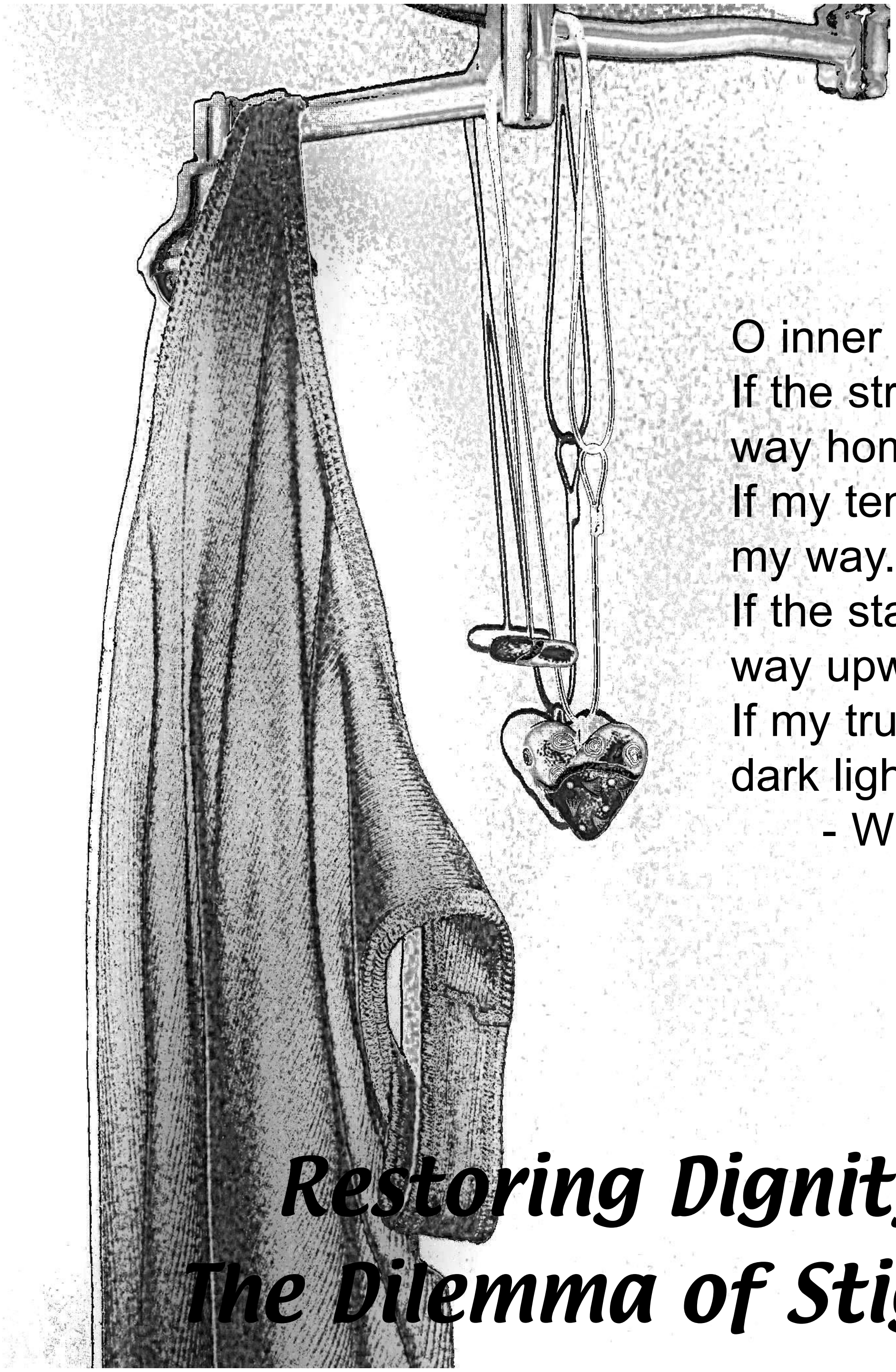
States of Mind

The Publication of the Mental Health Association in Tompkins County

May 2010



O inner Light, light my way.
If the street be dark light my way home.
If my tenement be dark light my way.
If the stairs be dark light my way upward.
If my true temple of body be dark light my way.
- W. T. Ranney

Restoring Dignity: The Dilemma of Stigma

To understand and improve the mental health of our community

advocacy • information • education

Mental Health Association Board of Directors

MAY 2010

Cover art by Maia Moisio
Cover Poem by W. T. Ranney

The Mental Health Association in Tompkins County is composed of people working together to improve the mental health of our community. The goal of this publication is to inform the community about ideas, different viewpoints, developments and activities in the field of mental health; its contents are not intended to provide advice about individual problems. Such advice should be offered only by a person familiar with the detailed circumstances in which the problem arises. Unless otherwise noted, opinions expressed in *States of Mind* are the opinions of the authors and not necessarily those of the Board of Directors, staff or membership. Submissions and announcements are welcome. Please call (607) 273-9250 if you wish to submit an article, poem, story or drawing, or send it to:

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From the desk of...
the Executive Director

Beth Jenkins

As Executive Director of The Mental Health Association in Tompkins County I interview individuals who wish to work with children/youth in our Family Support Program or with adults in one of our several adult programs.

They all have something in common that thrills me. They want people to be accepted, successful in life and to be recognized as individuals with more than a mental health diagnosis.

Several interviewed individuals have taken many courses in health and human services that support a position that I have had for years. Physical and mental health are not separate identities. They go together. We have varying degrees of wellness and illness.

We easily see that some people have a cold or pneumonia or maybe even lung cancer. We understand that there are degrees of physical wellness. We readily accept that there are times we feel better than others. No matter that it is a cold, pneumonia or cancer. We may feel all of the corresponding symptoms, only a few or no symptoms at all.

Why do we not perceive mental health in the same way? Some days we may feel sad. It might be a temporary feeling brought on by the loss of a friend that moved or the death of a loved one. This sadness may be temporary, and recovery from the feeling is helped by a friend or loved one. Or it can be more serious and be diagnosed as depression. This too can be of many levels of concern. But all the levels aside, mental health is just a part of us that makes us human.

I encourage us all to look beyond the labels of mental illness to see the person who is before us. In the not-so-distant past those who had cancer could not mention the “C” word for fear of rejection. People with mental illness today face the same circumstances. I urge you to become more understanding and compassionate.

Let’s be completely honest with ourselves. Who among you has never had a physical illness? Very few of us have never been physically ill. Why do we act as though mental illness is such an unheard of possibility? Mental illness knows no economic class or other barrier. It is an “equal opportunity” illness. One of the most important actions we can take is to be more understanding and accepting of differences. Look for the person, not the illness!

“You Hold the Key” by Edward Hazel

There is dignity in having a serious mental illness. As little as a year ago I would have argued that point. I was ashamed of something I couldn’t control, my mind. I was diagnosed with Borderline Schizophrenia in the mid-seventies after a negative LSD experience. Upon admission to an Atlanta psychiatric hospital I was given large doses of Thorazine to stabilize my psychotic behavior, which rendered me helpless in my state of deep sedation.

I did not understand how psychologically crippling my newfound condition would be but I learned quickly after many unsuccessful attempts of maintaining any type of employment. I became officially disabled in 1978 and started receiving Social Security disability benefits.

I met a wonderful woman in 1979 and we married a year later. We had a daughter in July of that year and another daughter was born 14 months later. After their births we moved from Georgia to Cortland, NY in 1981 to start our lives as a new family.

We were a non-traditional family with my wife working and me staying at home with the children. At the time our arrangement worked very well except I regret not playing a more traditional role in the family dynamics.

My family began to branch out into new horizons, the girls were in grade school and my wife started her career at Tompkins Cortland Community College. Me, I was still a stay-at-home dad patiently waiting for everybody to return to the place they started from earlier in the day.

