

THE

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QUARTERLY

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Centerspread



Cover by J.R.S.
Ulster County - Pine Grove Center
Charcoal on paper

SUMMER/FALL - 1995



Journey of Recovery

by Janet Martin, RN, BSN



Life takes many paths. Like a journey, not all roads are clearly visible. Through many back trails hazy with fog, the way feels lonely and unfriendly. Stumbling unsteadily, progress never seems to be quite within grasp. Just when things seemed they would never change, recovery begins to transpire. It does not happen in isolation, it becomes a way of life finding others who are on the same path, each giving strength and support to the other.

I would love to say I am recovered, but that would be an inaccurate statement. I am still on my journey. I want to share three components of recovery that I have discovered along the way: first, obtaining appropriate medical care; second, uncovering patterns of distorted, unhealthy thinking and beliefs; and, third, developing a recovery-oriented circle of a support system.

Appropriate medical care, the first component of recovery, is an essential ingredient. When I talk about medical care, I am including all professionals that are part of an individual's therapy team. Medication management by a competent psychiatrist is extremely important. I encourage anyone who has been diagnosed with any form of mental illness to become familiar with how the disorder manifests itself and what medications are needed to bring stability. There are some excellent books available for nonprofessionals. Taking a proactive role in my medical care was something I did on my journey. Taking such a role empowered me to take the initiative in my recovery.

The next part of recovery I want to share is understanding the patterns of distorted thinking and beliefs.

On my journey of recovery, I found that I had patterns of distorted thoughts and beliefs that complicated my recovery. I had the belief that my goal in life was to please others, to make them happy. Whenever someone disagreed with me, I always decided I was wrong. If anyone was angry or upset with me, I always took responsibility it was all my fault. I had developed the belief that "you're OK, I'm not OK." I learned through my journey that it is OK to ask for help, it is OK when others disagree with me, it is OK just to be me. I learned new skills to build my self-esteem. Learning these skills did not happen overnight and was not an easy process.

There are some wonderful books available that can assist an individual to discover unhealthy thinking and develop healthy ways of redirecting those distorted thoughts and beliefs.

The third area of recovery I want to discuss is developing a recovery-oriented circle of support. Six years ago, I faced one of my worst nightmares. I was nine months pregnant and I knew something was wrong, for by the time I got to the doctor, my baby had already died. I faced the trauma of delivering a stillborn baby. No one knows what to say or how to help in this kind of tragedy.

I had just moved to the northwest suburbs of Chicago and I had not had time to become acquainted with many people. Family and friends do not know what to say or do when the natural grieving process takes more than a few weeks. They expect you to get on with your life and act as if nothing happened. I found that I needed to talk about what happened and how it affected my life.

What I did find was there was no one to confide with who was willing to just listen and not tell me how to do things different. I became isolated and alone in dealing with this tragedy. I developed full-blown, post traumatic stress disorder, with associated depression and anxiety.

Post traumatic stress disorder is one of the least diagnosed mental health challenges. A major part of my recovery over the past few years was going to a 12-step, codependents anonymous group. I looked for others who desired to overcome their challenges. I began to develop a circle of support. Because of one particular special friendship, I became acquainted with Alliance for the Mentally Ill (AMI) of McHenry County, a local affiliate of Illinois.

The president of our local chapter of AMI wanted to get a consumer-support group started. I volunteered with the original intentions to develop a strong support system for a friend of mine.

I became part of a team of consumers who cofounded a unique support group in 1994 for individuals recovering from a variety of mental health challenges. All individuals with any diagnosis were welcome. We named our group AMI C.A.R.E. (Consumers Advocating Recovery through Empowerment). We are currently a very active group providing both self advocacy and peer advocacy on the community level.

AMI C.A.R.E. was helping me more than I ever dreamed. I developed a stronger circle of support than I had ever had before. I was finding a way to turn all the painful things in my life into positive energy.

AMI C.A.R.E. was also able to provide hope for others who were still suffering and struggling with challenges. AMI C.A.R.E. helped others learn to overcome challenges. AMI C.A.R.E. members actively advocate for each other when they provide wrap-around support for each other by becoming consumer advocates for medical care, case management services and legal issues.

We at AMI C.A.R.E. are proactive as members of the McHenry County Local Area Network. We sit on several committees advocating for the needs of consumers in our county.

Support is essential to recovery. No one can recover in isolation. Finding the right support network can change the course of one's life and make it richer and more fulfilling. ■



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PILLOWS OF UNREST

By
Beverly Burgdorf
Project Coordinator

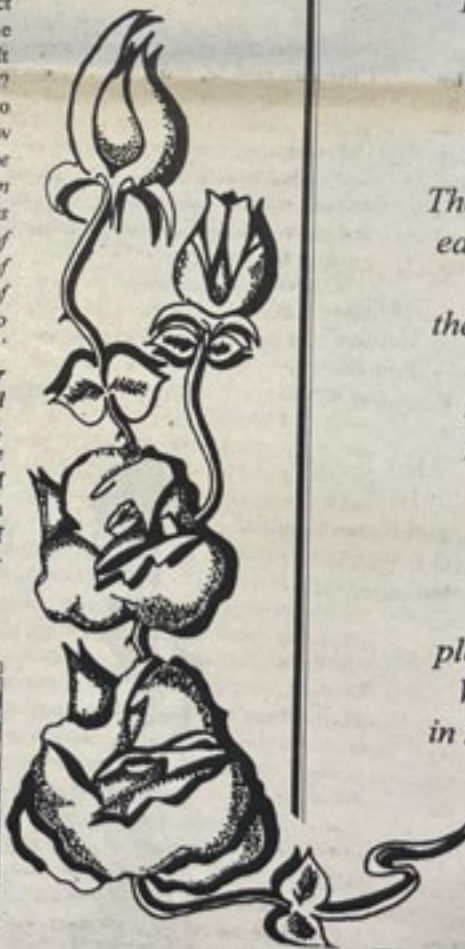
*Burn, glare old sun, so long unseen
that time may find its song again,
and cleanse whatever it is a wound remembers,
after the healing ends.*

Small Prayer by Weldon Kees

STIGMA HURTS... That's the bottom line...The only positive part of being **STIGMATIZED** is that maybe, just maybe, we learn not to do it to others because we know how much it hurts. Mr. and Ms. General Public do not know, and to make them stop discriminating, we must **EDUCATE** them. The **PILLOWS OF UNREST** Project is a **PUBLIC AWARENESS** campaign to educate the public about the **TRAUMA** of living with mental illness. It is about your **PILLOW**. Is it a friend or a foe? Is it both? How has your sleep been altered by your experiences? Do you sleep more often, less...Do you take to your pillow during the day to escape? *When I did my pillowcase, no one understood it. It was this peaceful lady sleeping in patterned quilts. What they didn't know...was that it was drawn from a photo taken during the year before onset of manic-depressive illness. (A year before the ten years of struggle with the medical model.* The process of expressing my 'loss' through expressive art was healing to me and gave me hope, that I may someday find my 'song' again. I want each one of us to find our song. Your participation in this project is important to you and to all of us. It is our goal to bring this project to Washington, D.C. The governing body and the public must be made aware of the effects of discrimination. We cannot heal if society shuns us, closes doors rather than opening them and prohibits us from the life, liberty and pursuit of happiness that is guaranteed to all people in our constitution.

ROSES

by Christian Harnon



BROKEN DREAMS

*The broken dreams
loss and pain,
A saddened heart
and little to gain.*

*The dreams of promise
each new days dawn.
Maybe today
they'll hear my song.*

*Someone please,
I've lost my way.
In sorrow I live
day to day.*

*Many we are,
please look and see.
We want to share
in humanities dream.*

What do you think about when you take to your pillow in the day to escape the **STIGMA** and **PAIN**? Express your dreams, fantasies, nightmares, thoughts and emotions from living with mental illness. The pillowcase is your canvas and your message to society. Paint, draw, write...**EXPRESS**...and send your pillowcase to North River Gallery & Empowerment Center. Pillows of Unrest is exhibited at our Art Shows.

PILLOWS OF UNREST

submitted by
Howard Wayne Cousland
Greenville, California

EXPRESSIVE ART

HEALS



SLEEPING THE SIXTIES AWAY

by David Barrera

In 1966, I was released from a psychiatric hospital in New York City after my first schizophrenic breakdown. I failed at two jobs because of acute anxiety attacks and depression. I soon found that sleeping was a good way to avoid an unpleasant situation. I lived with my parents and soon I was sleeping around the clock; just getting up for one meal at dinnertime. There were no follow-up social workers in those days and I wasn't involved in any programs. My Mother responded by saying, "that if I wanted to sleep my life away", I could. However; my father was imbued with the work ethic and many nights I could hear him shouting to my mother in the living room, that I was a "bum" and I ought to "go to work". I had fantasies of being a derelict living in the streets while I cowered in my room.

