

Case Analysis for Jean “Redhorse” Osceola

Our case analysis focused on a seventeen year old Navajo female, Jean “Redhorse” Osceola, with Depersonalization Disorder. This analysis will begin with an in-depth summary of the disorder followed by an investigation into Jean’s situation. This disorder is the third most common psychological disorder in the United States after anxiety and depression. Depersonalization Disorder can cause the person suffering to have anxiety, due to feeling detached from oneself. Additionally, feelings of anxiety can sometimes lead to Depersonalization Disorder. Depersonalization Disorder is a dissociative disorder that causes sufferers to experience feeling disconnected from their bodies. Individuals with this disorder state that it feels as if one knows what is happening during an episode but feels as if she is not the one experiencing it, as if she has dissociated from her own body. Occasional moments of depersonalization are not a threat to one’s mental health, but a consistent feeling of depersonalization can interfere with daily life. Brief periods of depersonalization are brought on by acute stress, lack of sleep, or a combination of the two factors. The disorder often begins in the late teens to early twenties and usually resolves itself before the individual reaches age thirty. Depersonalization Disorder is quite concerning to the individual struggling with the mental illness, however, it is of no risk to society since the individual’s grasp on reality is not harmed.

Although Depersonalization Disorder is included in the Diagnostic and Statistical Manual of Mental Disorders, some professionals remain skeptical to whether the disorder actually exists. The issue at the heart of this debate is the concept of dissociative

identities and whether or not they are a direct product of social influence. Skeptics believe that dissociative disorders, such as Depersonalization Disorder, do not exist but are a manifestation of the social environment one is in. Some skeptics go as far as to say that those diagnosed with these disorders have ulterior motives and many simply have attention-seeking personalities. Clinicians often have a difficult time differentiating symptoms of Depersonalization Disorder from symptoms experienced by those diagnosed with schizophrenia, panic disorder, acute stress disorder, and recreational drug use.

Jean was referred to her high school's social worker after she confided in one of her teachers that she "felt like a robot" and at times felt as if she could see herself "standing outside" of her body or floating above her body. When the social worker called in her mother to attend a meeting, the mother tossed out the idea of anything being seriously wrong with Jean. The mother believed Jean simply was not eating a good breakfast and that these periodic "spells" were insignificant. Jean, on the other hand, expressed concern about these re-occurring episodes. The social worker questioned whether Jean was experimenting with recreational drugs and Jean replied with a 'no.' Her mother then went on to explain how "it is unacceptable for Navajos to drink" giving the social worker some insight into Navajo cultural beliefs.

I believe that the social worker responded properly to the information Jean confided in her teacher. By calling her mother into the conference, the social worker would be able to grasp a better understanding of where Jean was coming from and what her support system was like. However, as soon as the social worker realized that the mother was extremely skeptical that anything was wrong with Jean it would have been

beneficial to end the conference and then meet solely with Jean. The way the mother stated how it is unacceptable for Navajos to drink was a clear sign of the societal pressure Navajo individuals, such as Jean, faced. Rather than go on asking Jean about alcohol or recreational drugs, the social worker could have spent more time talking to Jean about the diverging daily pressures she faced from her fellow Navajos and from her friends or classmates. Gaining a better understanding of the dominant cultural and societal factors that Jean deals with may have been a more appropriate strategy for understanding her mental illness. Nevertheless, the social worker did do a good job of diagnosing Jean with Depersonalization Disorder based on her episodes and her lack of hallucinations, voices, and feelings of depression.

Most likely the social worker would have referred Jean to a professional who would have either given her weekly therapy sessions, prescribed her medications, or both. Although there is no particular drug or drug cocktail that is approved specifically for treating those with Depersonalization Disorder, those who are prescribed drugs usually receive antidepressants and psychotropic medications. However, most drug cocktails focus on the anxiety, mood swings, and depression that are associated with Depersonalization Disorder. They focus on managing the disorder's symptoms and not the disorder itself. Consequently, medications may not be the best solution to Depersonalization Disorder since they do not deal directly with the issue at hand and therefore the chance of a full recovery is quite unrealistic.