My wife graduated from TC3 and went on for a bachelor’s at SUNY Cortland, then later a master’s degree in Elementary Education. From there she received an additional masters in social work at Marywood University in Scranton, PA.

My daughters moved on with their lives as well, the oldest graduated from Houghton College and later married in the year 2000. My youngest tried college but was unable to finish because, like me, she is stricken with mental illness.

One point bears mentioning: my father-in-law was diagnosed with terminal cancer in 1991 and with the help of hospice we cared for him at home until he passed away in the spring of 1992. I devoted much of my time, giving him comfort during his last days. For a short while I was needed by my family but with my father in-law’s departure my usefulness came to an end.

After my father in-law’s death I began a steady decline in my physical and mental health. I had an enormous nicotine addiction that confined me to the downstairs laundry room. My family was still intact but with each passing day I was losing more and more things in common with them. As my life came to a halt, theirs continued to grow and flourish and that is the way it should be. My regret is that I was not there to share it with them.

As I said, my mental and physical health was declining and in 2003 I was admitted to Crouse Irving Hospital for a viral infection in my heart. Although the ordeal was frightening it had very positive results, thanks to my wife, who threw away all of my smoking paraphernalia before I returned home. After smoking cigars and cigarettes since age 18, I was free from any form of nicotine addiction. Mentally, I was becoming increasingly paranoid, and now instead of staying in the laundry room, I spent days peering out of my bedroom window, no longer aware of time passing before me.

In March of 2006, I accidentally overdosed on a combination of herbs, vitamin supplements and medication. I called my wife at her place of employment but I was incoherent, causing much alarm to the office personnel. Before

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"You Hold the Key"
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my wife could return my call I became agitated and pulled the phone from its jack and trashed the bedroom. When my wife returned home, she found me in a deep psychotic state lying on our bed.

Photograph by Evan D. Williams.

I do not remember getting dressed or putting together clothes for the psychiatric evaluation at Cortland Regional Hospital but there I was, in a hospital gown, being carefully scrutinized by an intake nurse. I took my position on an examination table only to have it crash to the floor under the submission of my weight of 320 pounds. My features were blunted as the nurse asked me a series of questions; I was no longer a part of their reality. No, I had gone deep into a dark void, unaware of anybody or anything I was remotely associated with.

My family thought I was gone forever and would never function again. I was discharged three weeks later because of insurance reasons. My wife was concerned that I would become too much of a burden both financially and economically, so for the first time in our marriage, divorce became a topic of conversation. My life was tearing apart before my eyes and I knew if I were to survive I had to make significant changes.

My first objective was to find adequate mental care; the support I had prior to my hospitalization would no longer accept me as a client. I was directed to a psych social club to obtain medication but was not allowed to participate in any activities because my daughter was already established as a client.

I longed to be around people. My social skills were near extinction after almost a year of self-imposed seclusion. Without hesitation, I left the organization in less than a month and I set my sights to a different source for medical relief: Howard Feinstein. Howard has been a part of my psychiatric well-being since October of 2006 and I am eternally grateful for his extraordinary knowledge of psychological disorders and their treatment.

As I began the recovery process I became aware of my poor physical health and started an exercise regimen that consisted of walking, lifting weights and changing my diet. Every morning my wife dropped me off a couple of miles away from our house as she went to work. Even in the dead of winter I trudged through the snow with earphones intact listening to a limited selection of music. In a relatively short period of time I went from a hefty 320 pounds to 210 pounds and dropped six waist sizes.

The intensity of my drive continued to flourish when in November 2006 I obtained my first job in 33 years as a volunteer at Lamont Library in McGraw, NY. I worked with the library until April of 2007 when I became gainfully employed at Catholic Charities of Cortland, NY. I was originally hired as a driver; however, I was gradually promoted to a per-diem employee for two halfway houses. Presently, I work at Charles St. Residence as an advisor as well as a driver when needed. I also attend Tompkins Cortland Community College seeking a degree in Chemical and Alcohol Dependency Counseling. In August of 2008 I was certified by NAMI as an In Our Own Voice speaker. In addition to these milestones, I have had the unique honor of speaking at Compos Mentis for the two past years. I am the featured student in Tompkins Cortland Community College Foundation Annual Report for 2010.

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"You Hold the Key"
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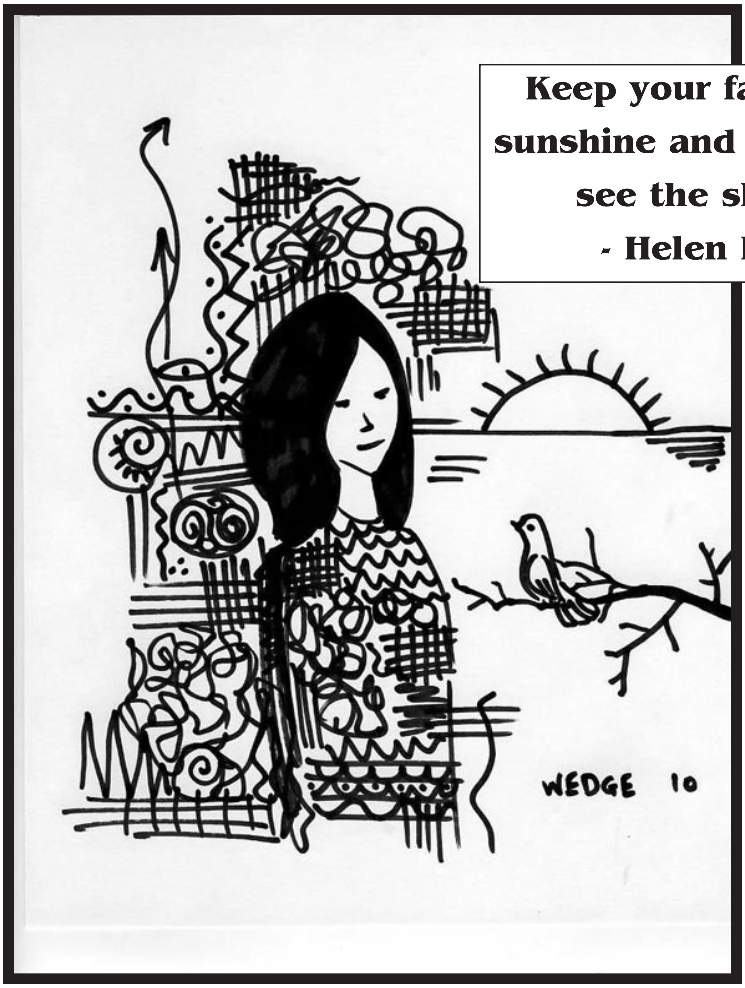
I cannot say what changed for the sudden enlightenment I now possess. I have always been a seeker, but it wasn't until I was completely torn down that I was able to rebuild. My advice would be to love yourself and be patient, you will change soon enough.

Photograph by Evan D. Williams.



Keep your face to the sunshine and you cannot see the shadow.
- Helen Keller

The issue of stigma in gay, lesbian, bisexual and transgender (GLBT) people's lives carries a double edge. Not only do many GLBT people face a stigma associated with their sexual orientation or gender identity, to the extent that many are ostracized by family and friends, but those with mental health issues also face the stigma associated with mental illness. In fact, gay, lesbian and bisexual people are two and a half times more likely than heterosexual people to have a mental health disorder. GLBT people with mental health issues encounter a mental health system that does not understand issues related to sexual orientation and gender identity, while the GLBT community is not educated about mental health issues, contributing to the double stigma that GLBT people suffer.

Internalized homophobia is another occurrence among GLBT people, in which they internalize society's prejudice against them. This can cause psychological problems, especially in youth, and lead to feelings of shame and low self-esteem. The suicide rate for GLBT youth is also higher than that of heterosexual youth. What can others do to help? Remember that being gay, lesbian, bisexual or transgender is not a mental illness in itself, and be supportive of GLBT people, with or without mental health issues.