A bright side to this picture was that springtime would give me some energy. I would either work part-time or go back to graduate school, but often I would slip back into my old pattern of sleeping when it was winter or when I failed at a job. I slept most of the sixties away.

In 1970, I lucked onto a position in a psychiatric hospital as a psychiatric aide. It was the first job that I could handle, possibly because I was protected by the hospital environment. I confined my sleeping to the weekends. I found myself, in the reversed role of a caretaker, urging other mental patients to get out of bed. This was one part of the job I didn't like. I remember there was this one young schizophrenic who used to sleep all the time in his darkened room. I couldn't see the point of dragging him out of bed to play bingo. Americans are, by and large, an energetic people who abhor the appearance of sloth. So, the other staff strongly motivated me to prevail upon the sleeping patients.

About this time, I married a psychiatric nurse who carried this zeal into the home. I often found myself being thrown out of my bed, when taking a nap. One of the reasons for my divorce, after two years, was the huge discrepancy in our energy levels. She only required four hours of sleep and was involved in many projects. I still hear from her and, at the age of sixty, she still dances in musicals.

As I aged, my schizophrenia became better in some ways. I had fewer acute psychotic episodes and needed hospitals less and finally; not at all. However, I was still subject to paranoid delusions, depression and other negative symptoms. I became calmer, but even less energetic than in my youth. I inherited a little money and I went on SSDI. Unfortunately, this tended to lower my motivation to seek work. After all, no one wanted me. I soon found that boredom and poverty were superior to slavery (and poverty anyway).

I have been sleeping at least twelve hours a day for years now. My psychiatrist says that I have 'negative symptoms'. (We didn't have those in the sixties and I wish my father could be alive to hear about them now). There has been a price for my sleeping. I can't figure out whether it is paranoia delusion or an objective conspiracy, but I am criticized frequently for not working and for sleeping too much. It's in the media; it's everywhere. "Get up, get up". People make little innuendos about my sleeping, but I can't see the point in getting up when no one will hire me. It's a double bind situation. They command you to work, but they won't give you a job. They tell you to get up in the morning, but there isn't anything to do, and so on...In closing, I would like to comment that the American Work Ethic has degenerated so that Americans like to make sure, that if everyone doesn't work at least everyone suffers. At least, this is my experience. No one is supposed to escape the misery inflicted on us all by capitalism, not even schizophrenics.



*My pillow beckons me
when memories crowd my head,
impossible memories that make it hard to breathe.
If I don't lie down, I may never breathe again.
My pillow holds the memories and defies sleep.*

*I think of you and will
my courage to return, after all
I've come this far...
But, I am tired, dog tired.*

*We have passed an eon of hours together,
pillow and I.
Sometimes, I hold it for lack of a human companion
and it is often wet with my tears,
but does not admonish me, as you would.
You, who believe that all is possible.
But it is not,
for at this moment
this pillow of unrest is my only comrade.*

*It has served me faithfully,
when my rage and pain drove them
all away.
It has kept my secrets safe
from unfriendly and uncomprehending ears.
It has housed my nightmares
and my fantasies.
And,
it will remain long after you are gone.*

Pillow
by
Nina Clark

ARTIST'S PAINTING GOES TO D.C.

By Eric Roberts

This Spring, the Vice President's wife, Tipper Gore, came to Davis, California to visit our local mental health organization. One of the places she visited was 'All Things Right and Relevant', a consignment store here which sells different things and uses the profits to help our county's mentally and physically handicapped people. When Mrs. Gore was at the store, Judy, the Manager, introduced her to some outsider art done by my wife and me. Mrs. Gore really liked a particular painting I did of the inside of the store and one of the owners of the store gave it to her, as a souvenir of her visit to Davis.

My wife and I had not heard about her visit, but when we were at the local newspaper store, Faith happened to see the story about her taking a painting from the consignment store to Washington. We were hopeful it was one of ours. So, even though it was about ten o'clock at night, I called several people involved in our local AMI Organization and found out it was one of my paintings, that she chose. We were very pleased to hear this news.

During that time, I was in a partial hospitalization program in Sacramento because of being hospitalized a few weeks earlier. At this program, a calendar was printed of one of my paintings for the nationwide organization, Psychiatric Management Resource and its Partner Hospitals, Community Mental Health Centers and Home Health Agencies. Later, I was encouraged by some of the AMI people to write Tipper Gore and I thought about sending her one of the calendars, as well. I wrote her a letter, with help from my wife, and sent her a copy of the calendar. When, after a few weeks, the Vice President's wife sent me a response, it was a very pleasant surprise.

I was encouraged to write this article for 'The Quarterly' in my conversations with Frank Marquit, Ralph Ivery and Beverly Burgdorf at the North River Gallery and Empowerment Center. I would like to take this time to say to all of us that even though we might have the worst stigma in the nation, we can get self-esteem for our lives if we persevere and try to do things.



OFFICE OF THE VICE PRESIDENT
WASHINGTON

March 17, 1995

Mr. Eric E. Roberts
Post Office Box 1881
Davis, California 95617

Dear Mr. Roberts:

Thank you for your thoughtful letter and the lovely calendar. It was so good of you to take the time to write to me and I appreciate your kind words of support. I enjoyed having the opportunity to travel to Davis. I had a truly wonderful visit and your painting is the perfect remembrance.

The Vice President and I send you our very best wishes for the years to come.

Sincerely,

Tipper Gore

SANTA CLAUS WITH HIS CHRISTMAS FLOAT AND TALKING RUDOLPH IS COMING TO THE CATSKILL MOUNTAINS AND OTHER AREAS OF NEW YORK STATE FOR THE CHRISTMAS SEASON.



I will be contacting a number of businesses in different towns to bring the float to their area. Hope to make contact in your area soon.

Do You Want to Own Your Own Business?

Here is your chance to own a successful seasonal
(November/December) business.

The photo you see below is a Christmas float that is for sale.

The float consists of a sled, 5 reindeer (Rudolph talks), candy cane posts with ropes; it's 32 feet long, 8 foot 4 inches wide; a tarp covers the top, the canvas sides have zippers and can be rolled up; the fiber glass steps go up about 12 feet, and all light up; a trap door underneath leads to the machine that operates the music, microphones and lights.

This float is used for business purposes.

NO OTHER FLOAT LIKE THIS EXIST ANYWHERE



The ideal owner of this float could be:
an Individual or Family, a Large Department Store,
or Owners of a Mall/Shopping Center.

For further details Please call either of the numbers listed below:

Catskill, New York

Burlington, Vermont

518-943-1457

802-658-3908

For Information Write To: Carlson Marquit, SCE
Santa Claus Enterprises P.O. Box 482 or 485
Burlington, Vermont 05402

NATIVE AMERICANS TAKE CHARGE OF THEIR OWN MENTAL HEALTH

"It is difficult to channel Native Americans into the mental health system because they have a serious distrust of social services. Historically, social service workers would walk in and snatch up the kids and are, thus, perceived as destabilizing and destructive agents by the native community," said Bonnie White, Haudensaune counselor for the Syracuse City School System. White conducts three programs concerned with alcohol and drug abuse prevention for two elementary schools.

"Typically, Native Americans relate on a personal level rather than agency level," she added.

Cissy Elm, a Native American who does substance abuse referrals for the American Indian Community House in Syracuse, is an intern with University Hospital. She plans to work in health care doing education and prevention with Native Americans. She says the mental health system is not geared to cultural diversity.

"In order to help people, you have to understand what belief system they're in and where they are in that belief system. You can't apply the same theories to every culture. Universities and colleges are just starting to offer classes on diversity. Syracuse University has a Native American Experience Class, but most people in the mental health system have not taken these classes and are not culturally sensitive.

"Native Americans, like most people, approach the service system by going along with whatever the game is to get what they need.

"Believing in a balanced

life, Native Americans need to be asked how they feel they can get back in balance. They just need to be heard to heal themselves. That's why you ask them where they are in following their own tradition. Their spiritual belief gives them the power to continue to maintain a balance. If they are out of balance, then you ask them where they are in their own belief system or where their belief system broke down," Elm says.

Kathy Halbig of the Native American Service Agency says Native Americans are more likely to speak to their own people; so more Native Americans on mental health staffs would be one solution to get the system more effective in treating Native Americans.

White says, "According to the Longhouse Tradition, there is a hierarchy to follow



"Untitled"
Done By
Pamela Cooper

when one has a problem in the Iroquois Nation. Depending on the nature of the problem, one takes it to a clan mother who advises on whom to seek out for help. Clan mothers are the triage officers of the community. A healthy lifestyle requires balance with the community," White said.

In her profession, White makes youngsters' first experience with counseling a positive one offering help. This opens the door for the youth to receive further support because they've personally known someone who counsels and who didn't sever family ties.

