

Crazy Making in our Communities - Lloyd Robertson

One of my psychology professors, an unorthodox individualist we nicknamed "Weird Harold", liked to illustrate how no one was really "crazy". While we all, at times, do "crazy" things, there is a purpose and rationale for everything. Our job, in this particular class, was to find the purpose for, or the need being filled by "crazy" behavior.

Counselling psychology involves working with people who do not suffer from any diagnosed mental illness but have been engaging in behaviors that bring about bad or unwanted results. Counselling then becomes a process of exploring the needs those behaviors are attempting to meet and finding better ways of meeting those needs.

My professor extended his model into the area of abnormal psychology. What we normally think of as mental illnesses are really physical processes that affect mental functioning. A particular chemical imbalance that is associated with schizophrenia, for example, may cause one to have hallucinations. For the most part, what a person does while suffering from this illness is logically consistent with what they see and what they have learned. The really "crazy" thing a person suffering from schizophrenia does is refuse to take the medication that corrects this chemical imbalance. Why would a person suffering from a serious illness refuse medication?

We all have a need to belong. We all need to have a place in our families and in our communities where we feel accepted, even socially useful. The person suffering from schizophrenia is no exception. He or she desperately wants to be "normal", to fit in, to "belong". But people treat him or her as tho he is "crazy". Once he is feeling better he wants to believe that he is cured and no longer in need of medication. In this kind of case it is really the community of people around the individual suffering from the illness who are in the business of "crazy-making".

The power of a community at "crazy-making" was demonstrated to me on a reserve community quite some distance from La Ronge. I was called in to assess a woman demonstrating bizarre behaviors. She would physically attack people, particularly her sisters, without warning shouting in what sounded like some strange language of her own making. She ran, naked, in the field behind the band office, again shouting nonsense. She could speak both English and her native language but, in conversation, she would suddenly say bizarre things about demons, things that had nothing to do with what was being discussed.

A psychiatric assessment had failed to find a diagnosable mental illness in this case. My own opinion is that the woman had needs for both attention and revenge and had learned her bizarre behaviors in an effort to accomplish both. The woman had become a social isolate early in life. Everyone thought she was "weird". Her family used her as a laborer and then called her "useless". Her own mother sold her medication for diabetes. She was taunted and teased, even by little children who "knew" she was "crazy". She was used by some men while drunk, and not in a gentle way. With little education and no knowledge of "normal" she felt trapped, with few options.

While communities can create craziness, they can also take craziness away. By increasing our level of caring and understanding we can create communities that are healing places as opposed to "crazy making" places. I think we all have in our hearts the ability to care. By increasing our knowledge about why people do the things that they do, we will begin to create communities that heal. That is the goal of community development in psychology.