Some available resources:
GLBT National Hotline
1-888-THE-GLNH (1-888-843-4564)

Rainbow Youth Hotline
1-877-LGBT-YTH (1-877-542-8984)

LGBT Suicide Prevention Hotline
www.TheTrevorProject.org
or 1-800-850-8078

Some Suggestions for Dealing with Situations of Stigma

1. Surround yourself with a system of support that includes family and friends.

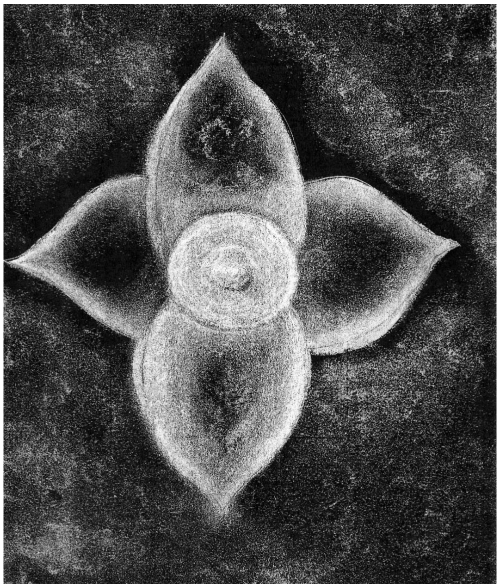
2. Take time to explain to others about mental illness and encourage their understanding.

3. Make it a point to avoid using terms that enforce stereotypes, like “lunatic” or “nuts.”

4. If you’re unsuccessful at creating understanding in another person about the harmful effects of stigma, remove yourself from the situation and seek out your support system or do a relaxing activity.

Be brave and speak out about stigma.

“Life is the first gift
love is the second
and understanding the third.”
- Marge Piercy



“Flower” by Carol Evans.

“September Lost” by S. K. Scolaro

It was a stunning September,
so I’m told;
warm, sunny days,
cool nights,
a gradual change of color;
perfect as can be.

It hovered at the edge of my awareness;
a glance at the morning glories,
a few minutes in the sun,
a brief look at the clouds.
Then, back inside, huddled under a blanket,
unable to concentrate,
unable to move,
unable to feel.

Lost.

A dark cloud worked its way inside,
took up residence,
would not leave.

“You don’t know what it’s like,” she’d say.
She was right. I did not.
No one who has not felt this
could know.
When it’s not you, you say ridiculous things like
“Snap out of it” or
“Just try” or
“Go out; talk to people.”
None of this helps.

It is the deepest dark
and you do not believe
you will ever
get out.
You have lost your Self.
It is so frightening,
so lonely,
so bleak.
Unimaginable to most.

If you do get free, you, too, will wonder
if it was truly that way.
It was,
and now you must do all you can
to make sure
it does not happen
again.

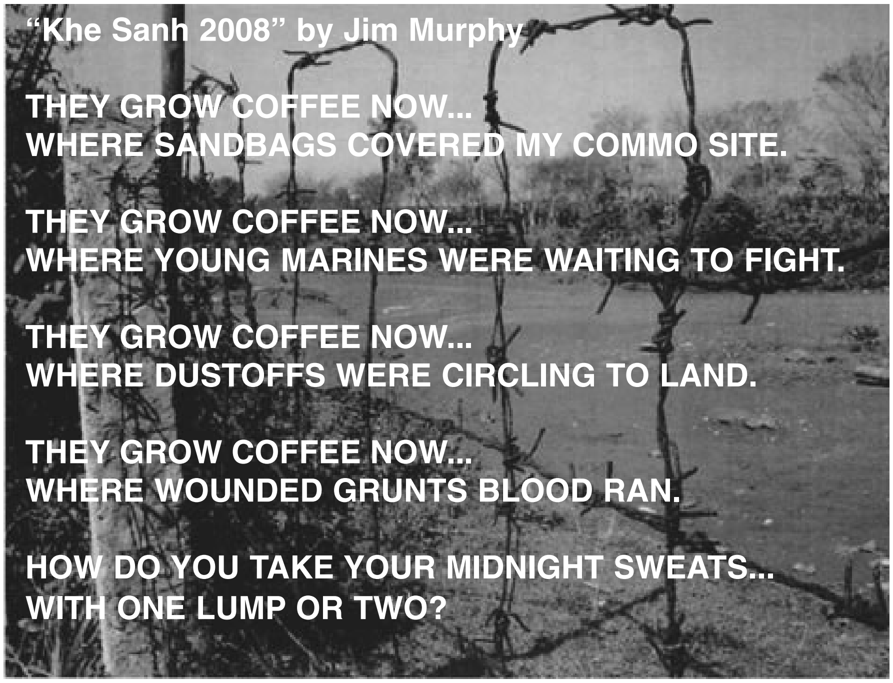
Many active-duty troops and veterans don’t seek help due to the stigma of mental illness in the military.

In 2008, the Air Force, Army, Navy, and Marine Corps lost a combined total of 260 troops to suicide.

An average of 3 callers per day to a national VA suicide prevention hotline were active-duty troops.

Nearly 30% of troops returning from Afghanistan and Iraq may suffer from Post-Traumatic Stress Disorder, major depression, or Traumatic Brain Injury.

To reach the Veterans Suicide Prevention Hotline:
Dial 1-800-273-TALK, then press 1.



“Khe Sanh 2008” by Jim Murphy

THEY GROW COFFEE NOW...
WHERE SANDBAGS COVERED MY COMMO SITE.

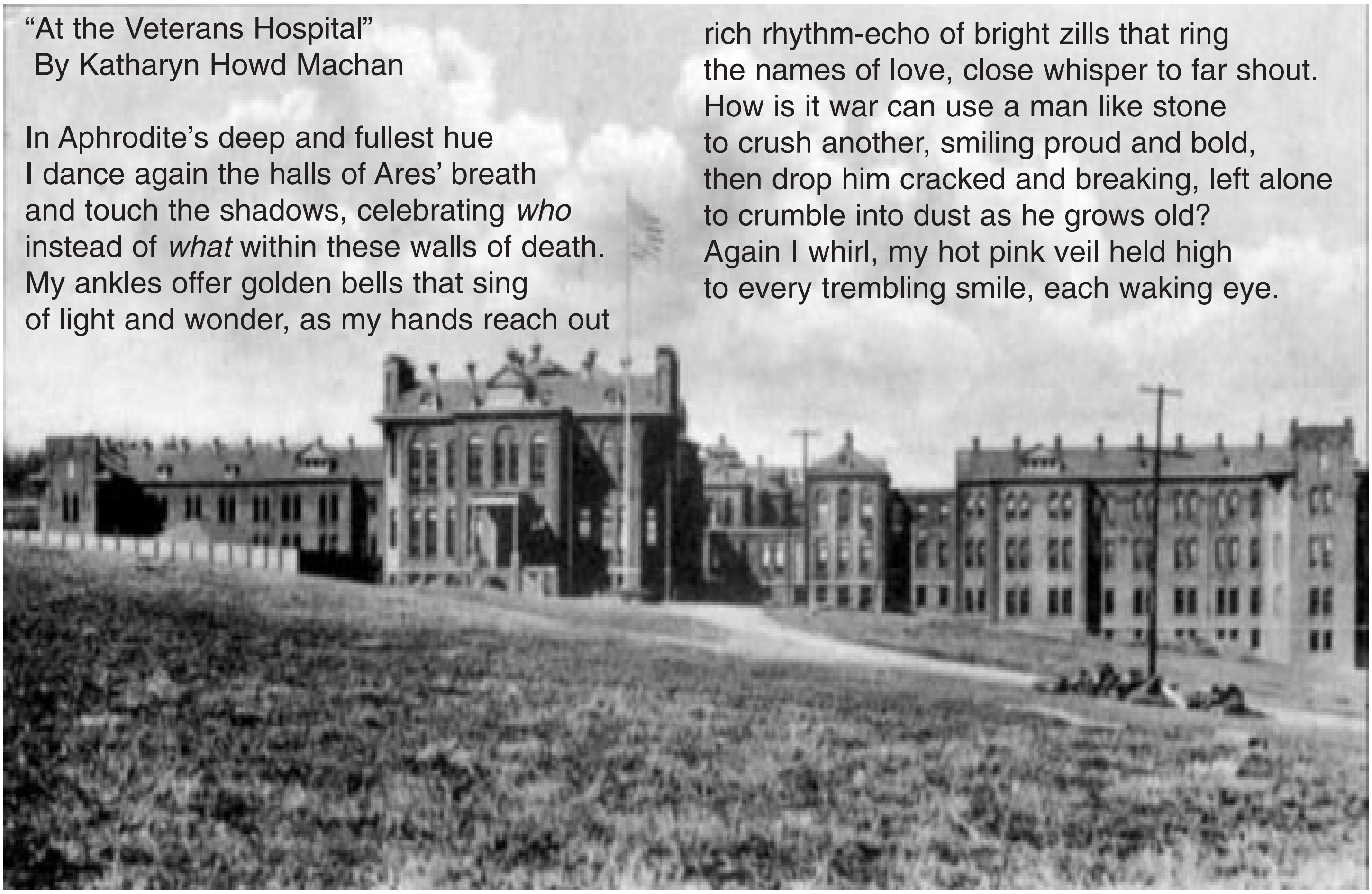
THEY GROW COFFEE NOW...
WHERE YOUNG MARINES WERE WAITING TO FIGHT.