White schedules Wednesday night as family night. Youngsters come to school to talk about what has been going on in the week while their elders work on crafts. If there is a problem, White sees that the youngsters get linked with

the right people for support.

"A lot of kids need to talk about substance abuse either because they know of someone going through a depression or of a death that has been directly related to substance abuse," she said.

In the summer there is a retreat known as the Gathering of Elders in Victor, New York. This is a learning experience centered around Native American culture. The focus is methods for reconciling non-native ways with the tradition. The approach is holistic emphasizing the bio/psycho/social, and spiritual aspects of living.

In the morning, there is the traditional tobacco burning and thanksgiving for the new day. A speaker or speakers talk on topics such as: medicines, alcoholism, the importance of tradition, the importance of community. Last year's focus was on the Native American creation story which tells of the deep part of how we see our place in the world and how we keep in balance. Questions asked were, "Why are we here?" and "What is our purpose?" The gathering included self-exploration as well as a traditional inquiry.

In the afternoon, games are held with the focus on physical and social aspects of living. Chores are rotated among participants.

In the evening, story telling, social dancing, and singing prevail. The talking circle, a group process of summarizing the topics and events of the day concludes the session.

Reprinted in its entirety from: New York Pathfinder - Winter 1995.

Morning of Your Return

for Liz

*Moon bleeds into sun this morning,
this morning of your return.
Of your return, your eyes, your mouth
a flower, burning brightly
upon the altar of my hope,
told to the willing mirror of the hour
which returns us both to wed.*

*And, we are wed,
married to the same effort for me,
vowed against the same illness,
anchored within the same dream.*

*It is a dream of health
to end the nightmare,
to early and ever late, of madness
sudden, hurled within a huge wave
over my body and all passion.*

*It is a poem of health.
The years, lyrical and light,
flowing forever and forever
you do return to remind me.
Pain is but a parable for joy.*

By Dori Zammetti

An Artistic View



Farewell
Acrylic on canvas

SILURIAN, THEN BORN OF EJECTION TAKE FLIGHT INTO A REALM
OF EVALUATIONS.
WILL THE CHILD SERVE THIS HARMFUL TRANSLATION
INTO A WORLD OF SO MUCH DISCRIMINATION?
NOW, I LAY ME DOWN TO SLEEP,
HOPE TO GOD
TOMORROW WHEN I WAKE,
I WILL NOT BE STIGMATIZED. WHEN I WAKE, I HOPE,
THAT THIS EARTH WILL BE JUST LIKE A GARDEN
ON A PEARLY ESTATE. A COUNTRY FOR YOURS & MINE
AND EVEN THOSE OF ANOTHER KIND.
A PLACE WHERE YOU DON'T HAVE TO PAY WITH BLOOD & PRIDE,
ARE FREE TO WALK THE STREET
AND A SAFE PLACE FOR EVERYONE TO SLEEP.

By Ralph Ivery

BY RALPH IVERY
Art Director



INTELLIGENCE

by David Ferreira

Entrenched within the inner mind
and harmonious with our soul,
our intelligence bespeaks our thoughts
and forms our outlooks as a whole.

The cranium expands with knowledge,
our youthful vigor does bestow
a rich enchantment - all cerebral
that gives our minds the spark to grow.

Ideas that form are locked within
this maze of matter divine,
our thoughts & feelings blend & then,
a universe of facts intertwine.

Intelligence is at the core
of everything we are to be.
Our heads must rule our hearts,
because only intelligence brings

immortality.

عز

by *Mina Clark*

if... I gave up everything that hurts.

i'd stop the snow against the window,
wag back then.

i'd feed all the hungry children.

i'd stop all the wars.

i'd give all the mother's back their children,
for an afternoon, a sunny one.

i'd give all the kids back their daddies,
to keep if they wanted.

i'd make everyone a garden,
with roses and tomatoes.

i'd let everybody take a peak at the future,
so they'd have a fighting chance.

i'd whip the wheel of destiny
around so fast...

we'd all be in a heap... One dixxy heap.

If I gave up everything that hurts.



Artwork by Issa Ibrahim



Pillows of Unrest
3rd Annual Statewide Art Show
Perspectives in Recovery



Artwork by Fernanda Schirripa

Artwork by Issa Ibrahim

Gentle Wings

by Jack S.

Freebird, I wish I could fly.
 Freebird, I don't want to suffer.
 Sometimes, I think I can achieve.
 Freebird, drop and weave.
 You can fly on so high.
 You can do or die.
 Sometime, I wish I could.
 Freebird, Just do what you can.
 My friend, you sing so sweet.
 When I pass you on the street.
 Fly by up to the sky.
 Gentle winds which catch
 your wings.
 You glide all around.
 You can go upside down.
 Gentle wind, it catches
 your wings.
 Fly off and see you,
 next spring.



A PARTY OF RAINBOWS

BY LYNN ALYSON FIELDS

NIGHT WAS EXPLODING WITH WHITE LIGHT AND LAUGHTER
 AND, AS A FOREIGNER LOST, DRIFTING AT SEA
 KNOWS NO ESCAPE FROM A STAR-LESS BLACK CAPTURE
 NOTHING TO GUIDE HIM. STILL PRAYS ENDLESSLY
 TO RETURN HOME. ALTHOUGH FEARS WHAT MIGHT BE.

MUSIC CAME SPILLING OUT/FILLING THE DARKNESS
 TIME WAS A VACUUM. 'FREEZE-FRAMING' THE TREES
 COOL BLUE ELECTRO-VOICE RAPTURES THE AIRWAYS
 SMOKE-ORANGE BURGUNDY-GLASS ON THE STAIRWAYS.

ON WINGS I FLY THROUGH THE DARK. ANCIENT NIGHT
 SOARING TO MY HEART-SONG'S DELIGHT
 MOSAIC PATH 'CROSS-WINDS' 'FRUITOPIAN-BLUES'
 MEMORIES RIDE PASSED AND DANCE IN TWOS
 LEAVES A PARTY OF RAINBOWS IN MY MIND'S EYE VIEW.

A NIGHT OF HEAVEN ON EARTH REVEALED
 SWIRLS OF PEOPLE DANCING. SINGING. ALL MAGICALLY HEALED
 BY THE MUSICAL POWER COMPELLING THE TUNES
 RESURRECTING THE FEELINGS FROM ROMANTIC RUINS
 HAUNTS THE SPIRITS/REAWAKENS THE CHOSEN FEW
 AT THE PARTY OF RAINBOWS AND THE LOVE WE KNEW.



Dreamer

Bird in Flames, Burgtoef
Oil on Canvas

I Implore you. Keep on dreaming
 And tell me of your plights,
 of mysteries solved or unsolved.
 Tell me of the great loves and conquests,
 of the fears you conquered
 and how your conquered them.
 Tell me of your journeys to different lands and to
 the undiscovered universe.
 Are you a college dean?
 Are you an astronomer, when you dream?
 Is your world at peace or at war and turmoil?
 When you dream, are you in Paris
 disarming the virtual flower?
 Or, are you in dark chambers, at your last living hour?
 Dreamer...I implore you...Keep on Dreaming.
 For without you in our world of reality, we might
 stop having a reason for believing.
 For in You, I am a believer, Dreamer.

By Nancy Cayton

Photo: Will Davis
& Beverly Burgtoef



An Older Woman continued

one other thing that had stuck in her mind, that trailers were firetraps. Her mother had always feared, that faulty wiring would someday send her trailer up in flames and swallow up her daughter and two grandchildren in a ball of blazing fire. This gave Lois nightmares but, after her mother's death, Lois dismissed her mother's warning as cautious concern and the nightmares went away.

All these memories passed through her mind and she felt suddenly guilty for not placing her attention on Marge, her regular Thursday night guest and friend. She was startled when she heard her speak.

"You look deep in thought", Marge queried in rhetorical fashion.

"They say such people are dangerous", Marge quipped, as she poured another shot of Wild Turkey bourbon into the short glass she brought with her, then giggled for a moment.

"Maybe someday, you'll go mad or do something crazy", she said, as if lost in the beginning of one of her monologues. Marge was an older woman and supposed to be wise in the ways of the world. She was convinced that it was not healthy for Lois not to have a boyfriend at such a young age, with nothing to do but put her time in each day as a cashier at the IGA and care for her two young boys.

"I appreciate your company", Lois said, ignoring Marge's observations.

"I really do", remarked Lois and she continued speaking, as if beginning a monologue of her own.

Lois picked up the pitcher of warm lemonade and filled her glass again. It didn't trouble her that a fly had been trapped in the lemonade. It was too hot and humid to be worried about germs. She hoped Marge wouldn't notice this oversight and get the wrong impression of her. She watched Marge intently for any hint of disgust.

Marge's face was blank and getting somewhat bloated from the bourbon. She had diabetes and was not suppose to drink.

