The Option Method Institute

Education based on the teachings of Bruce Di Marsico

www.ChooseHappiness.net

The Medical Model of Mental Illness

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Bruce Di Marsico

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Outline

- Option Therapy is not concerned with treating medical problems.
- The medical model, when used in the therapeutic context, proposes that there are behavioral or attitudinal pathologies.
- What is considered pathological in one cultural may not be considered pathological in another.
- The medical model is a method of imposing social standards.
- The purpose of therapy is for the patient to be happy, not to achieve any ideal way of being, such as being "well-adjusted".
- The patient's happiness is whatever it is for them.
- The patient is the sole decider of what his or her problem is.
- If the therapist believes the patient has a problem, and the patient doesn't, the therapist’s opinion is not relevant.
- The therapist cannot be effective if the patient's attitude or behavior is a reason for their own (the therapist's) unhappiness.
- The patient is unhappy only in order to be happy.
- What the patient discovers in Option Therapy is they can just be happy, they don’t need to use unhappiness in order to motivate themselves to be happy.

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Introduction

In this talk, Bruce Di Marsico discusses the mythologies behind the medical model of mental illness.

The medical model is the framework of diagnosis and treatment to achieve a healthy state. When used in the psychotherapeutic context, the medical model proposes that there are behavioral or attitudinal pathologies, that there is a healthy state that is free of these pathologies, and that there is a treatment regime to cure the pathologies.

Observing that what is considered pathological in one cultural may not be considered pathological in another, he points out that the medical model is a method of imposing social standards. History is full of social standards that were considered illnesses, but no longer are. In contemporary times in the west, many sexual behaviors are losing their status as illnesses, for example, homosexuality, nymphomania, and masturbation.

He discusses the goals of therapy. The purpose of therapy is for the patient to be happy, not to achieve any ideal way of being, such as being "well-adjusted". The patient's happiness is whatever it is for them, and the patient is the sole decider of what his or her problem is. When the therapist believes the patient has a problem, and the patient does not, this is usually because the therapist is finding the patient's attitude or behavior is a reason for their own (the therapist's) unhappiness. This is the therapist’s issue, not the patient’s.

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READINGS

The Medical Model of Mental Illness

Nothing mental inherently falls under my rejection of a medical model. For example, insofar as a particular type of schizophrenia may be a medical problem, it's a medical problem.

What does the medical model hypothesize in terms of mental illness? It becomes a medical model simply because it is using the word "illness" to start with. Making a description of behavior is one thing, but if you say there is pathology behind it, you are saying something quite a bit different.

The medical model is what most psychotherapy begins with; again, we're not talking about what is treated medically; we're talking only about what is treated psychotherapeutically. Now what do we mean by using the medical model with the psychotherapeutic technique? Is there a question of pathology that we're trying to deal with? What does it mean to diagnose a “problem”?

Anyone goes to a therapist conceives themselves of having a problem. That’s why they went to a therapist. If they conceive of themselves with a problem and if they don't go to a therapist, you don't have to worry about treating them. We’re not discussing involuntary patients here, such as those in the criminal justice system.

If I am a patient, if you want to deal with me, then you have to deal with my reality. To make the judgment that my reality is not real is less than useless. It's hardly the point that a patient and a therapist don't see things the same way. So if you say that you, as a therapist, see a problem and the patient doesn’t, and the patient seems to be bringing up another problem, what problem do you, as a therapist, see that the patient doesn't see? The question is, is the patient happy or not. If you think the patient’s unhappy about something, and he disagrees, that is

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merely a difference of opinion, and their opinion is more relevant than yours in this context.

There is a question of imposing social standards of behavior. What is the purpose of psychotherapy? To change somebody into what we want them to be? When you use a medical model, you talk about changing someone according to a standard. Can you call it "helping" if you're helping someone against their will? To do what they don't want to do? For their own good? The greatest evils that have ever befallen mankind have been for people's "own good". It is a line that every dictator has ever taken; any senator who doesn't vote the way his constituency wants, is still voting "for their own good", he says.

The whole question of what you do for other people's own good has to be solved for the psychotherapist. What is it that you're after when you have a patient? What is it that you want really? What are you hoping to do?

If start peeling away all your motives, like an onion, you get down to "to get happy" Now, what frequently happens with the medical model, is that the goal is that the patient will be adjusted, "well adapted", a good fit into the social strata, functional.