THEY GROW COFFEE NOW...
WHERE DUSTOFFS WERE CIRCLING TO LAND.

THEY GROW COFFEE NOW...
WHERE WOUNDED GRUNTS BLOOD RAN.

HOW DO YOU TAKE YOUR MIDNIGHT SWEATS...
WITH ONE LUMP OR TWO?

“Khe Sanh” Photograph by Corey Murphy



“At the Veterans Hospital”
By Katharyn Howd Machan

In Aphrodite’s deep and fullest hue
I dance again the halls of Ares’ breath
and touch the shadows, celebrating *who*
instead of *what* within these walls of death.
My ankles offer golden bells that sing
of light and wonder, as my hands reach out
rich rhythm-echo of bright zills that ring
the names of love, close whisper to far shout.
How is it war can use a man like stone
to crush another, smiling proud and bold,
then drop him cracked and breaking, left alone
to crumble into dust as he grows old?
Again I whirl, my hot pink veil held high
to every trembling smile, each waking eye.

“Pariah on a Parapet” By Rachael S. Pierce

(Pariah: One despised and condemned by society. An outcast. Parapet: The upper part of a wall, bridge, terrace, etc. *Webster's Dictionary of the English Language, Unabridged.*)

The recent rash of suicides both locally and worldwide of desperate individuals whose only choice of last resort was death is deeply disturbing. Likewise, hate-filled rants of protesters whose anger at politicians in particular and governments in general are in the news daily. The widening gulf between the haves and the have-nots, the rise in homelessness and the suicide missions of individuals in the name of religion, all threaten the fabric of society which seeks community for problem solving. The widespread despair at natural disasters like the Haitian earthquake renew a sense of humanity when the response is to rally generosity by the $ billions. We ask ourselves, "How can I make a difference?"

The extreme isolation and alienation of the pariah on a parapet calls out to us to challenge the helplessness he or she feels to overcome the despair. The immediacy of the crisis seems insurmountable to both the victim and the observer without the reassurance that this too will pass. The support and advocacy of friends, family and a community of caring members can make a difference. By exposing the mental illness that causes despair, being ready to talk about our own mental problems, and sharing options and solutions with others, we can alleviate the stigma which keeps us silent. Acknowledgment of our fear of mentally ill people can only shed light and give aid to those who feel like outcasts. Telling our own stories of paranoia, depression and anxiety and daring to give voice to the dilemma of stigma can build community and restore dignity.

The misunderstanding of mental disturbance is replete with news of the individual who suddenly lashes out at innocent bystanders in a murderous rage. Timothy McVeigh, John Hinckley, Charles Manson, to name only a few, typify the stereotypes that engender fear. To combat these fears we must be willing to talk of our successes as Kay Redfield Jamison does, who writes openly of her own bipolarity even while she is a professor of psychiatry at Johns Hopkins School of Medicine. Or we may gain enlightenment by a reading of William Styron's *Darkness Visible*, which is a personal account of his own experience with debilitating depression. These people give voice to their success in overcoming personal crises and in so doing, encourage others to do the same. The paradox of the dilemma of stigma is that in exposing success in overcoming mental illness, the same stigma may be brought to bear against the courageous voice of the truth teller.

There may be significant career implications to acknowledging a problem with mental illness. As a retired person at age 67, it is considerably easier to say openly that I am bipolar. As a job applicant aspiring to promotion, it is risky. On the eve of my fortieth birthday, I interviewed for a political position which required a vetting procedure. After a lengthy examination of my qualifications for the position, I was asked if there was anything in my past that might cause embarrassment. I replied quite honestly that I had been hospitalized for a breakdown some 15 years before. A stunned

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“Pariah on a Parapet”
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silence filled the room. To the ultimate credit of the interviewing committee, I was successful in obtaining their endorsement. Their willingness to give me a chance despite my revelation was heartening. I am ever grateful for that opportunity. Thomas Eagleton found much harsher critics to his admission of treatment for depression and it cost him a chance to be Vice President. Edmond Muskie shed some tears in a public forum during his campaign for the Presidency and was sidelined. It is safer to be less forthcoming in the world of employment, but the success of a responsible worker who controls his illness with medication stands as a beacon to others that there is hope and even dignity to be achieved.

Being a good listener to a friend or even a stranger who is troubled is a small way to make a difference that can have lifesaving consequences. Or it can simply ease another's pain of loneliness and isolation. A smile in the grocery store can change the tenor of another person's day. That simple act of kindness can renew someone's faith in humanity and a word of praise for a job well done can engender confidence. Attending a support group for Alzheimer's caregivers and sharing solutions to common problems can bring respite to ourselves and encouragement for the tasks ahead to others. It is especially helpful to maintain the dignity of Alzheimer's patients by including them in activities which preserve their interests as long as possible. Listening to music together enhances communication that has become difficult by loss of vocal expression. A caring gesture preserves our own humanity and rewards us far beyond our expectations.

In short we may never completely eliminate the distress of stigma born of fear and ignorance, but we can individually make a difference by respecting our differences. We can share our stories of distress and anxiety and thereby encourage others to do the same. The mutual support created from compassionate understanding will enhance opportunities for growth in overcoming life's difficulties, and seeking help for our problems will no longer be an embarrassment bringing shame. The last resort of taking one's own life or striking out at others in violence and anger will be recognized as a symptom of despair and not an option to end pain. Offer and receive concern and caring to show that recovery is possible. Let's do our part to prevent the pariah on the parapet from succumbing.

"The Words Reflected in Her Eyes"

By Allie Fiete

I took a walk last night. I always take walks in the rain. I like the way it makes me feel when I'm alone. The inside matches the outside; the sky provides the tears that my eyes refuse to let out. And when it's cold, I'm not bothered. It only helps to settle my burning face, my fuchsia cheeks. I get worked up a lot these days, and the rain helps me settle back down. I wish it could rain every night and every morning for the rest of my life.

On my walk, I thought about the way Abby had looked at me during our last real conversation. I'd never seen her eyes like that before. Her gorgeous blue eyes had already pierced through my heart so many times, but never like that. This wasn't a look of sadness or sympathy; it was a look of concern, maybe fright. I shouldn't have told her. I knew it instantly. I shouldn't have told her about last fall.