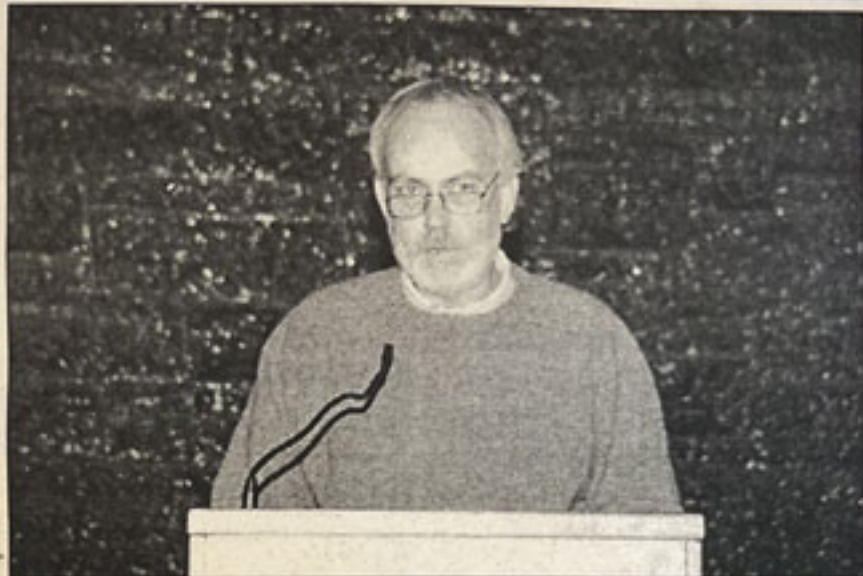
"Our marriage has had some rough spots, which is true of any couple that have stayed together for twenty years or more", Marge noted, taking much satisfaction in the fact that Jack, her husband, and she had remained married for twenty-two years. Both of them suffered disfigurements as young children and were teased relentlessly by their peers for the scars they each bore. Jack was an amputee

and Marge had grotesque scars on the left side of her face from a burn accident she had as a child. "We give each other comfort", Marge added, as she began to repeat herself for the third time. "He's a good man", she said. "That's what counts in a husband."

Lois recoiled and kept her thoughts to herself about the exciting tales Louie would tell of how he used to stroke her forehead and convince her, for that moment, that she was the most beautiful young woman he ever met, fearing Marge would resent it. Louie was a handsome man who could attract the women like flies. You could say he was a fast talker and that was a big part of his appeal. Lois thought secretly, not wanting to create the impression that she was impressionable and naive in the mind of Marge. Lois remembered with a sense of glee how she and Louie would spend hours pouring over photographs taken of him with a woman on each arm on the shores of exotic seaports from Shanghai to Southampton, with its England mystical aura that Lois remembered from the collection of stories she read by Charles Dickens. Such men don't make good husbands she thought, as she lied and agreed with Marge that what counts in a marriage is faithfulness and companionship. A mention of love was never made.

Just then, Lois heard Jack pull up outside the trailer. He beeped the horn with three toots, the signal for Marge to come out. He bowled every Thursday night with his buddies and Marge could not bear to stay alone. Even liquor could not keep her loneliness at bay. For Lois's company, Marge was thankful. Loneliness and fear of being alone were the demons that dogged her.

Lois and Marge thanked each other for their friendship and Lois locked the front screen door and sat down at the kitchen table imagining how dull life is for so many women, including herself in that category. She began to rise from her seat and almost mechanically went to the linen closet, lifted the dusty typewriter that her mother had bequeathed her and started to peck away at the keys. Her mother had used it to type up the Sunday church bulletin for the congregation. Lois was no Dickens for sure, but she felt compelled to record the pain she saw in Marge's eyes which were bloodshot from her fill of Wild Turkey. In her mind's eye, she imagined the rich details of the inner workings of Marge's mind. At the top of the blank sheet of paper, she typed in the title 'An Older Woman'.



Hal Silverman
Artist & Veteran
Speaking on Art & Recovery

Next Issue

David Kitt's Article "Why Not Co-Housing: Living Together for Strength Through Diversity".

Article will discuss the advantages of co-housing arrangements for individuals with mental and physical disabilities.

Ideas? Call David at 518-463-0546



Nurses
1st Place
by Hal Silverman



DESPAIR by Veronica Newberry

Staff of North River Gallery & Empowerment Center at March, 95 Rally Protesting Pataki Budget Cuts For Mental Health.

The Art of Recovery

by Frank Marquit

The Road Back

A Few Words From The C.E.O.

Late at night, as I work at my office, I stop and often reflect for a few minutes. October 31, 1995 Halloween, will be our Organization's Fourth Year Anniversary, I ponder and I think about where I started on this journey, often painfully alone. Friends and family really didn't understand me nor did I realize the road I was traveling. Tormented by my own fears, isolation, horrors, and encounters with near death from suicide attempts to accidental alcohol/drug overdosing, to a number of diagnoses, to homelessness, twenty years of my life were spent traveling on different side roads, attempting to find the main road and myself. It never happened, so I created my own path, small it may be, but it is my own.

This path grew to be what is now The North River Gallery & Empowerment Center, a place that is a safe haven from the cold street, a place of peer support, a place to find yourself and a place to heal and recover. The path has become a highway for the untrained and trained artists, primarily from, but not limited to, New York State. Recipients of the Mental Health Services have tremendous artistic talents and abilities and we have a right to express ourselves through this expressive art.

The heights by GREAT MEN reached and kept

WERE NOT ATTAINED by sudden flight,

BUT they, while their companions slept,

WERE TOILING upward in the night.

Longfellow, The Ladder of St. Augustine

The Road Not Taken

By Robert Frost

Two roads diverged in a yellow wood,
And Sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

The River

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that, the passing there
Had worn them really about the same,

Beverly Burgdorf and Franklin A.J. Marquit with North River Artist's Painting given to William F. Morris, Former Acting Commissioner of NYS Office of Mental Health, who received the 1st. Franklin A.J. Marquit 'Excellence' Award for outstanding contributions to mental health.



*Favorite Poet of our late and beloved President,
John F. Kennedy and Poet Laureate*



And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day.
Yet knowing how way leads on to way,
I doubted if I should ever come back.

Flows...

*I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I -
I took the one less traveled by,*

And that has made all the difference.

Barbara Cohen from the Governor's Office presents Franklin A.J. Marquit with the Anti-Stigma Awareness Day Proclamation making May 19, 1995 the first Annual Anti-Stigma Awareness Day.



The opening ceremony for the Third Annual Statewide Art Show for Mental Health will be held at the Wall of the Legislative Office Building in Albany, May 16, 1995.

The show's focus is to enlighten the public to the talents and abilities of people diagnosed with mental illness. National Artists for Mental Health Inc., the event's sponsor, is an art, vocational and advocacy agency serving the mental health population of the Empire State.

Participation in the show increases self-esteem, provides meaningful employment opportunities and helps build valuable vocational skills. It is fitting that recognition and support be given this effort.


NOW, THEREFORE, I, George E. Pataki, Governor of the state of New York, do hereby give recognition to the

THIRD ANNUAL STATEWIDE ART SHOW FOR MENTAL HEALTH

held in conjunction with Mental Health Awareness Month and congratulate its sponsors as they present Perspectives in Recovery.



George E. Pataki
GOVERNOR



3rd Annual Statewide Art Show Perspectives in Recovery

North River Gallery and Empowerment Center held its 3rd Annual Statewide Art Exhibition and Sale, *Perspectives in Recovery*, in the Well Area of the Legislative Office Building in Albany May 15 through May 19, 1995. 1,100 pieces of Artwork & Poetry were exhibited representing 600 individual artists and 51 Counties throughout the State of New York. The Exhibition included work by Albany Veterans and the Pillows of Unrest Project. 'Perspectives in Recovery' is held each May in commemoration of Mental Health Awareness Month.

The reception, on May 16th, included a list of Speakers/Presenters and an open buffet. We were very glad to have David Chouenhill from SUNY, Albany, who played guitar and sang our theme song, John Lennon's 'Imagine'. The meaning of the song is in line with our 'Vision' of a world where all individuals have dignity and quality of life.

The host of Speakers included Senator Thomas W. Libous, Chairman of the Senate Committee on Mental Health and he presented Franklin A.J. Marquit with a Senate Resolution and a Proclamation naming May 19th, 1995, the 1st Annual Anti-Stigma Awareness Day in New York State. Assemblyman James F. Brennan, Mental Health Chair, presented an Assembly Resolution. Other Speakers included Assemblyman Joel M. Miller, Health Committee, Assemblywoman Elizabeth Connelly, 59th District and Assemblyman John J. Fasco, ranking member of the Ways and Means Committee from the 102nd district. Barbara Cohen, from the Governor's Office, read the Anti-Stigma Awareness Day Proclamation.

