

“You must be Ryan,” a comforting, yet confident voice pulled my attention away from the coloring book I’d commandeered from the activity closet.

“I am.” My artistic aspirations were confined to a box of broken crayons because, Lord knows, pencils and pens were far too pointy.

“My name’s Jeff.” The stranger took a seat beside me. “I was told you wanted to meet with me. I am the chaplain here.”

“Oh, yeah!!” I set down my crayon. “Thanks for coming...” I paused to collect my thoughts. Then, with a slightly sarcastic smirk, I commented on the clergyman’s position: “I must admit, I like your seat better.”

“Oh, um...” His initial confidence softened to uncertainty. “We could switch if your seat is uncomfortable.”

“Ha! No need – our chairs are both the same.” All the furniture in the Fremont Psychiatric unit was standardized, sterilized and heavily weighted in order to prevent it being thrown across the room. “My discomfort doesn’t come from the seats we are sitting on.” I adjusted myself to exaggerate my point. “It’s the role of patient that I’m uncomfortable with.” I paused again, this time, to adjust my outlook on the situation, not my sitting position. “A couple of weeks ago, I was a moderately sane Presbyterian minister who, ironically enough, served a stint as a psych chaplain following graduate school.”

“Really?” His fear of being offensive curbed his curiosity enough to keep him from asking the question that we both knew was on the tip of his tongue: *What the hell happened!?*

It was a question that I’d been dancing with for days – and the goofy gown that was draped over my emaciated body only added to my depression. Yes... *What the hell happened? Where had I veered off track and hopped aboard the ‘crazy’ train? I’m a mental health provider – not a patient!*

That’s when the name-badge on the chaplain’s neatly pressed shirt triggered a flashback to a conversation that I’d had with another chaplain some 20 years prior. You see, this wasn’t my first trip to a psychiatric unit so much as a replay of a *residential retreat* that I’d been forced into as a college freshman nearly two decades prior. During that month, I, an elite agnostic-anorexic endurance athlete, remember questioned the chaplain, a middle-aged interfaith minister, “what’s the purpose of life?”

“Ha!” she had laughed. “That’s quite the question; however, the answer, in my opinion, is pretty simple.” She paused to let me ponder my purpose for asking. “The purpose of life is to find purpose in living.”

Her words of wisdom continued to prove relevant nearly two decades following that initial interaction, as I asked myself once again: *What the hell happened?*

Answer: Simple. I lost my sense of self and purpose. I had lost my *why*, and, upon realizing it, tears began to form in my eyes.

This loss of self, inspired by an intense covid-quarantine-derived eating disorder relapse, had forced me to humbly step away from my *professional* role as an ordained Presbyterian minister, addiction recovery counselor, and director of an experiential therapy program – and into the shoes, or slippers, of the *patient*. A patient, im-*patiently* re-evaluating his *purpose* for being. However, humility aside, it proved to be a role-reversal that I wish every mental health provider could experience – despite the unpleasantness of an eating disorder re-feeding program that was filled with pre-packaged pastries, long days pondering (or pouting) over puzzles with missing pieces and ego-squelching, third-grade-level, occupational therapist-prescribed art projects. All in all, it was an experience which inspired me to reassess my perspective on mental healthcare.

That’s when something beautiful happened. Just as the tears of self-disgust that’d been accumulating in my eyes were about to make their way down my cheek, I looked up at my new friend, Jeff, and I broke into a fit of laughter! I laughed loudly – quite likely reinforcing the *psychotic* label I’d acquired via my referral to the unit; however, I no longer cared about labels... nor which seat I was in (provider or patient.) I no longer cared that the next of the day’s six, forced-fed, microwave meals was being rolled in on a silver cart for me to cram into my

constipated stomach. FYI, digestive discomfort, due to *re-feeding*, is not only a painstaking part of the recovery process, but a major reason why many of us anorexics avoid, or give up on, treatment. No, the only thing on my mind in that moment was how magical it felt to have finally found my laughter again, because it had been a long time since I'd lost myself to it.

Fast forward two years:

*Am I recovered?* Absolutely not — anorexia is a serious mental illness and recovery is a life-long journey. *Am I still playing the role of patient?* Most certainly — thankfully and humbly! At our best we are all, always, mental health patients. *So have I resigned my role of provider?* Not in the slightest, I simply strengthened it through life experience. *Do I feel like a hypocrite, trying to help others while still struggling myself?* Absolutely, but the reality is that, even at our best, we are all both mental health patients and providers. Somedays we are just lean more towards one than the other. Finally, *has my sense of 'purpose' changed?* No. But I rediscovered it after allowing myself to fall victim to my own disorder, while attempting to coach others out of theirs.

Thus, in lieu of this resurrected sense of reason, my re-evaluation of all things *recovery*, and my role-reversal-inspired reflection on my *professional* career, I turn to the wisdom of one, Oscar Wilde. "Life," he insisted, "is far too important to be taken seriously." And how *seriously* I'd taken myself, and the letters proceeding my name, this past decade! Sure, I'd been pretty successful — having earned two master's degrees, surviving an exhaustive round of residential training, launching multiple nonprofits, sporting several suits with several shiny name-badges, counseling many *patients* and preaching many sermons — but, through it all, I'd done a fantastic job of forgetting how to laugh... at myself, as well as a world which I was attempting to *fix*.