Last fall. November. When no one knew what was happening to me, except for my cousin Sarah. When I was afraid to admit the truth to anybody, especially myself. "There's something wrong with you." My brain heard it all the time. "You need to be fixed." And when people did find out, they didn't really find out. They knew that I had been "depressed" and that was that. I don't tell people because I'm sick of explaining. I'm sick of seeing their faces and then waiting to see how they react. I'm sick of trying to explain that depressed and "crazy" are not the same thing. Sick of explaining that depressed and "upset" are not the same thing. I'm not just sad. But I don't need to be cradled like a baby either. I wish they could understand. I wish she could understand. I wish any of the people I love could just understand.

We don't talk about the day in November, my family and I. I never talk about it to anybody. I told Sarah. And then over a year later I told Abby. And that was it. Maybe it's different with Sarah because she's family, or because she was there when I was going through it. Either way, I don't think she thinks I'm crazy. But Abby....

I told her about that night, when I'd had enough. Thanksgiving break was too far away, and I couldn't wait that long to not be alone anymore. I couldn't wait the week. I had a note. I had several, actually. And I had the blade. I had everything set. The shaking, debating, the not-crying-even-a-single-f'ing-tear, the wondering…. I told Abby about all of it. I told her how I started and then stopped, and then sat and thought for a long time and was about to start again when I looked at the clock. The clock. My roommate would be back any minute, and then what? I had to stop. It couldn't happen that night. I told Abby that even now, over a year later, I make sure to wear my plastic yellow digital watch every single day, so that no one can see the scar from where I started.

She didn't judge me then. Or if she did, I didn't see it. She must have, actually. Yes. She must have. I couldn't look her in the face as I told her, so I really don't know. But that's not when I felt the judgment through her eyes. It was a few minutes later, when something had gone wrong. It felt like my heart was broken, and I couldn't even find the right words to explain my feelings. And that's when I saw it. The look. The scared, don't-do-it look. Suddenly our relationship became about her defending me against myself. She took my hand and made me promise not to hurt myself. Again and again she made me promise. I tried to explain to her that I was better, I wasn't going to do anything. But that look wouldn't leave her eyes. I couldn't even talk to

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“The Words Reflected in Her Eyes”
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her anymore. I felt like she didn’t understand me at all, and that nothing else about me mattered as long as I wasn’t physically hurting myself. What about my broken heart? What about the jokes we’d been telling each other just ten minutes earlier? I wanted to appreciate her concern, but it was the wrong kind of concern.

My next few interactions with Abby were awkward at best. For about a week she acted concerned, and then eventually stopped talking to me completely. She didn’t seem to care how I was feeling anymore; she only wanted to know that I wasn’t going to do anything "crazy." We don’t speak because I can’t talk to her anymore and she doesn’t want to talk to me. She started avoiding me as soon as she felt assured that I wasn’t going to hurt myself. Everything we’d ever said to and done with each other seemed to just slip out of her mind, as if it had never even existed, just because I told her that I had once been on the brink of suicide. I was depressed. I expected her to understand, not to run away. Of all the people in my life, I chose to tell her. And, in the end, I lost a friend because of it.

We’re not friends anymore, because I can’t look at her. I can’t look into her blue eyes anymore without seeing that look. The one that said, "You’re crazy." But I was never crazy. I wasn’t crazy last November, and I’m not crazy now. I’m just broken. Just human, like everybody else.

❧

***A Mind That Found Itself* is the autobiography of Clifford Beers, first published in 1908. It details the recovery from mental illness of a young man who was institutionalized and then stigmatized, but who, on his return to the community, resolved to make conditions better for all people who experience mental illness. Beers also founded the National Mental Health Association, now Mental Health America; this is our (MHATC’s) “umbrella” organization. Below and on the next page are some excerpts from his book.**

I

Though the fact is now difficult for me to believe, I was painfully shy. When first I put on short trousers, I felt that the eyes of the world were on me; and to escape them I hid behind convenient pieces of furniture while in the house and, so I am told, even sidled close to fences when I walked along the street. With my shyness there was a degree of self-consciousness which put me at a disadvantage in any family or social gathering. I talked little and was ill at ease when others spoke to me. Like many other sensitive and somewhat introspective children, I passed through a brief period of morbid righteousness.

II

A man's college days, collectively, are usually his happiest. Most of mine were not happy. Yet I look back upon them with great satisfaction, for I feel that I was fortunate enough to absorb some of that intangible, but very real, element known as the "Yale spirit." This has helped to keep Hope alive within me during my most discouraged moments, and has ever since made the accomplishment of my purposes seem easy and sure.

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Clifford Beers
and *A Mind That Found Itself*
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III

I have endured so many days of the most exquisite torture that I hesitate to distinguish among them by degrees; each deserves its own unique place, even as a Saint's Day in the calendar of an olden Spanish inquisitor. But, if the palm is to be awarded to any, June 26th, 1900, perhaps has the first claim. My state of mind at that time might be pictured thus: The criminal charge of attempted suicide stood against me on June 23rd. The thousands of collegians gathered in the city, many of whom I knew personally, loathed the very thought that a Yale man should so disgrace his Alma Mater.

IV

And when they approached the hospital on their way to the Athletic Field, I concluded that it was their intention to take me from my bed, drag me to the lawn, and there tear me limb from limb. Few incidents during my unhappiest years are more vividly or circumstantially impressed upon my memory. The fear, to be sure, was absurd, but in the lurid lexicon of Unreason there is no such word as "absurd." Believing, as I did, that I had dishonored Yale and forfeited the privilege of being numbered among her sons, it was not surprising that the college cheers which filled the air that afternoon, and in which only a few days earlier I had hoped to join, struck terror to my heart.

V

That a man who had disgraced his family should again enter his old home and expect his relatives to treat him as though nothing were changed, was a thought against which my soul rebelled; and, when the day came for my return, I fought my brother and the doctor feebly as they lifted me from the bed.

VI

"'Uncle Tom's Cabin,'" I continued, "had a very decided effect on the question of slavery of the negro race. Why cannot a book be written which will free the helpless slaves of all creeds and colors confined to-day in the asylums and sanitariums throughout the world? That is, free them from unnecessary abuses to which they are now subjected. Such a book, I believe, can be written and I trust that I may be permitted to live till I am wise enough to write it."

VII

Such a book might change the attitude of the public towards those who are unfortunate enough to have the stigma of mental incompetency put upon them.

VIII

The next day I went to New York, and on January 1st, 1905, I began to write. Within two days I had written about fifteen thousand words—for the most part on the subject of reforms and how to effect them.

Editorial Postscript: *A Mind That Found Itself* has never once been out of print since its first printing in March of 1908. Beers launched the National Committee for Mental Hygiene, which became today's Mental Health America, a few days after the publication of his book.

Healing Stigma

If we acknowledge that one of the biggest challenges in maintaining or restoring the mental health of a person is that of overcoming stigmatization, a primary question inevitably becomes: “How is stigma healed?” From ancient Greek, the word itself means: “A mark or token of infamy or disgrace.” The *Oxford English Dictionary* says further, that in English, stigma means a mark (healed, the mark becomes a scar) made upon the skin by burning with a red hot iron. The root word goes back to Indo-European where ‘steig’ is thought to have meant ‘to stick’ or ‘sharp.’

In fact one of the earliest and most widely known written records of a stigma in the western world was in the Septuagint, the Greek translation of the Hebrew Bible (Tanakh) as it detailed the branding of Cain after he murdered his brother Abel. God put a mark, or brand, on the forehead of Cain so that all who saw him should know that he was in disgrace, or out of favor with God for his (Cain’s) act of violence.