Susan M. McGrath, Arts Coordinator, from Stratten Veteran's Hospital in Albany spoke about Art and Recovery. Artist and 1st prize winner, Hal Silverman, gave a moving testimonial about the importance of art in his own recovery from the Vietnam experience and the resulting post-trauma.

Edward Knight, Ph.D., Executive Director of the Mental Health Empowerment Project and NAMH Vice President spoke about the benefits of the self-help model and congratulated North River Staff for a job well done. North River Staff speaking were Ralph Ivery, Beverly Burgdorf, Will Davis and of course, Frank Marquit. Mr. Marquit's speech eloquently portrayed the empowering and healing aspects of the creative process, i.e. the expressive arts.

NAMH's Statewide Art Shows are a much anticipated Event for consumers of mental health services in New York State. In the weeks preceding the Event, we receive up to 500 calls per week. The Art Show is much more than an Exhibition, it is a testimony that 'Expressive Art Heals' and is an alternative method of treatment to augment the medical model.

Special thanks to Jackie DiLorenzo, Office Manager and Entertainer, for singing our closing song, 'Amazing Grace'. Thank you to all the artists who participated and we look forward to the 4th Annual Statewide Art Show for Mental Health in May, 1996.



FLOWERS
by
Joanne Levensallor



Happy Thanksgiving

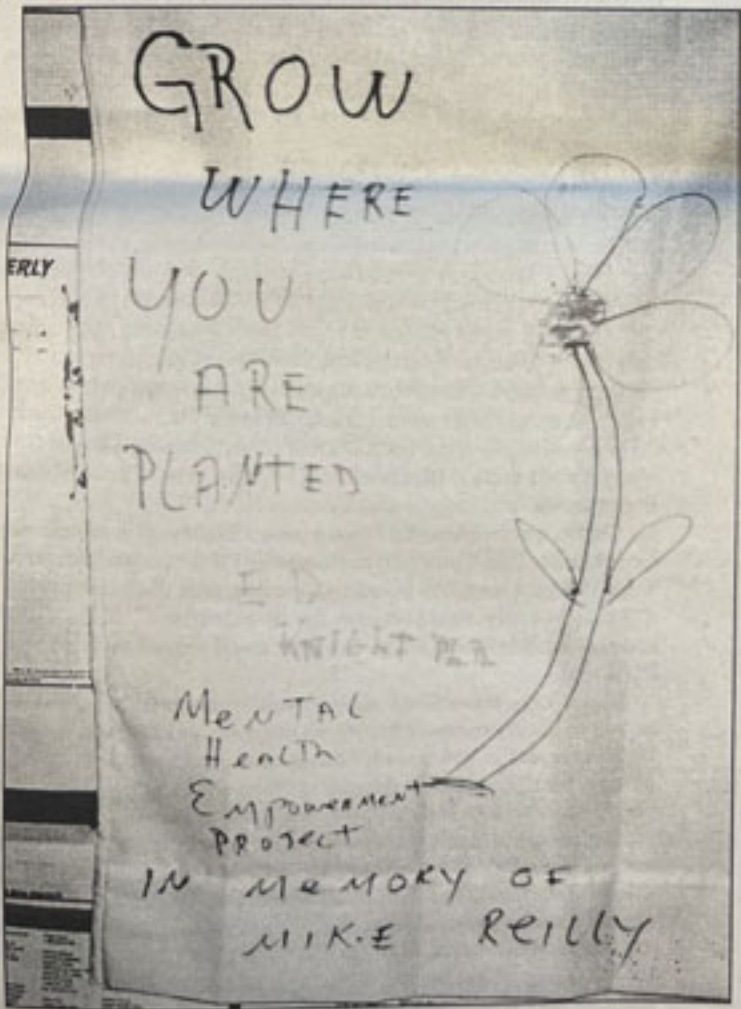


Pizza at North River following 'Pillows of Unrest Work-Shop' with IPRT Class from Albany and special guest, NAMH Board President, Dr. Ed Knight.

Dear Beverly, Oct 4, 95
 on The Behalf of
 The IPRT Program, we
 would like to Thank you
 for The workshop you
 taught us on Tuesday
 September 26th 1995. It
 was wonderful to have
 The pizza and soda
 with you. We also
 enjoyed going to
 Columbia Green Community
 College.

SINCERELY:

John F. Knapp
 Leslie Hughes
 Kathleen L. Monti
 Jim Denver
 Kevin J. Ford



Pillow of Unrest
 Created by Edward Knight



Pillows of Unrest
 An Expressive Arts & Healing Project
 Needs Your Support & Donations
 Thank you, Beverly Burgdorf

by Bob Norman, Jr.

THE PASS PROGRAM

PLAN FOR ACHIEVING SELF-SUPPORT



Mental health recipients throughout the nation can go back to school, receive vocational training for a job or start their own business without paying a dime.

Mental health recipients throughout the nation can go back to school, receive vocational training for a job or start their own business without paying a dime.

The Plan for Achieving Self-Support (PASS) program, which was created by federal legislators in 1972, is a work-incentive program that has helped persons diagnosed with mental illness, or with any other types of disabilities, reach nearly any career or work-oriented goal that they wish.

The PASS Program is offered and coordinated by the Social Security Administration Office of Programs and allows disabled persons to receive and save money over a specific period of time with the sole purpose of obtaining a career or work-oriented goal.

According to Social Security Claims Representative Jeff Blackwell, examples of the career or work-oriented goal could range from picking up a trade to going to medical school, although he added the latter is a "rare case."

PASS plan occupational goals are not limited, but the plan needs to be realistic, reasonable and feasible," said Dominic Raffio, an inter/consumer advocate for Taconic Resources for Independence, Inc., which is a New York State Independent Living Center and a frequent counselor for disabled persons applying for the PASS program.

"Obviously, someone with an IQ of 70 wouldn't be able to set up a training program to go to medical school," Blackwell said. "The goal has to be something within the scope of my disability, something that I would be able to do. Of course, I have to be disabled to qualify for the PASS program."

In order to be considered disabled and qualify for the PASS program, a person has to be determined by a medical examiner whether he or she is actually disabled. According to Blackwell, a Social Security representative has to receive medical release forms, which state the nature of a person's disability, in order for that person to qualify for the PASS program.

"It's not necessary to have a doctor's note (when applying for the PASS plan), but it could help," Blackwell said. "But Social Security has to receive medical release forms."

However, before a disabled person can even qualify for the PASS program, he or she must be eligible for either Social Security Income (SSI) or Social Security Disability (SSD), because the plan is part of either the SSI or SSD program.

"If I don't qualify for SSD or SSI, I can't receive the PASS plan," Blackwell said. "The PASS plan is paid out to someone on an SSI or SSD check. The PASS plan runs through the SSI or SSD program."

Another factor in determining a person's qualification for the PASS plan is he or she has to have additional income other than SSI, such as SSD, pension benefits or part-time wages.

The reason, according to Blackwell, is because a person will need to set aside other income, such as SSD, pension benefits or part-time wages, to use for the PASS plan.

"SSI helps a person pay for other expenses, such as rent, utilities and food," Blackwell said. "Having a PASS plan with only SSI can be done theoretically, but SSI would then have to pay for other expenses (other than saving for the PASS plan), which would be tough to do."

Under regular SSI rules, an SSI check to an individual would be reduced if that individual is receiving SSD, pension benefits, part-time wages or another source of income. However, under the PASS plan, an individual's SSI would be increased, not reduced, even though that individual would still receive another source of income, because, according to Blackwell, "a person's increase in SSI depends on how much accountable income money that person saves for the PASS program."

"The more money a person saves for PASS, the more money from SSI he or she gets," he said.

Other PASS Regulations

Other regulations to consider when one applies for the PASS program are as follows:

The maximum amount of SSI money disabled people can receive from Social Security, while these persons are on the PASS program, is \$2,000 for each individual and \$3,000 for each married couple.

The PASS plan can't provide anyone with a lump sum of money right away. Blackwell says Social Security can give money to a PASS plan recipient on a monthly basis immediately, if that person needs to spend the money right away. "If, for example, I need \$100 a month for college tuition, I would get \$100 right away, because I would have to spend it right away," Blackwell said. "At no time will Social Security front the whole money," he added.

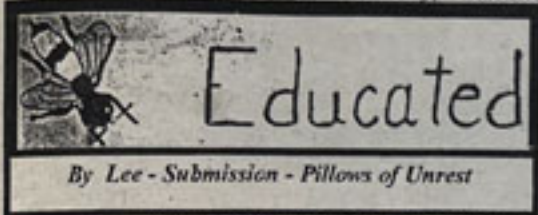
The maximum amount of time a person is allowed to save up money for his or her PASS program is 18 months. If the person believes his or her PASS plan stretches beyond 18 months, then that person could ask a Social Security representative for an extension. "If the extension appears feasible, then Social Security could extend the PASS plan," Blackwell said.

