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Folk Medicine (Fk St 462G)
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Having been an employee at the Barren River Comprehensive Care Center for nine months, I have noticed several events in which scientific/academic medicine and folk medicine have directly conflicted. It must be remembered by the reader that events and conversations which transpire at the Comprehensive Care Center are held in strict confidence. Having said that, no names or other identification shall be made to either clients or to mental health professionals involved in these points of conflict.

The present paper shall be divided into two sections. The first is a brief overview of the setting and its participants, the second consists of two specific instances of conflict and a brief mention of the persistence of a folk belief among some scientific/academic practitioners employed in a mental health setting.

The Setting and Its Participants

The Barren River Comprehensive Care Center (BRCCC) and its area clinics are administered by the Barren River Mental Health - Mental Retardation Board, Inc., which is a private, non-profit corporation made up of "citizen repre-

sentatives" from the ten Kentucky counties it serves (Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren). BRCCC is located at 707 Main Street in Bowling Green. BRCCC is funded by fees charged to clients for services rendered (based on a "sliding scale," which is a function of the client's income and number of dependents) and state, local, and federal funds.

BRCCC offers both services and programs to its target community. Programs include groups designed to counsel and resocialize individuals with problems of living due to drug or alcohol abuse, mental or physical handicaps, juvenile delinquency, or the particular needs of the geriatric. Services offered by BRCCC are primarily counselling and referral designed to assist those in immediate need. These would include outpatient services (such as therapy for individuals, groups, and couples), information and referral, hospitalization for those in severe distress, consultation and education, forensic psychiatry for adult and juvenile offenders, partial hospitalization (which provides counselling and occupational treatment and adult day care with medical supervision), and emergency services through the Help line (which provides crisis counselling and referral on a twenty-four hour basis).

Instances of Conflict

Systems of belief are, of course, of prime importance in therapy. One of the main goals of therapy is to help clients accept and effectively deal with their being responsible for their affective and physical behavior; to be sure, this is a "scientific/academic mode of belief." A client diagnosed as an undifferentiated schizophrenic typically lives by his or her own rules of reality. Treatment for such individuals will be geared toward that person's accepting rules of reality (or, systems of belief) which minimize their problems in living. That is, the goal of the treatment is the client's accepting responsibility for their actions and thoughts which do not coincide with "objective" reality as accepted by those deemed mentally "healthy."

On several occasions, some local ministers (who, along with their churches, shall remain unnamed) have told some such individuals that they had no mental health problems. Instead, these ministers claimed, the clients were possessed by the devil and administered to by the devil's dark agents of evil. The ministers were telling them they were not responsible for their behavior. Being crafty, the devil disguised his evil angels well, the clients were told. They were further told where these agents of the devil could be found. They could be

found making rock and roll music. They could be found on most television shows. They could be found in the disguise of the mental health therapist. When a client asked one of the ministers what accounted for their apparent progress in dealing with their problems in living, they would be reminded of the devil's wiley ways; they were being lulled into believing their treatment was improving them by the very false prophets who had possessed them in the beginning. A number of clients have "bought" this new diagnosis.

Last year, one schizophrenic client, also suffering from chronic depression, was persuaded by a minister to terminate their therapy and spend their time in meditation and scripture reading. The former client, following this admonition, quit therapy, flushed their medication down the toilet, and stayed up for several consecutive days reading the Bible while cloistered in their small hotel room. Being a masturbator who had a collection of pornographic magazines, the former client decided their eyes had offended God, as described in Matthew (chapter 18, verse 9). The former client literally plucked the right eye from their head.

As both a mental health specialist employed by BRCCC as a Help line worker and as a graduate student in folk studies, I am interested in non-scientific/academic beliefs

regarding mental health held by clients and therapists alike. An illustration of this apparent conflict in systems of belief regarding a client would be when a woman called the Help line one Saturday evening while I was working. The woman claimed that she always began menstruating exactly one week before the full moon and that during the night of the full moon she would "act crazy." Her question, she said, was simply, "Is that normal?" "Perhaps not," I replied, then suggested she contact a physician if the condition were especially troublesome.

Consider the following bits of information regarding an alleged relationship between mental health and the lunar phases. First, the term "lunatic" (a word used among the laity, never employed in a scientific/academic setting -- unless, one would hope, in jest) is derived from the Late Latin word lunaticus, or moon. Second, the Greek word lykanthrópos, from which we derive the word "lycanthrope," refers to the condition in which a patient actually believes themself to be a werewolf. These persons hold the belief that they embody the being of a wolf during the full moon. Why do these people feel they are not responsible for their behavior? Because of the moon.

Folkloric literature is rich with references to the

alleged effect the moon and its phases play on humanity. Included in this corpus of beliefs is a good deal on what "effects" the lunar phases have on personalities, both human and nonhuman. Some, for example, express the belief that children born (or conceived) during the night of the full moon risk a greater incidence of mental instability. Others express the belief that the full moon has some gravity-like power over the minds of those under it; a supranatural power.

Linda Keith (R.N., M.P.S.) is the Director of both BRCCC's Partial Hospitalization/Adult Day Care and the Help line. Ms. Keith claims to have spoken with a number of mental health professionals who believe that, indeed, the full moon somehow precipitates violent outbursts in some clients. She further claims that, despite less-than-wholly-convincing statistical evidence, many social service agents firmly believe that violent episodes -- both inwardly- and outwardly-directed -- on the part of clients, and persuant hospitalizations, increse significantly during the full moon.

The point to be made is simply this: From a mental health specialist's standpoint, such beliefs should never be reinforced within earshot of clients. The primary goal of therapy -- as already mentioned -- is the espablishment (or reestablishment) of a client's sense of responsibility. To

suggest that a client has lost their ability to control their affective, psychological, or physical behavior every 29 days, 12 hours, 44 minutes, and 2.8 seconds is -- to put it rather mildly -- anti-theraputic. They may as well be told they have lost their control over their behavior by agents of the devil.

Another Help line call is in order here (reconstructed as well as I can remember it):

> "I can't control myself any longer."
> "Why not? What's happened, [client's name]?"
> "It's my medication."
> "Uh-huh."
> "Dr. _____ changed my medication and it's making me crazy."

When asked what medication they had been taking, the caller could be heard picking up what sounded like pills rattling in a small plastic pill bottle. They spelled the prescription, so I looked it up in the PDR (Physician's Desk Reference [to prescription drugs]) and saw it was a mild tranquilizer. When I asked what their current prescription was and looked it up in the PDR, I saw it was another brand name for the very same generic compound. The dosage was the same for both prescriptions. Further, they claimed they were taking both medicines exactly as prescribed by the doctor. In other words, they were

taking exactly the same stuff in exactly the same amounts as they had for months. I asked when they began taking the "new" medicine.

"The seventeenth of this month," they said.

I did not tell them it coincided with the full moon; they had enough problems as it was. Rather, I suggested they speak with Dr. _____ regarding this matter as soon as they could. Satisfied, the client promised to do so and hung up. I then wrote a brief missive of referral to Dr. _____'s secretary, describing the complaint. To be sure, I made no mention of the lunar phase in my referral sheet.

In summary, it may be said that nonacademic health matters may frequently play a significant role in the setting of BRCCC. It is my belief that a medical folklorist's perspective offers a most unique and valuable angle on the field of mental health. At the risk of sounding like the typical graduate student ending a paper on virtually any topic, "more research in this field is clearly in order." Indeed, I believe that this is the case. However, it should be added that such research, if properly conceived and conducted, would be of great importance to not only folklorists, but health professionals seeking a more eclectic perspective on ranges of treatment and an understanding of their field.