Through time, this marking or branding came to be a means by which those in power ensured that those less powerful or vulnerable in some way were dominated, usually using the double weapon of physical and social constraints. The Puritans often used the stocks, where the unfortunate soul who had missed church or been caught publically drunk had head and hands locked up in a wooden device for all passersby to view him or her incarcerated in the town square. Often such punishment was preceded by a public whipping. As such methods fell out of fashion, exile or banishment from society took its place; for the victim, there often was no worse fate, since being cut off from all forms of human contact ensured a slow, painful death. The human animal is a social being, and we are all mutually interdependent, regardless of whether we think we want ‘just to be let alone.’

This stigmatization or social isolation most always engenders a sense of shame, powerful, potent, eviscerating shame. Mario Jacoby, Jungian analyst says:

> At a certain intensity, shame has the power to make us feel completely worthless degraded from head to foot, sometimes without our having done anything bad at all. Etymologists link the modern English word ‘shame’ with the Indo-Germanic root kam/kem meaning to cover.... Shame is also related to disgrace, resulting in a loss of honor, one is degraded or demeaned, marked by a stigma or stain... It seems that the word shame has for some time been associated with experiences of discredit, humiliation and injury....Thus shame results from the manner in which (my) entire being or self ... is devalued, not only by others but also by myself. (*Shame and the Origins of Self Esteem*)

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One of the more insidious, chronic side effects common to most mental illnesses is an overwhelming sense of isolation, coupled with a self-perception of worthlessness and lack of self-esteem. An individual suffering from depression, bi-polar disorder, an eating disorder, a self-injury disorder, etc., usually has a strong sense of 'non-belonging,' which in turn contributes to the diminution of, or loss of, social skills formerly possessed.
Added to this, the negative expectation that many people have concerning those with a mental illness becomes almost a curse, destined to further distance and 'punish' a person who cannot help his or her symptomology. This person most often would exchange everything they had to be 'normal' again in the most benign sense of the word.

It is almost as though we as a culture blame individuals who are, for example, experiencing a paralyzing depressive illness by assuming they are 'just lazy,' or in another example, inwardly accuse a person who hears voices of being less than fully human. (Do we in this technological and scientific age somehow still believe in demonic possession?) Here in the 21st century with all its medical advances we still use language such as: "That's a schizophrenic" rather than saying: "That person has a diagnosis of schizophrenia." Advertising and the media in general still stereotype persons by depicting people who have a mental illness as invariably violent, raving, or in some ways worse, laughable.

So what's to be done? How DO we re-imagine ourselves as a society and at the same time make some effort to 'restore dignity' to people, or ourselves, who already bear one burden that many others, thankfully, do not have to share?

One thing we can do is to watch our language, since what we say often serves as fodder for the feedback loop that governs our thinking and our actions. A person with a broken leg is not 'crippled' except in grade B novels out of the 1920's. A person with a mental illness is not 'crazy' except in grade B film noir clunkers.

Another effort we can make is to educate ourselves. How many people do you think realize, for example, that depression has a higher cure rate in the United States (when properly diagnosed and treated) than heart disease and all forms of cancer combined?

Another is to speak out concerning our own experiences. Narrative testimony is one of the most powerful tools we possess. If Tom O'Clair had not been willing to speak and speak and talk and talk concerning his son Timothy's suicide as a(n)(indirect) consequence of not being able to afford proper mental health intervention,

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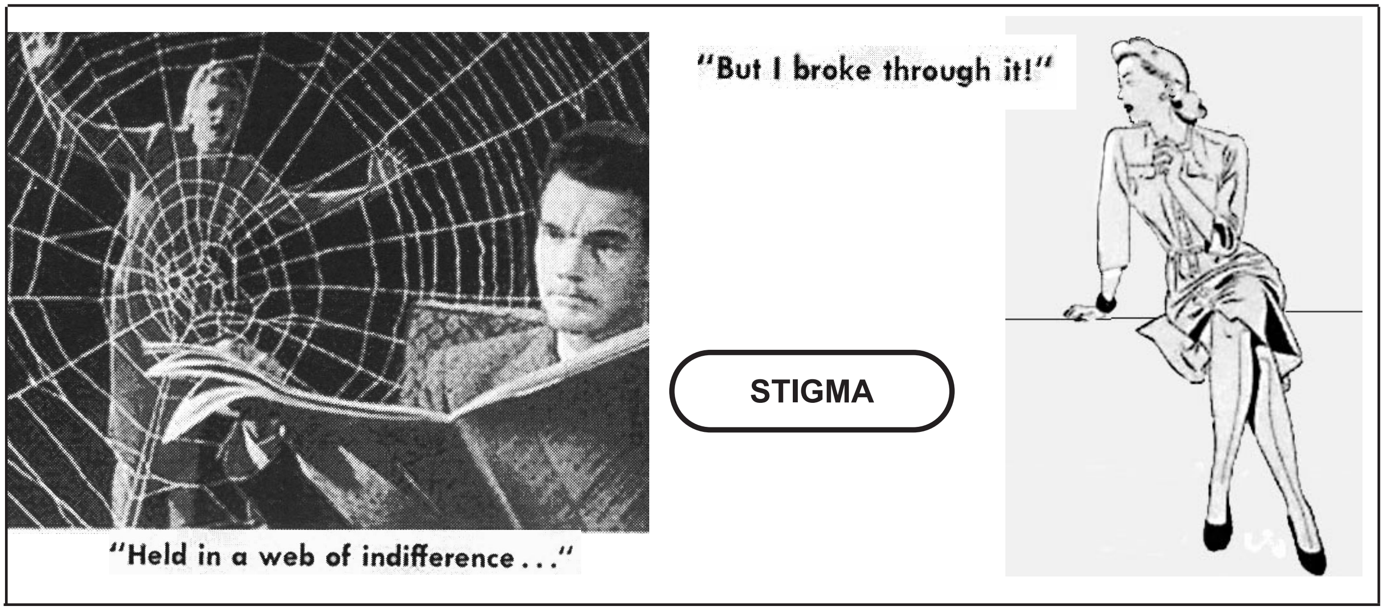
Healing Stigma, continued from page 15

Timothy’s Law—Mental Health Parity— which means insurance coverage for mental health needs roughly equivalent to that given for physical/medical needs— would not exist as a New York State law today.

Hand-in-hand with becoming educated concerning mental illnesses, not being afraid to talk about them and acknowledging that many of us do or will experience some form of major mental illness during our lifetimes, comes the need for us as citizens to support the efforts of agencies and organizations that work to ‘destigmatize’ stigma.

The collective will, when aimed at hindrances and impediments, has the powerful force of a laser beam. Just as the collective force of, say a Nazi Germany, caused massive destruction and genocide, so this same collective will also has the power to pulverize mountains of prejudice impeding the recovery journeys of millions of people sidetracked by mental health problems. Associations such as Mental Health America, with its hundreds of Mental Health Association affiliates, or Active Minds, an organization that works on campuses across the nation to reach out to students and address issues such as depression and stigma, have long held tools designed to shine that beam of life-giving light; its healing rays hold the power to eliminate even the deepest and seemingly most ineradicable of scars.

by Catherine Wedge



“Active Minds” Submitted by Patty Kroog

(The following is taken from the Active Minds website, <www. activeminds.org>)

Active Minds is the only organization working to utilize the student voice to change the conversation about mental health on college campuses. By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students’ awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as a liaison between students and the mental health community.

Through campus-wide events and national programs, Active Minds aims to remove the stigma that surrounds mental health issues, and create a comfortable environment for an open conversation about mental health issues on campuses throughout North America.

Active Minds was founded in 2001 by Alison Malmon, then a junior at the University of Pennsylvania, following the suicide of her older brother, Brian, one year earlier. Brian, also a college student, had been experiencing depression and psychosis for three years but had concealed his symptoms from everyone around him. In the middle of his senior year, he returned to the family’s Potomac, Maryland home and began receiving treatment for what was later diagnosed as schizoaffective disorder. A year and a half later on March 24, 2000, as Alison was wrapping up her freshman year at Penn, Brian ended his life. Recognizing that few Penn students were talking about mental health issues though many were affected, Alison was motivated to change that culture on her campus. She wanted to combat the stigma of mental illness, encourage students who needed help to seek it early, and prevent future tragedies like the one that took her brother’s life. After searching unsuccessfully for existing groups that she could simply bring to her campus, Alison created her own model and formed what was then known as Open Minds.