Raffio says there is no required minimum amount of time for a person to complete his or her PASS program, but added to complete a PASS program in one month, "doesn't happen in a reasonable amount of time." Raffio also said the average time a person completes a PASS program is 15-18 months.

If a person doesn't comply with the PASS plan by, for example, using the PASS money for other purposes, then the program ends immediately and that person has to return all of the PASS money to Social Security. "People would be fined the money they didn't use in the PASS plan," Blackwell said. "If a person abuses \$600 worth of PASS money, then that person would be fined \$600 worth of PASS money. We would take that money out of that person's future SSI benefits or we would bill that person on a monthly basis."

"There are two types of goals when using the PASS money: for a work goal or for a monetary goal, such as for paying tuition of a college or trade school to get a job," Blackwell said.

Another example of a person misusing the PASS money, is if he or she combines outside resources with his or her Social Security savings for the PASS plan. "The money saved for the PASS plan has to be in a separate account," Blackwell said. "You can't co-mingle the PASS money with other accounts." "I can't have a PASS plan just to get a car," Raffio said. "But if my PASS plan is to go to work, then I might be able to get a car or another form of transportation. My PASS plan has to be an occupational goal." "I have to save a specific amount of money for my goal and I have to have a specific account for my goal. Otherwise, my PASS plan ends immediately," Blackwell said.



Steps to take in applying for a PASS plan

Blackwell and Raffio recommended some steps to take when applying for the PASS program as follows:

1. Choose a work-related goal. The goal must be a job and should be a job you're interested in doing and a job you think you'll be able to do at the end of your plan;

2. Find out how long it will take to reach your work goal. A plan should not last longer than three years, but if your plan involves school or training, then that plan can last up to four years;

3. Decide what things, such as training, tools or transportation, you will need to reach your work goal. Naturally, each person will need different things to reach his or her work goal;

4. Find out the cost of things needed to reach your goal;

5. Find out how much money you'll need to set aside for each month to pay for things you need to reach your goal. Plan to keep receipts for the things you need to reach your goal;

6. Contact the Social Security Office or, for New York State residents, a representative from the New York State Education Department, Office of Vocational and Education Services for Individuals with Disabilities (VESID). Tell them you are interested in starting a PASS plan. Blackwell recommended New Yorkers to go to VESID first, to see if their PASS plans are covered through state laws. According to Blackwell, VESID is strictly an educational and vocational agency, which helps New Yorkers obtain a job or help them train for a job. "The PASS plan works in conjunction with VESID," Blackwell said. "The VESID plan is good if there is a gap the PASS plan doesn't cover. The PASS program could pick up the plan if it's not covered by VESID. "If someone wants to go to school, VESID pays for tuition and books, buy, if the person can't get to school, we would help provide the transportation. VESID is strictly educational and is primarily a training program; it doesn't do anything with transportation," Blackwell continued. "If the (VESID) plan can't be covered by law, then I would go to the PASS program";

7. Contact a local Independent Living Center (ILC) staff person, such as, for example, a staff member of Taconic Resources for Independence, Inc., and discuss the Pass plan with that staff member. You can even discuss the plan with a Social Security representative;

8. The ILC staff person or Social Security representative will assist you in writing a PASS plan proposal. Blackwell emphasized that,

A plan is available to all disabled persons nationwide, according to Blackwell. "The PASS plan is offered in all 50 states," he said. "Any disabled person can qualify." *If any disabled person is interested in applying for the PASS plan, then he or she can contact his or her local Social Security Office or call Social Security's national toll-free number at 1-800-772-1213, from 7 a.m. to 7 p.m., Monday through Friday.*

before sending the PASS plan to your local Social Security Office for approval, that PASS plan *must be in writing, signed by the applicant and dated.* Otherwise, the PASS plan will not be accepted by a Social Security representative;

9. You submit your PASS plan, either by mail or in person, to your local Social Security Office;

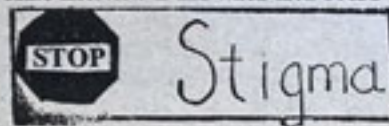
10. Your local Social Security Office then gives you an appointment time to come in and discuss the PASS plan. The ILC staff person can accompany you to your Social Security appointment, if necessary;

11. During this appointment, a Social Security representative will let you know if your PASS plan is approved, or, if it isn't, why.

12. If approved, you would open a special bank account with the money provided by Social Security, but this money is only to be used for your PASS plan, and'

13. Finally, your PASS plan will be reviewed periodically by your local Social Security Office to assure compliance.

According to Blackwell, there is no set time as to when any plan will be reviewed, but, he added, "we would inform people when they would be reviewed" at the end of the same interview if and when their PASS plan is approved.



How Social Security determines an approved PASS plan

Here's one example of how Social Security would determine an approved PASS plan as follows:

John Doe wants to take a technical writing course at his nearby college, Oasis University, so he can reach his goal, which is for him to obtain a job as a technical writer.

John decides to save up \$200 for five months, which would pay for the tuition of the class. John also decides to save up another \$200 to pay for textbooks. That would mean John wants to spend a total of \$1,200 for his goal, which is to take and complete his technical writing course.

John is currently receiving \$320 a month of SSD. Out of John's \$320 of SSD, \$20 would be considered an Unearned Income Disregard, because the \$20 amount is disregarded from the income computation, which means that the \$20 is an unearned income bonus and is also considered part of a person's personal needs.

In any case, the Unearned Income Disregard of \$20 is subtracted from John's SSD of \$320, giving him the Accountable Income of \$300.

Under Social Security Law, Accountable Income is defined as "the amount of income subtracted from the Social Security base rate (which, in New York State, amounts to \$544, because \$544 is the maximum amount of SSI an individual can receive in New York State) to determine how much an individual's SSI payment would be." Therefore, John's SSI is determined when the \$300 is subtracted from the base rate of \$544, giving him an SSI of \$233. However, because John's PASS plan of \$200 a month has been approved, his SSI increases from \$244 to \$444 per month.

"The PASS plan, in the end, always raises the amount of the SSI," Blackwell said. "To qualify for the PASS plan, you have to have other income, such as wages or SSD, but the PASS plan is always added to the amount of the SSI."

As a result, John will be receiving two Social Security checks for each month totaling \$764-\$444 from SSI and \$320 from SSD - for the next six months, because that is the length of his PASS plan; \$1,000 in tuition for the first five months and \$200 in textbooks for the sixth month.

If John didn't have a PASS plan, or once his PASS plan expired, he would be receiving a total of \$564 a month in Social Security benefits SSI and SSD, because he would no longer receive the PASS plan of \$200 a month.

SETTING UP EDUCATIONAL MEETINGS WITH LOCAL LEGISLATORS

This strategy focuses on familiarizing policy makers with the issues faced by people with mental illness rather than on specific policies, legislation or budgets. It helps to strengthen the presence of mental health advocates - in the broadest sense of the term -

As A Constituent Force.

- I. **Who should meet with legislators:** A group of people, a team of some sort which should not exceed five people, perhaps comprised of

Primary consumers of mental health services.
Parents of children or adolescents with serious emotional disturbance.

Service providers. As an editorial comment, our preference would be that the professional or para-professional represent a private, voluntary provider.
Advocates familiar with local mental health issues.
We suggest that participant become registered voters before the meeting, if they are not already registered.

- II. **Purpose:** We strongly suggest that the meetings focus very closely on telling legislators about the experiences of the group's members.

The meetings should be designed to help legislators have a better understanding of mental health issues, and there are no better sources of this information than people who use mental health services. The people who are directly involved in providing services are also usually intimately familiar with mental health issues.

Participants should be prepared to talk about, for example, what their lives are like, what mental health services they have used, what helped and what didn't. In meetings in other areas, people have also talked about what services would be helpful but are not available. Service providers may want to talk about what they do and who they work with, and should be careful about not using jargon.

There are some things that these meetings should *not* try to address, including specific legislation, the budget or most other specific policy issues. Rather, educational meetings should help legislators to recognize that their constituents are interested in mental health generally, and that therefore they should also be interested.

- III. **How you may want to set up the meetings**

Identify participants who understand and are interested in mental health services and issues, and who are willing to talk with policy makers about their own personal experiences. One of the participants may make a good facilitator for the meetings.

Arrange times to meet with each legislator representing your district. It is important that the groups meet *in the district office*, and directly with the legislator. One of the participants can schedule the meetings by calling the legislator's district office, explaining a little about the group and why they want to meet with him or her. Others have found that 20 or 30 minutes is a good time frame for the meetings.

You may want to get together for ten minutes or so just before the meeting to review the purpose of the meeting.

- IV. **Some ideas about what teams may expect**

The legislator's office may suggest a meeting with an aide. You may find it helpful to specify that you would like to meet with the legislator and are willing to arrange the meeting at a mutually convenient time. If, when you get there, the legislator is unexpectedly not available, you may choose to meet with his or her aide and arrange another time to meet with the legislator, or you may just want to reschedule.

