

ON NOT HAVING HAD THE EXPERIENCE

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First I want to thank Gayle and the panelists for the privilege of participating in this truly unique gathering. Psychiatry has usurped the term hysteria and uses it to label the expressions of women in distress - they forgot that the original meaning of hystereia in Greek meant "having the last word." So I feel particularly honored for being asked to speak at the end of this panel. But I will not put a wrapper around the words of my predecessors - obviously they speak for themselves.

Mental health professionals like me suffer from a serious condition: most of us have never experienced the kind of agony and trauma we have just heard about. This is indeed a serious liability - **not** having had the experience makes it more difficult to accept people who have, respect them for who they are, and see them as anything other than "chronic mental patients." **Not** having had the experience makes it easier to diagnose, restrain, medicate, dismiss, avoid and forget people like Dian, like Sally and like Peter who have had the experience. But instead of wondering how we could make up for this liability, we spend a great deal of time securing our positions, barricading ourselves behind "therapeutic" armaments and tools; we spend a lot of energy on avoiding any emotional involvement with our clientele and on developing bureaucratic structured

designed to perpetuate our way of life and to keep them in their place - where patients belong.

What would happen if we started to ask ourselves why it is that we perpetuate this stance ? What if we took the mandate of our psychoanalytic forefathers seriously and really dissected our "countertransference"? Would we be reduced to neurotic descendants of a fading Central European intelligentsia, to Jewish doctors who fear the sight of blood, to anxious do-gooders whose egos subsist on Samaritan acts ? Or would we disappear, vanish behind the mirrors we wield, drown in the vortex of diagnostic confusion and therapeutic nihilism ? OR MIGHT WE EVEN GO MAD ? Is all of our professional veneer, our approach to "patients" merely a defense against our fears of going insane?

To argue that we might indeed be using "our patients" to avoid a fate worse than theirs is truly scandalous. And yet, there might be some truth to it. Let me instead of wrapping up, unravel a bit right before your very eyes. My mother is a survivor of Auschwitz. She was 14 when she lost her parents, her only sister and all her friends. Twenty years after the war, I was in my teens, she urged me to become a doctor, so that I could cure her many ills. At first I said no and decided instead to become a biochemist, trying to decipher the secret code of the mind. By the time I was 18, I changed my mind again and entered medical school. For the next 15 years I spent **no** time thinking about my mother's wartime experience. I graduated, had a quick brush with cardiology, came to the U.S. and became a psychiatrist without knowing why. Strangely, I could not follow the rules instilled by my profession - hated the hospital, wondered about the drugs, formed friendships with ex-patients and forgot about being a doctor. About three years ago I found out why. When Laura Ziegler, an advocate, survivor and close friend, told me that her

grandmother was killed by the Nazis in a mental hospital in Berlin, I suddenly understood my strange interests and behavior. My main motivation was NOT HAVING BEEN THERE, never being able to tell what my mother actually experienced in the camp; never being able to fathom what it is like to suffer from major depression, from mania, or from other altered states of mind. Never being able to truly understand the terrible privations suffered as a consequence of having been "psychiatrized".

My mother talks very little about her experience during the war. A few weeks ago my father and I were walking on the beach in Delray when he told me my mother's story for the first time in my life. What does all this have to do with psychiatry, with empowerment, with the experience of madness? I'm not quite sure. One thing it taught me for sure is that psychiatrists and mental health professionals will never have the last word. The final, the ultimate authority comes from the repositories of personal experience - from the memories, stories, oral histories, interpretations of Peter, Sally, Dian and the many millions of others who have been through the experience of madness.

I apologize for taking the liberty of sharing with you my experience of not having been there. Maybe turning the mirror against ourselves will help us to see the people across the way clearer. And seeing them for who they really are is a good start - that's when we can begin to rebuild our relationships. That's when we can begin to forge ahead towards a world defined by all the people who live in it and not by those who think they are doing their job. Maybe we can begin to work together to prevent the torture and damage still done by psychiatry unto thousands who enter its halls in the midst of their most trying experience.