Like many mental illnesses, Depersonalization Disorder can serve as a kind of coping mechanism or defense mechanism that evolved during times of high stress or abuse, physical or mental. In this sense, therapy can be incredibly beneficial in

empowering the individual suffering with the disorder. Therapy can help a person to acknowledge the pain they suffered and recognize that the abuse they experienced was not in any way their fault. It can validate repressed feelings and help a person realize their own potential and ability to be independent. Specifically, behavioral therapy can help one gain the confidence necessary to begin the process of recovery. Practicing acting out emotions and feelings rather than suppressing them allows one to gain the skills necessary to overcome this disorder. A full recovery from Depersonalization Disorder is far more realistic when the disorder itself is the focus of the treatment being administered, such as through a more feminist approach.

A feminist approach would not see drugs as the solution to Depersonalization Disorder, but would acknowledge who Jean is and where she is coming from. Jean is Native American and a young woman growing up in a society dominated by white, heterosexual males. The Diagnostic and Statistical Manual of Mental Disorders fails to take into account the fact that she is more than just a female experiencing depersonalization ‘spells.’ A professional might take the information he learns about Jean after one or two visits, match her symptoms up to the checklists listed in the DSM, and diagnose her with a mental disorder. The feminist approach, on the other hand, would reject this ‘snapshot’ diagnosis. It refuses to accept that someone’s current feelings and physical symptoms construct a complete representation of her entire mental condition. Instead, a feminist approach would take into account various events that occurred in one’s life and interpret the influence they had on forming that person’s self-identity.

A feminist therapist would work with Jean to create a personalized model of recovery. The therapist's goals would include empowering Jean by focusing on ways that she feels oppressed and what stressors exist in her life. Growing up in a society that is dominantly white could be hard for a member of any minority and must be especially hard for someone of a stigmatized minority, such as Jean. The fact that Navajos are a self-respecting group of individuals who look down on things, such as drinking, considered the norm by the dominant culture could be a huge stressor in Jean's life. The feminist therapist may take into account the fact that she feels as if she is representing her people whenever she is out of her home. One part of her may feel the need to fit in and assimilate to the dominant culture while another part of her may feel committed to being a respected Navajo. Being this cautious of her own actions and always feeling as if she is the 'token' for her minority could be a major influencing factor when it comes to her mental health. Her self-scrutiny could be reflected in her depersonalization episodes as her constant self-analysis is symbolized in the actual removal of herself from her physical body. The feminist therapist could use this knowledge to help empower Jean and provide her with the support to become comfortable with exploring her two identities. After gaining a better understanding of Jean's internalized struggles, the therapist can begin to help her redefine herself as an appreciated and productive member of both of her worlds.

By explaining to Jean that she has already overcome so many obstacles, the therapist can focus on providing Jean with coping skills. Acknowledging that Jean is a women living in a male-dominated society forces Jean to recognize that she has already triumphed over incredible adversity and she has done this on her own. Additionally, the therapist can encourage Jean to see how far she has come regardless by providing her fact

such as how the poverty rate among Native Americans is more than double that of the United States as a whole (25.9% versus 11.3% according to the 2000 Census) with a 46% unemployment rate. Jean needs to be empowered and the therapist can help her perform a positive self-assessment through the use of a feminist lens.

When it comes to dealing directly with Depersonalization Disorder, the feminist therapist can provide Jean with connections to various support groups and “Depersonalization Communities” including those that focus on women. There is a great deal of advice out there written specifically by women for women who have suffered from Depersonalization Disorder. Some of it pertains to the effect hormones, due to PMS, pregnancy, Menopause, or the Pill, have on the emotions of someone suffering from this disorder. One piece of advice that has consistently proved beneficial is the keeping of a daily journal. This daily journal can track one’s emotions as well as her Depersonalization symptoms. As a result, one’s natural hormone cycle can be tracked and directly linked to intensified periods of depersonalization episodes, depression, and anxiety. This enables one to know what to expect and when, enabling someone living with or recovering from Depersonalization Disorder to live a more productive and less hindered life. Additional support can come from various counseling centers such as NAMI, the National Alliance for the Mentally Ill. NAMI is located in downtown Ann Arbor and provides confidential services to those suffering with a mental illness and friends and family members of persons with mental illness. NAMI support group sessions are facilitated by professional NAMI members who provide free of charge services to anyone interested.