It is a good idea to designate one person to introduce him or herself and the group, and to set the stage for the meeting. The group's purpose is to tell the legislator about mental health services by telling him or her about personal group member's own experiences.

Both here in New York and in other states where this model has been used, groups have found that, more than any other kind of information, these personal stories help legislators to get a broader and deeper understanding of both mental health services and the people who use them.

If legislators have questions that the members of the group do not know the answer to, feel free to tell them that you don't know, but that you will try to find out for them. Then get back to them with the answer as soon as possible. Again, please think of the New York State Mental Health Association as a resource - we will be glad to help if we can.



FLAG
by CHRISTIAN HARNON

VOTE

POETS SPOTLIGHT

FEATURING THE POETRY OF

Nancy A. Cayton

Racial Discrimination

The two edged sword with eyes of fire,
The rope that tightens the noose.
In its eye's torment, is the overwhelming desire,
Destruction of all, but of its own kind,
It thunders with the booms of the
Mighty dinosaurs,
It's anger as furious as the earth's
Exploding volcanos,
Colder than the child of the Antarctic,
Destroyer of the most peaceable of nations,
This demon named racial discrimination,

How do we start to exorcise
This underground barn, masked invader
From the very existence of our lives?
It's plunged a sword into the one who
Gave me drink when I thirst,
Into the one who fed me when
I hungered,
Into the one who clothed me
When I was naked,
Into the one who sheltered me
When I was homeless.

It is an invisible drug
rotting the heart and mind
of the very soul.

This demon named racial discrimination,
Now, I face this demon in my time,
I will make a brave attempt
To exorcise it with these words:
This is God's creation, Mather Earth,
Take care and nurture her
Or, at racial discrimination's cast,
All that is good and loving and beautiful
About her, might be soon lost.

To Chris, "Her Kind Heart"

Once in a great while
If your fortunate enough
Someone special will come
Along, polish up your
Dusty ego
And find that hidden
Place in your heart
And show you hope
That you felt lost
Someone with bright eyes
And a smile, will help
Find the best in you
That you thought much
Less of,
And tell you, in life
You play a very important part
And I must tell her,
God bless, and love
Her kind heart.

Broken Toys

What have we here?
In the Land of broken toys?
I've heard that birds of a
Feather flock together.
Even as girls and boys
We learn to share our hearts
And tell how it made us
Stranger, and how we won't
Go through this again any longer.
At points in our lives,
We grow much too fast
And painfully ask the question,
How long will the nightmares last?
In the land of the broken toys,
We accept the missing parts,
And, cast a bounty of compassion
To search for each other by
Tenderly healing our hearts.
For us adults, girls and boys,
We keep loving and hoping
And searching
For the land of broken toys.

The Great Wish

When I wish upon a star,
I wish for peace and love by far.
I wish for a gentle and painless
World, and for the tears to stop
And for the joy to begin, and never end.
I wish for all of mankind,
The wisdom and understanding of God,
For the forgiveness and generosity
That only God knows how to give.
I wish for real love,
For that is the only way that I can live.



Reality

The prevalent task of silence.
The ones, the malevolent war.
The lenient injustice of procrastinating,
Of knowing, truly knowing ones self.
Seek it out, it's there, it really is.
Once you find it, don't look back,
Keep building on to it.
You're given the master of your destiny.
The ingredients? They're all inside
Of you.
Seek every direction inside and out.
Utilize your chosen options.
The substance of your existing
Are the keys.
Now drive on. You are strong.
You can tolerate reality,
You can overcome.
We've been waiting for you.
You are welcome.

Living with Mental Illness

Pardon me if I don't smile today.
You see, I'm depressed and sometimes
It makes me feel that way.
Other times I become afraid and I
Go hide in the shadows until,
The fear goes away.
Going outside and taking a walk
Sometimes takes a lot out of me
Just living from day to day doesn't
Come easily.
But, please don't think because of that,
That I don't have feelings
Or that I don't care.
Because if you look close enough,
I can assure you there is a person
In here.
Pardon me if I ask a favor of you.
I want to do all of that nice stuff,
Really, I do.
Sometimes, I feel sad and empty inside
So...I would like to ask you if you
Could do all of those nice things
For me, and maybe after watching
You for awhile,
I might become strong enough to do
Those things, in my own personal style.
Of things that are difficult for me to do.
I have a long list.
It's hard to live life to the fullest.
When you're living with mental illness

LAYOUT DESIGN by Piusella Cooper

COUNTERING STEREOTYPES IN THE NEWS MEDIA

PEOPLE SPEAKING FOR THEMSELVES

By Andrea Blanch, Ph.D. and Darby Penney



In today's world, information is power and the news media plays an increasing role in shaping local, national, and global events. Despite some reservations, the general public still turns to media for coverage of "the facts" and this includes facts about mental illness. A Robert Wood Johnson Foundation survey recently found that about three-quarters of Americans depend on the news media for information about mental illness, although more than 60 percent rate news coverage as only "somewhat believable."

In addition to newspapers, magazine, network TV news, and radio, a majority of Americans spend some time watching CNN and C-SPAN, participating in radio and TV call-in shows, using computerized information networks, and reading any of a growing number of newsletters, fact sheets, and bulletins. These different forms of communication are becoming highly interactive, so that an image or fact which appears in one form of media may be carried later by another form, which in turn may be highlighted in a third—a process which Alvin Toffler dubbed "media-fusion."

This information explosion increases the importance of images and symbols as purveyors of some approximation of the factual truth. Skilled media people routinely use imagery to convey information. For example, politicians are keenly aware that the visual image of a multi-racial advisory team surrounding a candidate may be more potent means of communicating a commitment to diversity than either words or actions. The images conveyed in the news media about people with psychiatric disabilities are therefore potentially very influential in shaping public opinion, perhaps even

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more influential than the more vivid and controversial images portrayed in the entertainment and advertising media. Recognizing that people who have been diagnosed with mental illness have a range of preferences about the terminology used in referring to them, in this article we have chosen to be inclusive and to use a variety of terms: "people with psychiatric disabilities," "people diagnosed with mental illness," "mental health service recipients," "psychiatric survivors," "ex-patients," and "consumers."

An examination of news media characterizations of people diagnosed with mental illness raises concern about the accuracy of these images and their likely negative effects on public opinion. In order to better define and understand the images presented by the news media, a review was made of mental health-related articles in the major daily newspapers in New York State over a two-month period, October 15 through December 15, 1992. Editorials and letters to the editor were also considered.

During the period studied, 161 pieces relating to mental health appeared in these newspapers. Of that number, 81 dealt exclusively with public policy issues, such as state psychiatric center closing, financing and budget issues, appointment of mental health officials, and employment and labor matters. A total of 8 articles discussed a specific psychiatric disorder, such as depression, but did not refer directly to individuals diagnosed with the disorder. The remaining 72 pieces specifically discussed people with psychiatric disabilities, and these portrayals fell primarily into two categories: violent or potentially dangerous, or helpless and in need of control by others.

The majority of articles about people with psychiatric disabilities presented them as violent or potentially dangerous. There were 41 such portrayals, 25 of which focused on one of three particular cases. Significantly, in only one of these cases was the person in question currently

accused of committing a violent crime; the other two individuals had been accused or convicted of violent crimes in the past, but were not charged with violent behavior. Inflammatory terms, such as "wild man", "insane killer", and "deranged woman", were used to describe these people. In all three cases, the individual's violent behavior was ascribed to their psychiatric diagnosis, with the implication that anyone with a psychiatric history was potentially dangerous.

Other pieces portraying mental health service recipients as dangerous included articles and letters about neighborhood opposition to proposed community residences, in which homeowners expressed fear for their children's safety; editorials calling for mandatory notification of police if psychiatric patients convicted of crimes were released on furlough; and an article about homeless individuals who were described as "menacing", and were assumed by the writer to be mentally ill.

In fact, close reading of several of the articles revealed that the person in question had not actually been diagnosed with mental illness, yet the writer assumed that their violent behavior was caused by a mental illness. In one example, a string of unsolved crimes was attributed to a "maniac with a screwdriver", although police did not even have a suspect in the case. In another case, a sociologist conjectured that a recent increase in the number of attacks on social service caseworkers was due to an increase in "released mental patients". A number of other pieces announced the arrests on a variety of charges of people who had a psychiatric history. Although no evidence was presented that their alleged crimes were connected to their diagnoses, the fact of their psychiatric history was featured prominently in the stories and headlines.

