

# common mistakes we make when supporting others & what to do differently

# common support mistakes

- A desire to fix or eradicate the problem, or save the person in distress
- Shifting away from the person and centering your own experience
- Infantilizing the person, pitying them and "feeling sorry" for them
- "Silver-lining it" (Brene Brown) - pointing out blessings, using toxic positivity to create distance from uncomfortable emotions
- Making the person in distress comfort you and manage your emotions
- Indirectly or directly saying that this person has placed a burden on you

# let me fix it/savior mindset

## Type 1: Fix the problem itself

- **A rush to solve:** Oftentimes, people are capable of holding very little space for people who aren't ready to address their "issues."
- **A direction or a suggestion:** "Why don't you do [X]?" or "Self-harm is not good for you and you should find a way to stop."
- **An interpretation:** "I think this is because of your family conflict."
- **An impulse to blame:** "Yes, it is all his fault!"
- *Very context-dependent, but sometimes this is a knee-jerk reaction that can come from a desire to have an immediate solution*

## Type 2: Fix the uncomfortable emotion, "silver lining"

- Not malicious, but often involve attempts to dismiss or minimize negative emotions
- Comes from the belief that the person should feel or think differently, or that it is your job to help the person feel differently by saying the perfect thing
- **A rescuing statement:** "Oh, don't worry about that! Lots of people have that symptom."
- **A cliché:** "You are not alone. You are not alone. You are not alone."
- **A silver lining statement:** "Well, you're still lucky to have a family that loves you," or, "Think about the positives!" and "At least..."

**Both are rooted in personal discomfort with the other's distress.**

# "you poor thing"

This is often used as a tool to infantilize mad and Disabled people. We are often imagined as perpetual objects of pity who hate ourselves and our lives deeply. This creates a difficult dynamic where anytime we describe an issue or challenge, people assume our entire *identity* is something to feel sad about instead of systemic ableism and sanism.

Non-Disabled people often think madness and Disability is the worst possible outcome, and we rush into assumptions that we should pity someone just because they are describing something difficult (or something we perceive to be difficult). This increases the power dynamic in the relationship, and distances you from the distressing situation and emotions.

## Examples:

- "That sucks. I have no idea how I would handle that if I were you."
- "I feel so, so terrible for you. How are you going to be able to do [X] now?"
- "You must be devastated!"\*
- "You are so strong for [doing some basic thing]!"

# "I know just how you feel"

Co-opting shifts attention and can be a hurtful knee-jerk response. But personal stories can be powerful when shared with intention and care!

## **Warning signs of co-opting:**

- Immediately talking about your own experience without holding space for the other person's emotions or thinking about their needs
- Using it as an opportunity to vent or gain empathy in response
- Sharing because it feels good for you, not for them

Many neurodivergent people struggle with this; in particular, folks who use their own pieces of lived experiences as a reference point for understanding other people's emotions.

Therefore, by talking about our own experiences, we are able to make sense of where this person might be and what they might be feeling.

However, being neurodivergent is not an excuse to co-opt moments where a person is expressing a need for support. This is a balance and will look different depending on the person, context of the situation, and nature of the relationship.

**“But I care about this person and I want what’s best for them.”**

**This is often the same justification that the mental health system, individual providers, family members, etc. use to take away the ability to make decisions from mad and Disabled people. If we approach support for our peers and loved ones from the same lens, we are perpetuating ableism and sanism and presuming incompetence.**

The dignity of risk is a concept that has been utilized in Disability Rights spaces, to refer to the ways in which mad, mentally ill, Disabled, and neurodivergent people have had our choices (specifically the right to take risks and make decisions that might not be perfect or even great) removed. Other people get to decide which risks are too big to take, and operate from a fear-based framework in order to “keep us safe” and “do what’s best for us.”

# what this looks like in practice

**A person you love and care about makes a decision about their healing that you do not personally agree with.**

## **With that person:**

*Focus on listening to their experience, offering a container of support, meeting them where they're at, and (with consent) sharing options, alternatives, and new information this person may not have considered or had access to.*

## **With your support person:**

*Discuss challenging aspects of the situation, what is activating you, what you wish could happen, your frustrations, worries, fears*

# what this looks like in practice

**Offer support that respects autonomy with the person in distress or crisis:**

## **Gently offering information:**

*"I hear you that what you're enduring feels so difficult and insurmountable right now, and this feels like the best approach. I also wanted to name that this is not the only option you have, and I would be happy to discuss those with you, and all of the risks and benefits if you'd like. Ultimately, this is your body and your decision and I just want to make sure you feel informed and supported in figuring it all out."*

## **Validating where they're at:**

*"Thank you so much for sharing this with me. I know you're not ready to take actions yet, and I don't want to rush into problem solving mode—but when you're ready for that, I'm here to figure that out. For now, I'm grateful you opened up to me, and I'm here to listen."*



# what this looks like in practice

## Talk through what you need to with your own support system:

*“Do you have some space to chat? I’m really concerned about Miah right now. It seems like they have internalized some really harmful beliefs about themselves and their mental illness, and that could be influencing the decisions they’re making about their care. For example, in the past Miah has said she never wants to take Lithium again because she had terrible side effects. But now it seems like her provider has made it seem like she would be a better and more functional person on medication. Of course, it’s Miah’s right to choose and I will support her either way— but I’m wondering if we could talk through strategies for approaching this with Miah that still respect her autonomy? I’m also worried about my own ability to navigate conversations calmly without getting activated, and don’t want to say something to Miah from an ungrounded place. I would appreciate your support here if you are down to chat!”*

# learn more:

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Project LETS is led by and for mad, mentally ill, neurodivergent and Disabled (MMIND) folks, We build radical peer support collectives, lead political education, organize & advocate for the liberation of MMIND folks globally, and create innovate, peer-led, abolitionist alternatives to the carceral mental health system. We fight for collective access, healing on our own terms, self-determination, opportunity, and equity.