It's frustrating and something I am working on challenging, especially because I think it's important to have this care and solidarity across everyone in our community. Knowing that I am within these like... what was the framework? Stigmatized mental health disorders or something, even with people with that classification, I recognize that I am very much a more privileged voice within this conversation, because I've had a couple things in public that I couldn't hide, but in general, I'm very much able to mask most of it. To be to be in a position that I could

choose not to talk about it or when I want to disclose it very much plays a privilege in navigating systems of sanism, saneism, sanism, and ableism and all the isms. But, at the same time, it's so frustrating. At the end of the day, our system is just so carceral and getting worse. It's the time for me to advocate more for myself, and to share, and to destigmatize and share my experiences, especially being where I am financially—the lower middle class right now—and being white and being able to advocate for myself. I'm not someone houseless, housing insecure or someone of color that existing in public is either going to become a criminal offence. Its either going to be criminal offense, a psychiatric institutionalization or worse, just a death sentence just being yourself when you have no choice to be any other way. Me having that privilege of being able to not talk about it means that I need to, I feel like for me it's the call to reject that and challenge and use that the privilege I do have to criticize the systems at play, you know, and that's why I'm on here. I'm rambling a lot.

BP: You're fine.

MT: But I hope that my point is clear in this.

BP: Absolutely. There was a lot of good stuff in there. Thank you for sharing all about that. I think my next question has to do with the message that you want to share. And what message, based on your experience, would you share with professionals, people in higher education, and college specifically, and the world?

MT: Just to listen to the people with whatever experience that you're talking about, and trust that they understand themselves. And trust that, just because you have the degree doesn't make you smarter about their own experiences than them. I know that you have training, and I am sure you're an incredible human being with really good smarts, yes, go you, but respect people's autonomy, respect people's understanding of their own body and mind. And treat people like human beings. This is what I was talking about. I was talking about this today with some medical anthropology colleagues and community members and my classmates. We were talking about how common it is in the medical discipline to, because you have to see so many patients, and there's so much going on, and you're processing like, "Oh, I have to make sure everyone's okay." And doing all... It becomes this routine, it becomes a checklist and with that, there's this culture of "I know what's right and the situation. I'm gonna follow this formula. They are describing this thing. That means they have this, so I need to do this." Instead of listening to everything someone says and what they want and having that conversation which I know will take time and it goes against the culture of the place, but it's the best way to actually care for the human, not just the condition that you are deciding that they have. Which I know in disability places, there is this criticism of "See the person not the disability." And that is so important because we need to emphasize that disability is part of our identity. But at the same, I do get where that's coming from, especially in the context of like, often I feel like practitioners, educators and professional people that specialize in my stuff think that they assume that they're specializing, and what are the things that I am like, "Oh, I am a psychiatrist. That means, like, I understand trauma, so I will treat you as... Oh, patient with trauma—checkmark." Or they'll ask questions like, "Oh, here's your diagnosis list. Okay, what's your date of birth?" This is what one of my friends was describing today that started the conversation I was referencing. They had a doctor that asked their date of birth and then the next question was, "Have you ever considered suicide?" Or the past few months... was their second question, or two weeks or whatever this timeline is. Again, treat people like human beings, I guess is, at the end of the day, and listen to people, what people's

autonomy over their needs and wants as well. Treat it as a conversation, not just you knowing what's best for everyone all the time.

BP: Absolutely. Thank you so much for that. And I think I have one final question to end this off, end us off on a good note.

MT: Oh, please. /pos

BP: I'm want to ask, what message, based on your experiences, would you share with other people who have had similar experiences to you?

MT: What's most important is that I want people to know that, just because their experiences with the world are different, and because they have been so stigmatized, that doesn't mean that their experiences are any less important. I know I've spent plenty of time feeling like, "Oh, I experience reality different sometimes. That means that I don't understand the world, what's going on in the world, and I can't..." Internalizing those things and I want people to know that, even if you are having a different experience than other people, your experiences are important and how you experience the world is relevant, and you can make a difference in whatever ways you want to. It is not okay how society treats people in our conditions but there is communities out there. And there is a space out there where you can express that and we are working actively for a future where everyone is valued and celebrated. There's so much power in mad knowledges in our bodied experiences, embodied perspectives of the world. There is a future where, as much as there are the bad things, there are good things as well. There is a future where Mad Pride is celebrated, and there is a future where we are heard and where we are celebrated. There is now, where people are here for us and celebrating us and you're not alone. And there is nothing wrong with you. And yeah, that's what I have to say. I mean, I know as much as that is ending on a positive note. I do know that that's still combating against the misconceptions. I just want people to know that they're incredible as they are.

BP: Absolutely. Thank you so, so much, Mack.

(Outro Music)

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(Outro Music)