From Crazy to Kooky!

That side-splitting psychiatric epiphany alongside ol' Rev. Jeff, proved powerful enough to send me on a mental health mission — a journey of de-stigmatization in which I sought to ditch the self and socially-imposed label of *crazy*, that I, and so many others, have acquired upon our mental health hiccups, and embrace my inner *Kooky*. And, as I came to find, I wasn't alone in that desire...

"What were you like as a child," asked the psychiatrist during an intensive autism evaluation session several months following my return to the real world.

"Um... *unique*, I'd say. But happy!" And I was, I thought, while chuckling my way through a long list of the beautifully imaginative idiosyncrasies that defined my youthful years — harmless rituals and absurdities that were labeled *disordered* in adulthood. As I did, something wonderful happened. I began to realize that all the many *kooky* characteristics that made my childhood so special, were precisely what had made my adulthood so painful. Not because my ways of living were wrong, *crazy* or condemnable — but because, somewhere along the way, the world had told me who I was *supposed to be*, and I had learned to loath the person whom I was in response. Whereas my imagination had been a praised and playful gift as child, it became a source of anxiety and a lack of self-acceptance as an adult. I hadn't changed over the decades, but the goofiness that had brought out my parent's dimples growing up were now seen as *disordered*. Eating a specific colored skittle during each commercial break, while watching TGIF on Friday night as a child was now evidence of "obsessively compulsivity." Creating an obstacle course out of our living room and running laps around it to exhaust my anxiety was now an example of ADHD. My need to build little cocoons around the house and yard where I sought security from the sensory stimulations of the world, my ability to entertain myself via my shadow for hours on end, and the joy I took in being my own best friend was all the sudden "Autistic." Yep, I was "ill." Infected with a disordered-disease of my mental being that, in the past might best be referred to as "my personality."

I walked of that final session after over 18 hours of probing, prodding, and evaluating the same exact person that I had been when I initially entered. However, now labeled disabled

and disordered — hyper-actively autistic one might say. So I did what any disordered-disabled 37-year-old kid would do. I called my mom!

“They diagnosed me autistic!” I awaited her opposition. *Of course she’d disagree*, I thought, while picturing her skeptically squinting on the other side of the phone.

“Oh yeah. So what?”

“So *what!?*” This was not at all the reaction I’d expected.

“You’ve always been weird, Ryan. But you were the happiest *weird* kid I’d ever seen growing up. Why would I have taken you to get diagnosed as *disabled* or *disordered* when you were so contently and creatively you?”

Her response and reassurance only fueled my mission to help our mental healthcare system and psych-minded society ditch the *disorderly*, *disabling* and disempowering labels of the mentally healthy masses, in an effort to promote self-acceptance and empowerment as the cornerstones of patient-centric therapy. In simpler terms, I set off to squelch all things *crazy* by helping the world embrace it’s inner kookiness! Oh, and let me not pass on this valuable opportunity to highlight the impact that transitioning from being anorexic (disordered) to autistic (disabled) had on my personal self and social-acceptance. I didn’t change, nor do I feel either of the *dis-*ceptive labels define me, but it was fascinating to see how differently the world responds to a disability than a disorder. (Take this as material for a future article!)

In closing, what would it look like if we, as providers and/or supporters, focused our attention on encouraging individuals to accept who they were before ever looking to who the world wants them to be? If we partnered with patients to boost their quality of life by building a life based on the healthier attributes of their kookiness; instead of pushing them to change their life because, somewhere along the road, their *kookiness* was qualified as *crazy*? What I’ve found, upon applying this to my own recovery process, is that the majority of my anxiety is rooted in, or enhanced by, exhaustive (if not impossible) attempts to fit my spherical being into the square hole of society. What’s more, the sad truth of the matter is that, up until the world told me that I was supposed to cram myself into the cube, I was perfectly content (if not proud of) my rounded edges! True, anorexia, my personal mental health hurdle, is dangerous... it is the most deadly of Mental Illnesses after all. But, in contrast to common belief, my self-starvation is much more associated with a belief that I don’t deserve food because of who I am below the skin, than it is with any dismorphic images I see in the mirror. Just the same, my inclinations towards isolation — another key symptom/ramification any mental illness — is not so much founded upon a need to avoid food-affiliated events, but my lacking the emotional energy to attempt to fit into that stupid square hole (or around that square dinner table) that I will never fit into.

All said, I leave you with the Cheshire Cat of Alice and Wonderland, who was wise, yet not quite correct, in his proclamation: “We are all *Crazy* here.” Indeed, he was on the right path... but the label that he used was a little too limiting. We are *kooky*! And that term, as well as the *we* which it defines, is inclusive. Unfortunately, we live in an exclusive society. Not because circles and squares don’t mix, but because there was a point in each of our lives when our *kookiness* became *crazy*. A time when our personality got limited by a label (albeit self or socially-imposed) and our asymmetrical shape (beautiful and orderly as it is to our unique being) became *dis-ordered*. So as you continue on your day — whether you find yourself in the role of patient, provider, supporter and/or observer — remember that mental health starts with having a healthy regard for who you truly are (in mind, body and spirit), before the world told you who to be. So be kooky my friends, and go crazy in your empowering others to be the same in the healthiest and happiest of ways!