After a great first year, Open Minds at Penn gained enough support that it expanded onto other campuses. Kate Hard dedicated her first year as a Georgetown University transfer student to bringing the Penn program, and mental health awareness, to her new campus. She founded the second chapter of Active Minds at Georgetown in fall 2002, which gained the same momentum and support as had the Penn chapter. The constant growth continued, and the National headquarters was established in Washington, DC during the summer of 2003. The new non-profit organization, and all of the affiliated campus chapters, was then renamed Active Minds, Inc., to reflect the progressive nature of this form of student advocacy in the mental health movement.

Active Minds was Incorporated as a 501(c)3 organization in late 2003. In just over five years, the non-profit organization has grown into a well recognized entity in the field, respected as the voice of student mental health advocacy. Featured on CNN, in *The New York Times, The Chronicle of Higher Education* and much more, Active Minds has become the voice of young adult mental health advocacy nationwide. With over 200 campus chapters, hundreds of thousands of young adults all across the country are benefiting from the Active Minds model.

* * *

Remembering Bart

"The only thing you take with you

Our revels now are ended...

Accessible. Private. Deadpan. Funny. Compassionate. Non-responsive. Kind. Unconcerned. These and a hundred other adjectives might be used to describe the character of Anthony Bart DeLuca, former Commissioner of Tompkins County Mental Health, who "shuffled off this mortal coil" on February 28, 2010.

Memories of "Bart" as he was known to many Tompkins County staff and citizens seem to vary depending on the describer, as well as on the setting in which Bart is remembered.

The facts of his public life are fairly straight-forward. Born on April 1, 1942, he was sixty-seven years old when he died. Bart served in the US Army Medical Corps and received his Master of Social Work degree from the University of Connecticut in 1970. Bart was the Commissioner of Mental Health from 1977-2004. He passed away in Las Vegas where he had relocated upon his retirement.

Some of the perhaps less well known details of his life include his early work in a children's psychiatric hospital, his habitual early morning coffee stops at the State Diner, his co-creation of the award-winning Community Support Services Program specific to Tompkins County, his years of dedication to facilitating and supervising the Offenders' Group for the County, his securing funds for this community to build the then state-of the-art Mental Health Building on West Green Street that opened its doors in 1991, and his talents as a chef and chauffeur serving those with serious mental illnesses.

If one had come upon Bart in the old days, wearing his apron while cooking for the Meadow House program attendees, one might have easily mistaken him for one of Shakespeare's tradesmen: weaver, tinker, merchant.

Later on the same day, upon being ushered into his spacious corner office on the sixth floor of the Mental Health Building, as Bart was preparing to meet with representatives of State (Office of Mental Health), seeing the powerful man in the white-on-white shirt with a silver tie and the pearl gray stickpin sitting behind the wide wooden desk, one would have been hard-pressed not to think of Shakespeare's Duke Theseus as he ruled commoners with the merest wave of his hand or the slightest lift of an eyebrow.

Who was Bart?

First, foremost, and above all, Bart was a man for his community, and for mental health services delivered here and now where they would be most functional—services designed so that Tompkins County residents could be served in and by their own community. Bart believed that we had the talent and know-how to deliver what was most needed for the individual right here at home; if we didn't have it 'homegrown,' we could create it, all without further traumatizing the most vulnerable among us by moving them miles from home to receive 'the cure.'

Recognizing the value of a community-based services system, Bart also encouraged the development and expansion of supportive, complimentary non-clinical services. He knew, with a profound and abiding knowledge, the depths of suffering of which humans are capable, and was committed to bringing to bear the most efficacious methods of help and healing. These methods precluded intensifying

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is what you leave behind." (John Allston)

Virtue is bold and goodness never fearful.

Remembering Judy

by Tom Klingman

Before I start my remarks, I have a personal aside—and that is last night at eight p.m. when I finished putting my thoughts to the page, I suddenly started to panic.

It wasn't just that I had never been to a service before and never spoken to a group anywhere this large, but the dawning realization was that—I had nothing to wear!

I mean I don't own a suit. I don't own a tie. I don't even own slacks. And so, I called up my best friend and fashion consultant for the fashionably-challenged person that I am and she told me emphatically:

"You must wear gray—or black! Tom, don't you have anything?"

"Well, No.…"

"You go up to the mall before it closes and go to BonTon or the Gap and grab the first salesperson you find and have them help you!"

So fifteen minutes later I was at the mall tugging on the elbow of a salesperson asking her to "Please! Please! Dress me in gray—or black!"

And while she was showing me one after another piece of clothing which I dreaded, who should call but Nancy Rosen who, when I explained my predicament, laughed and said:

"Tom, you don't need to worry about that! Judy loved the way you dressed! She loved you just the way you are—by all means go ahead if you like—wear whatever you want, but just to let you know, Judy loved the color purple.…"

I sighed in relief. And so today, I wear this purple in honor of Judy. And this green in honor of St. Patrick. Later that night as I replayed the day in my head and thought of Nancy Rosen's reassuring words, I was reminded of the song "Come As You Are" from Nirvana, and the lyrics are in part:

Come
As you are
As you were
As I want you to be
As a friend
As a friend
As an old enemy
Take your time
Hurry up
The choice is yours
Don't be late
Take a rest
As a friend
As an old memoria

And so, I can say today as we gather here together, however we've arrived: Judy—we're here—we've come as we are.

I'm humbled and honored today to speak for a few brief moments on Judy's legacy—on what it meant to work with her on the Crisisline—to have her as my teacher, my supervisor, my mentor. I am only one small voice out of many hundreds whom Judy trained and supervised over the course of seventeen years, and my tenure there was so brief, compared to so many; my story is unique as it is my own, but I hope somehow in my words I capture some of what

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the sense of isolation and estrangement on those children and adults who might already be disoriented and frightened by moving them all over the state for treatment.

Here are some past quotes from Bart on various topics concerning our community and his emphasis on community services.

On the need for more Community Services funding in 1982: (*Ithaca Times*)

A plan to close two state hospitals, proposed by Spoor's office was defeated two years ago in the state Legislature after organized labor lobbied heavily against the move.

Anthony DeLuca, Mental Health Director for Tompkins County, says he expects the population at Willard {State Psychiatric Facility} to expand because many people in the community who need psychiatric help are not getting it, and will eventually require Willard's more intensive treatment.

DeLuca blames the state. There is not enough money for community care of former mental patients because the state is sinking money into the large institutions, he says.

"We're still feeling repercussions of people who have been in hospitals but are now in the community," says DeLuca. "The demand to keep people out of the hospital is increasing, but we're failing. It just can't be done."

On Tompkins County Hospital’s decision to close their psychiatric unit in 1989: (*Ithaca Journal*)

"The state and the hospital had this dialogue going, and we were excluded," he says. "As a community hospital, maybe more community involvement would have been better."

On the proposed reopening of the local psychiatric unit after a tentative agreement involving the community hospital and Willard Psychiatric Center: (*Ithaca Journal)*

"Basically, right now, we're doing what I don't want to do on a long term basis. Now, many mental health consumers are being taken to Willard and other state hospitals in Elmira, Binghamton and Syracuse for treatment they used to receive here.”

On the opening of the Mental Health (Community Services) Building in Ithaca on 1-10-1991 (*Ithaca Times*):

County Mental Health Services director Bart DeLuca says:

“The move will take about two weeks, with different departments moving in over the course of a few days. Each agency will take several days," he says.

DeLuca agrees the location of the building is beneficial. The building will be within walking distance for a lot of clients.