The other predominant image that appeared in the articles may not, at first glance, seem as derogatory as the images of violence and dangerousness. In 24 articles, people with psychiatric disabilities were depicted as helpless and vulnerable, as objects of charity, or as in need of control by others. While less threatening, this type of portrayal perpetuates an equally negative stereotype that perpetuates discrimination against people with psychiatric labels. These articles included many pieces in which the writer appeared to be trying to present a "humane" picture of mental health service recipients, but nonetheless described them in stigmatizing and demeaning terms. In these articles, people with psychiatric disabilities were almost never presented as intelligent, competent, complex individuals, but rather as limited people doing their best to work toward normalcy.

There were 16 articles that depicted former psychiatric patients currently living in the community. In all but 2 cases, these stories concerned people living in supervised community residences, with the implication that this setting was the most that they could aspire to. These pieces followed a similar model, each told at great length how clean and "homelike" the houses were, and a typical highly structured day was described. Staff comments about how much the "patients" enjoyed living there were invariably included, but the residents themselves were never quoted. One would probably come away from these articles with the impression that psychiatric patients as a group are highly dysfunctional, capable of living only a very restricted version of a "normal" life outside the hospital.

A viewpoint commonly expressed in articles of this type was surprise that someone with a psychiatric history was capable of performing everyday tasks. A piece about an art exhibit at a psychiatric center expressed some amazement that "mental patients" were capable of executing sophisticated artwork, and assured readers that most of the patients involved would "need to stay here the rest of their lives." Even an otherwise very positive article about the

work of a highly effective self-help group was marred by a pervasive tone of astonishment that someone with a psychiatric history could accomplish such "normal" activities as holding a part-time job or attending college classes.

The general tone of the articles in this category was reminiscent of the manner in which people with physical disabilities were once portrayed in the media: as limited, flawed people heroically struggling to mimic a "normal" life. In recent years, the activism of the disabilities rights movement has begun to make such portrayals of people with physical disabilities seem as socially unacceptable as racism and sexism.

The newspaper portrayals described above all have one thing in common: almost invariably, someone else — a clinician, administrator, family member — spoke on behalf of individuals diagnosed with mental illness. One approach to getting beyond narrow media stereotypes is to allow and empower people to speak for themselves. For example, as long as "experts" who were usually white males were considered authorities on the needs and problems of women and racial minorities, those groups remained disenfranchised. These disempowered groups began to make strides only when they insisted on representing themselves.

The lessons learned from the experiences of the women's movement and the civil rights movement can be applied to people with psychiatric disabilities as well. Traditionally, clinician, academics, administrators and more recently, families, have spoken for mental health service recipients. Despite the fact that the mental health system has recently begun to realize that they need to listen to people with psychiatric disabilities, this understanding has not yet been communicated effectively to the news media.

When people speak for themselves, the resulting imagery or "meta-communication" is almost invariably more powerful and persuasive than the content of the communication itself. The recent production of a series of videotapes by the New York State Office of Mental Health provides a good example. Initially, professional cameramen refused to interview patients, assuming that they would be incoherent or difficult subjects. After an initial positive experience, however, production crews have decided that the videotapes will be produced entirely from footage of people speaking for themselves. The image that remains after watching one of these tapes (whether on housing, health care or coping strategies) is of individuals who vary widely in just about every respect — who are people, first and foremost.

Even negative news events can often be modified through the direct participation of the diagnosed individual. A recent "60 Minutes" episode on a homeless person diagnosed with a serious mental illness is a case in point. The coverage of this individual was extremely negative. For example, he was referred to as the "Wild Man of 96th Street," and footage of him lurching in front of cars and apparently menacing bystanders was used repeatedly. However, in a final clip of him being interviewed, he appeared coherent and rational, if (perhaps understandably) somewhat hostile to the people he felt were trying to deny him his freedom. Although this brief interview could not completely undo the negative stereotypes which permeated the story, it did provide the only relatively positive image in the episode.

It is unlikely that anyone will be able to change the news media's taste for sensationalism, or their tendency to use facts loosely. However, people in the mental health system can contribute in several ways to re-shaping news media images.

First, we can encourage people with psychiatric disabilities to speak for themselves whenever possible.

Mental health organizations and advocacy groups routinely use the media to communicate information about their own agendas. Every media contact can also be seen as a potential opportunity to convey images of mental health clients that counter the usual stereotypes. Portraying a wide variety of images and opinions will eventually contribute to an overall sense that persons with psychiatric disabilities reflect the same diversity that exists in the general population.

Second, we can organize and sponsor training events to help consumers interact effectively with the media. Materials providing "helpful tips for dealing with the press" already exist, however there is a great deal to learn about developing and maintaining credibility, getting the facts straight, and communicating them clearly.

Third, we can create structures and ongoing relationships that will maximize opportunities for service recipients to speak. Mental health and advocacy organizations can hire or use consumers/ex-patients as spokespeople and can develop the habit of referring reporters to consumers or even arranging interviews, when appropriate. We can also encourage consumer groups to develop ongoing relationships with the media and to be productive in creating media opportunities.

Fourth, we can attempt to influence the media directly, either by sponsoring forums where key media people have the opportunity to meet and interact with diagnosed individuals, or by arranging for people who have received services (or consumer/family member teams) to visit journalism classes.

FINALLY, we can make efforts to put the means of news production directly in the hands of people with psychiatric disabilities. Newsletters, video-recorders, computer networks, fax machines, and satellite/interactive television technology are the tools which will reshape our society in the coming decades. The quickest way to improve news media images about persons diagnosed with mental illness may well be to put consumers in a position to shape those images directly.



The Right to Be Wrong, con't.

"alternative," but as a moral imperative. Similarly, the "alternative" to psychiatric domination is also freedom. Freedom does not mean that the problems of the former slave, or the former patient, disappear, but it does mean that the power over the individual that was formerly held by the slavemaster or the psychiatrist does disappear. Only then can people approach one another as equals, face difficulties and search for solutions.

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over the individual that was formerly held by the slavemaster or the psychiatrist does disappear.

Defining a person's difficulties as psychiatric is a rejection of people's experiences. psychiatric diagnosis is, in part, a process of decontextualization, of denying the real meaning that supposedly dysfunctional behavior has to the individual. A person may behave in ways that other people can't understand, but ways which have meaning and value for that person in the context of their lives. Turning behavior, thoughts, and feelings into

"symptoms" actually gets in the way of understanding and helping. What is really helpful is contextualization, helping the person to understand that thoughts, feelings, and emotions to have meaning within the context of that person's own life and experiences. Unlike involuntary psychiatric treatment, this kind of real, individualized help is impossible without the active participation of the individual being helped.

However, I am not going to talk today at any length about the self-help alternatives that have been developed by the psychiatric survivor movements as a way of helping people to deal with the pain that is often a significant part of life. That is another topic for another time. It is not the job of the psychiatric survivor movement to solve social problems that have led to the present unjust system. Instead, it's our job to serve as the moral focus of this debate, to represent the powerless in our struggle for fundamental justice. It is clear that we cannot leave our fate in the hands of lawyers, judges and psychiatrists, who seem quite willing to sacrifice our freedom in the name of benevolent paternalism.

I want to say a few words about the Constitution, which I believe will eventually be interpreted to

encompass the full citizenship of people labeled mentally disabled, and others judged incapable of determining their own best interests. Let us not forget that the Constitution was written to define slaves as three-fifths of human beings, nor that the Supreme Court before the Civil War ruled that slaves were the property that their masters had the right to pursue and that agents of the law were bound to turn over to their rightful owners. Let us not forget that fifty years later, after slavery was ended and the constitution amended, the Supreme Court ruled that segregation was constitutionally permissible, continuing to deny the basic equality of African-American citizens. It was not until 1954 that the Supreme Court finally ruled in favor of racial equality and equal rights for ethnic minorities. And it was not until the civil rights movement of the '50's and '60's that the fundamental changes began to happen in race relations because black people fought, and struggled, and died for their rights. Let us not forget, as well, that women were originally left out of the Constitution entirely. As our ideas of social justice have changed, the Constitution changes, too.

Our struggle is being fought...by many brave people who want...the chance to live our potentials, to take chances, to succeed, to fail, to try, to have

opportunities, to make mistakes, to achieve, to change our minds, to be foolish, to pursue our dreams.

Psychiatric survivors, also are fighting for our rights. We cannot wait for the lawyers and judges to decide when or if we are "ready" for freedom. Wanting to be free is not a delusion.

For all the people confined in psychiatric institutions against their will, for all the people confined in group homes and congregate living facilities, for all the people confined by the internal walls of forced drugging, for all the people confined by the lost memories and broken brains of electroshock, I say: "We will not wait! Our struggle is being fought today, on many fronts, by many brave people, who want nothing more than the chance to live our potentials, to take chances, to succeed, to fail, to try, to have opportunities, to make mistakes, to achieve, to change our minds, to be foolish, to pursue our dreams.

Freedom is full of the risks and promises that are the essence of life itself. It is our goal; it is our right. It comes down to three fundamental questions: Will you stand with the forces of paternalism or the forces of freedom; will you honor our struggle; whose side are you on?