But why do I, as a therapist, want this for you? What's unspoken is that what I want to do help you to be happy, and because it's not spoken very frequently we find ourselves mouthing such things as "the fact that your happy or not is immaterial, you're not adjusted." The whole purpose of setting up a medical model or any other model was to achieve the patient's happiness, and certainly we get into this field to achieve our own happiness. Now what can disturb us sometimes is if the patient's happiness is antagonistic to our own happiness, if the patient's happiness is threatening to our own happiness.

That's why some therapists will have this attitude: they become frightened and say,

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"well, I'm working for your happiness, but you might want to do some things that I'm not so happy about, so therefore let's revert to a standard that the majority of us will be happy with, and that I feel I'll be happy with, and if I can't make myself be happy with it, I'll make myself be happy with it, and if you can't make yourself be happy with it let's have a norm." And from this comes the emergence of a norm, a happy medium. The word "norm" practically means compromise in almost every sense of the word: you lower your expectations; I'll raise mine, and let's try to adjust and cope, and try to be happy with that.

But again, behind it all is "And let's try to be happy". So behind any course of therapy, or any reason to be going to therapy, is to be happy. Why would a patient come to you in the first place except to be happy?

There is still something inside you, something you want, something you're striving for, something you won't be content without, and that's behind everything else, and why you *do* everything else. I'm using the term "happiness" for convenience, to give that a convenient term that we can somewhat all identify with It's a compromise norm to use that word. But there is that in us that whatever you're after, you will see that there is a chain of motives, and as you go back the reason why you're doing anything is in order to be happy. There isn't a single possible action that you could perform that you weren't performing in order to be happy. There isn't a single thing that you would do that wasn't to be happy, however you define happiness.

You couldn't possibly act against what you believe happiness is. Even if you're unhappy, you're unhappy in order to be happy.

Everyone is utterly free, and the kind of behavior that we manifest is not the result of underlying pathology but the result of certain beliefs, and sometimes the ways that we believe that we can be happy are just mistaken.

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There are some of you here that don't feel that you choose your feelings. If you are rejected by someone that you love, you really love and want to love you, you'll often say, "I feel terrible", "I feel bad", or "I feel sad and unhappy that this person rejected me", "They made me feel bad". And we often talk like that, as if the other person's behavior made us have a certain feeling. We speak about it as if unhappiness were a medical thing, as if it were a virus transmitted that caused us to feel a certain way, that their words made us feel this, that being rejected made us feel unhappy. Now what I ask you is this: if you look at it, if you had the choice to feel any way you wanted to feel, how many of you would have chosen to feel differently anyway? How many of you want to feel happy if someone you love rejects you?

Why assume that something makes you happy, as if something happened to you? You may not be aware of what you are doing but you are making a choice to be happy.

You also make a choice to assimilate someone else's goals. There are people who grow up in the same family, with the same parents, who don't assimilate their parent's goals while their sisters or brothers may very well do so, and somewhere those people made a choice. One chose to assimilate, and the other chose not to. Now whether they are going to be happy as a consequence of this choice is another matter, but it was a choice. You may have no choice about circumstances, but what you do choose is how you feel about them and what you do about them. You're never prevented from choosing to be happy, you just don't want to do so.

Sometimes people talk as if conditioning is not a choice, but conditioning is the recognition that something is good for you and you're going to continue to take it as long as it is good, or that a thing is bad for you and you're going to continue to avoid it as long as you see it as bad.

If you place yourself in a situation, say that someone you loved died and you had the absolute choice, and if you could choose to be happy or unhappy, what would

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you choose? Let's say that you choose to be unhappy, well that's what you would choose. And that's the way you would feel. If you find that your feelings exactly coincide with what you want to feel, what's the sense of complaining about not having free choice then? And that's what we're trying to see, because the greatest complaint of every patient who comes to you is "Doctor, I'm feeling what I don't want to feel."

This person feels they would be terribly unhappy if they chose to be happy. That's why he's choosing to be unhappy. It is unthinkable to him: that he could be happy after suffering such a great loss. He only knows that "I've loved so well, I've loved so much and now I'm losing so much" He only sees a tremendous loss for himself. Seeing loss and seeing the harm to himself that's going to come from it, can he willingly welcome something that he sees is "bad" for him? So once he's perceived what is bad for him, he's not going to be happy with it, he's not going to welcome it. But in those societies where they see this as something good both for the person who dies and the people who are left behind, societies that propose that these people become saints and can intercede for you in the spirit realm, and benefit you, you have happiness for parallel reasons. It depends on how you view the event.

We make these choices on how to view events, and what is behind them and why do we make them? What's behind them is our view of whether a thing is good or bad for us, whether it fosters our happiness or not.