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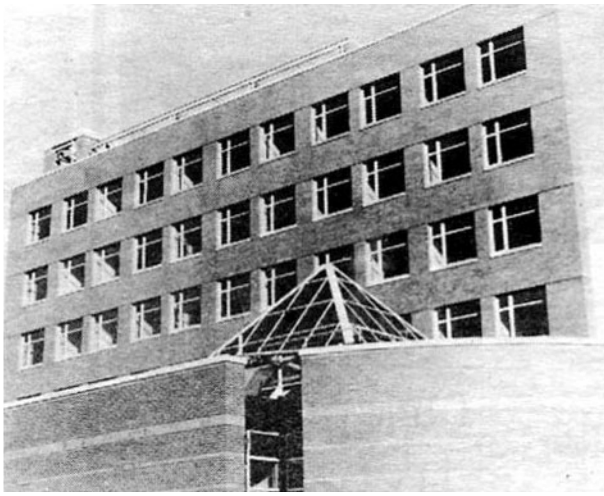
"All services will be centrally located," DeLuca says. Until now, many of them had to travel back and forth between downtown and the hospital on West Hill.

Bringing the funding to Tompkins County for the construction of the building that was to provide for so many services to residents around mental health and mental illness issues was in some ways both the cornerstone and the capstone of Bart's 'calling' as Commissioner.

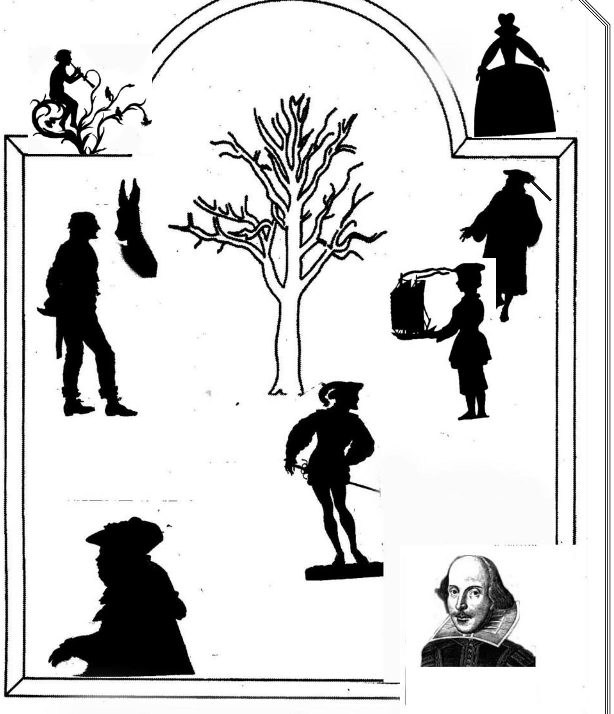


Like Shakespeare's characterizations of Prince Hamlet of Denmark, Prospero in *The Tempest*, and the antithetical characters Bottom and Duke Theseus in *A Midsummer Night's Dream*, Bart could and did first envision and them assume numerous personas to accomplish his goals.

Most of all, like the poet of Theseus's invocation, Bart was a master of his craft. He "gave to airy nothing/A local habitation and a name." The name was Community Mental Health Services.

—Catherine Wedge

True hope is swift, and flies with
swallow's wings:
Kings it makes gods, and meaner
creatures kings.
- William Shakespeare



Ed. Note: Thanks to the community members who shared their recollections of Bart and helped to make this article possible, especially Larry Ward and Beth Jenkins.

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other counselors saw in Judy as well.

In my life, I think of those pivotal moments when everything changes, but I didn't realize it in the moment. It is only later with the passage of time that I recognize the moment for what it was. One of those moments was when I met Judy Jackson for the first time. It was one fall evening a number of years ago when I walked into the offices of the Suicide Prevention & Crisis Service to attend my first training session to become a Crisisline volunteer, and as I walked in and glanced around the room at the other trainees, my eyes settled on a white haired woman sitting with a quiet, dignified presence and it was obvious to me who she was—and I knew in a flash, as sure as I've been of anything, that this woman would somehow become very important in my life and I was determined to learn as much as possible from her.

The training was one of the hardest things I've ever done—and the most rewarding. Not everyone lasted the intensive training and I thought at times I might not either. At that time an intensely private and shy person, I was suddenly thrust into role plays and engaging in material far outside my comfort zone. I soon discovered—we all discovered—that Judy accepted nothing else but intellectual honesty and she challenged us when we didn't reach down deep enough into ourselves and rise to whatever she was challenging us with. And when we were sloppy she held our feet to the fire. After getting my own feet singed a few times, I still remember grumbling fiercely to myself and to anyone within earshot: "Who does she think she is?! She expects me to think?!"

After completing the classroom training, prospective counselors sit with another active counselor when taking calls (this is called an apprenticeship) until ready to take calls on their own. I remember the trepidation I felt during this time—what happens if I accidentally hang up on somebody? What if my first call is from someone who actually is suicidal—like right now?! What if I have to pee in the middle of a call? And most distressingly, what if I really can't cut it? If I fall flat on my face? Most of that apprenticeship time and my first call is a blur, but one thing was crystal clear and that is the written feedback I received from Judy on how I handled calls on my first shift.

I remember apprehensively opening the appraisal she had typewritten (after the training I still wasn't sure I belonged—that I fit in). Well, the appraisal was a full, single spaced typed sheet and as I read it, and the words unfolded, I first read slowly and then sped up—I was dumbstruck. Her words were warm, direct, and her grasp of language utterly breathtaking. Judy, as I've said over the years to as many people as will listen, hands down, had the most remarkable gift at giving constructive feedback I've ever seen.

Fluently stringing her words together, she simultaneously affirmed you, gently prodded you in areas you needed to grow, dismissed your self-criticisms as easily as swatting away a fly, deftly reined you back in when you were straying from the principles of crisis counseling and showed her utter and complete respect for you as a person, a counselor, and a colleague. Any doubts any of us counselors may have had about our ability to cope under difficult situations or how we handled a particular call, were no match for Judy's unwavering faith in us and her uncanny ability to turn upsets into opportunities for growth. In her eyes and under her steady tutelage we could not fail!

Judy's commitment to the Crisisline and its volunteers was without question. Her door was always open, no issue was too small, no call too insignificant, no topic too difficult

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to bring to Judy… and for you to work it out together. I would sometimes knock tentatively on the doorframe of her office—especially when I saw her in front of a big pile of paperwork—which was most of the time. She would glance up, flash me a warm smile and wave me in.

And with patience and care she would hear me out, listen to my concerns and then working together, we'd figure out the best course of action. Judy was the real deal—she practiced what she preached—she didn't ask us to do anything she did not do herself—the same active listening she modeled for us—the same dignity, respect and compassion she showed us is what she in turn expected—in fact demanded – we give callers. I can't help but think that all of us counselors over the years grew tremendously because Judy showed us how in her inimitable, gracious, classy way.

Judy and I left the Crisisline about the same time and I was blessed in continuing our relationship but in a different capacity—now as friends. As I mentioned earlier in this remembrance, I seriously thought at one point that I might not last the training—I was serious when I said this—I was far outside my comfort zone—but something kept me there, struggling with my intense discomfort, I refused to let go of this idea that this woman, for some reason I could not define, just a powerful intuition, had so much to teach me—but I had to show up—and show up I did—and for this pivotal moment in my life I'm grateful.

From all the Crisisline counselors past and present, who, like me, also showed up: We thank you—we love you—and miss you Judy.

Thanks to Our Donors!

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The Mental Health Association
in Tompkins County
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**This issue of States of Mind is dedicated to the memory of two individuals who served the Tompkins County community for decades, acting as "bridges" and affording safe passage to many on their journeys to mental health:
Anthony Bart DeLuca and Judith Holley Jackson. (See inside.)**

May is Mental Health Awareness Month