We find that we make a judgment on everything that we see, and the belief is usually fundamental: that this is good for me or bad for me. It's kind of primitive: if we believe that a thing is bad for us, we'll never choose it; if we believe it's good for us, we'll gladly choose it, we'll really enjoy it and somehow that's got a lot to do with being happy or not, if what we see is good or bad for us.

A patient comes in and is very unhappy. He is manifesting his unhappiness in all kinds of ways: he's a manic-depressive, a paranoiac, using these labels. If you

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understand that these labels are description of the way he's acting out his unhappiness, then you're looking at it differently and you have something to start with. He's choosing to behave this way. Why is it that we can't see so clearly what we've known for so long, that our systems of neuroses and psychoses are so cultural? They always take certain forms. When people act out in this country they act out in a certain way, within certain well defined limits. When a berserker goes berserk, he gets his hatchet and he runs around cutting off people's heads. That just doesn't happen in the United States. Various so-called neuroses and sicknesses are just as well learned as any other form of behavior. What we're concerned with is not that the manifestation implies a pathology, but that it implies an unhappiness, and if the unhappiness were not there, neither would the self-defeating behavior.

Those therapists or religious figures who propose an ideal way of being, are saying that the patient's behavior is not a way that they will be happy with. They have the impulse to say, "Behave as you should, damn you!", because they are searching for his own happiness, wanting everyone else to behave, and so they come up with the ways of behavior that they need the patient to manifest in order to be happy with them, and that they feel the rest of us would need to be happy with, "if we would only face it".

The Option Therapist point-of-view is, "If it made you unhappy enough you wouldn't do it, but you're choosing to do it because you believe that in the long run you're going to be happier for it. Now you may be mistaken, so let's look at why you believe these things and see if your beliefs are valid or not, whether the beliefs are myths." This is not a rhetorical question. There is no presumption that the beliefs are valid or not.

Let's look at some examples of myths of mental illness.

Take those who are suicidal. If you're an Option Therapist what you will hear them say is that "I choose to live but I also choose to be unhappy with it". See the, problem is not in choosing not to live, the problem is in deciding and swearing and promising to be unhappy if you live. It comes from the belief that you can't really be happy. And that's a very real belief for that person.

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And consider a person who hears voices. The Option Therapist does not seek to "cure" the voices; "cure" is a medical term. In Option Therapy, the voices may stop, but then again, they may do something else. The point is for the patient to not have to be afraid of their feelings about the voices. And the voices may disappear or not, that isn't an issue.

Or consider a patient I had who was afraid of being a "nymphomaniac". The issue here is not whether nymphomania is a valid term. By "nymphomania", she meant, "a way I don't want to be." What you do is just ask them, why does she believe that if she has these feelings she will become a nymphomaniac, does she have any good reason to believe it? And she might think about it and say, "No, I just always have believed it. The only reason that I have is that I always have. But I have no reason at all."

And then the further revelation, "You mean that I don't have to believe that? I can have my own feelings? I don't have to be a nymphomaniac if I don't want to?" She's going to be a nymphomaniac against her will?

You don't convince them of anything. The person just eventually begins to see that their own choices were so self-defeating that they don't need them anymore: their choices didn't get them what they wanted. What she wanted was protection against being a nymphomaniac and she didn't need protection, and she came to realize that. It was the recognition that she wouldn't be happy as a nymphomaniac that set up this whole thing in the first place. And the only protection she ever needed from being a nymphomaniac was just not wanting to be one.

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Questions for Reflection

List some behaviors or attitudes that you believe are inherently unhappy.

Has everyone in the world, and throughout history, agreed with you?

Examine your list; does it include words that are a combination of a behavioral description and the concept of "unhappy making?"
For example:

> Murder is "unhappy making" killing (and hence, killing by a soldier is often not thought to be murder)
>
> Rude is "unhappy making" disagreement (and hence, some will describe themselves as "frank and honest", while others will call them rude)

Make a list of social norms of behavior within the context you live.

For each of these norms, if you agree with it, if someone violated this norm, would you find it a reason to be unhappy? Consider if, instead of using unhappiness (in the form of morality) to enforce social norms, you were happy and practically supported community standards of behavior. For example, does killing have to be unhappiness-causing before you can take practical action, in cooperation with those in a community who have the same desires, in order to protect yourself from being killed (perhaps laws and police), merely because being killed is something <u>you</u> and others in your community don't want?

Do you have behaviors or attitudes that are against the norms of your community or society?

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Meditation for the Week

- Only each individual knows what is for their own good. No one else, whether they be lovers, therapists, or politicians, does.

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