



NEIGHBORHOOD UNITARIAN UNIVERSALIST CHURCH

Headspace

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Introduction

By Linda Doran

The service in which you are invited to participate today is the culmination of a program called Chalice Circles – a small group ministry of Neighborhood Church. In this ministry, church members get to know each other more intimately than we would otherwise, discussing a different topic each month. This past year, I volunteered to be a facilitator, a first for me.

Last November, as we discussed service projects – an important part of living out our UU principles and bonding with other members – one of our members, Jenny Zappala (ZAPP uh luh) – suggested a grass-roots project around mental health. It became the train that left the station, with everybody on it. (I can't tell you how excited Chalice Circle leader Jane Zamanzadeh was to hear that we would be working on a grass-roots project.)

Since then, we have hosted an information table on the patio with experts from various fields helping to answer questions, a guest speaker invited by Rev. Lissa Gundlach to talk about the book she wrote about hypomania (bipolar II – the little sister of bipolar I), and now this service.

It turns out that our service here today has encouraged others to create similar events. A few weeks ago, the Episcopal Church in Anacortes, Washington held a Mental Health Sunday specifically because they heard about our project. The idea is spreading.

Little did I know when this journey began that I would be one of the people most helped by the effort. Somehow, in this month of my late mother's birthday – she struggled most all her life with mental illness – it seems appropriate that we should provide space and healing for this important issue. I hope that you, too, will benefit from the efforts of Jenny Zappala, Ann Grant, Peggy Painton, Ellen Rosenblatt, Susette Horspool, Steven Maher, and myself.

Today, we light the chalice for mental health and well-being, for hope and for healing.

Cassie's Story

By Ann Grant

I want to tell you Cassie's story. It's a story of suicide but also a story of life; a story of loss, but also a story of happiness and accomplishment. For those of you who don't know me, I'm a faculty member at CSU Dominguez Hills and teach in the school of nursing. I've cared for psychiatric patients and supervised students in psych settings, and I know academically about the signs and treatment of mental illness and disease, but it was quite another thing to experience it in my own family. I'm telling you Cassie's story, because for many of us, mental illness seems strange and foreign. Because there are no outward physical symptoms, such as you would have with a physical illness like measles, we may think that the problem is more a failure of will, that those with mental illness should just toughen up, should try harder, should not be so sensitive, and everything would be fine. Imagine saying that to a person dealing with cancer. Imagine telling a patient with congestive heart failure. Mental illness is an illness, most commonly with physiological, environmental, and developmental components. It can be acute or chronic, and it is always treatable, if not

always curable. People with mental illness are not any more deficient in will and resolve than any others, and in many cases, have developed more resilience as a result of dealing with the complications of their illness.

Mental illness is very common. In the US, one of every five adults experience a mental illness in any given year. It is one of the leading causes of disability, following cardiovascular disease and cancer. According to the World Health Organizations, one in four will experience mental illness of some sort during their lifetime. That's a lot of people. Looking at our congregation, the first half of this row of our church family could be battling a mental illness – and we would likely be unaware.

I have two daughters. The youngest little one was a pretty child who was shy and sensitive. She began exhibiting some signs of anxiety and insecurity quite early, and had treatment from a caring and treatment from an understanding child psychologist. It was when she was a teenager that she first made an attempt at suicide. It was a scary and confusing time. She didn't really exhibit the usual signs and symptoms of someone who was planning suicide: she did have some moodiness, but what teenager doesn't. She did tend to sleep more than usual, and her eating was erratic, but she didn't talk about death or ending her life; she didn't engage in risky behaviors, she wasn't expressing hopelessness, giving away possessions, or threatening to hurt herself. Cassie herself minimized the attempt, saying she didn't need any treatment, that she would continue with counseling, but really didn't feel she needed it. She just made a mistake, and wasn't really serious about ending her life, and of course we very much wanted to believe that.

In addition to her counseling, she had begun to see a psychiatrist, and began drug therapy. She had left high school early because of her anxiety and discomfort in that setting, took the GED, and attended community college, transferring to Cal Poly where she completed a bachelor's degree in Liberal Arts. However, despite her counseling and some drug therapy, she began to exhibit more significant symptoms of major depression which Jenny and Ellen will talk more about.

She found refuge in animals, and usually had at least four cats, all of them foundlings. These helped her in sad moments. She once described her mood changes to me saying, "When I wake up and look at my kitties, I feel happy. But then when I look away, it's as though a dark cloud comes down and covers everything, shutting out the light."

When you have concerns that someone may be suicidal, don't back away – you can help them even you're not sure what the problem is. Don't be afraid to ask if they're considering taking their life or hurting themselves. Ask it calmly and caringly – it doesn't increase the risk of their actual suicide. If they say yes, don't leave them. Offer to help them drive to an ER, help them to call 911. Know what mental health services are available in your work setting, your community or church setting. Offer your support in a non-judgmental way: this must be really tough, this must really hurt.

In Cassie's case, she also found refuge in helping others. She went back to school and earned a degree in registered nursing and especially enjoyed working in the Emergency Department. She also worked at clinics in Mexico, Guatemala and Nigeria, often as a volunteer. She fought hard to live a live that had meaning and purpose, but frequently she found that her sadness overwhelmed her at times.

When her psychiatrist felt it was best for her not to continue to work as a nurse, so she went back to school again, and became a paralegal, and worked in that field.

As she reached middle age, she found working fulltime difficult, but continued to work at a variety of jobs until her mid-forties. She did pet sitting, dog walking, house cleaning, home care, and continued to enjoy being able to help others.

Cassie took her own life at the age of 45. She died the day after her birthday from a prescription drug overdose. She left a note for her partner and fiancé, saying that he was worth 1000 times more than she ever was, and that she loved him. She had found the sadness and inability to live her life just too overwhelming.

We know how much she tried to stay. She managed to hold off the sadness and depression of her illness for thirty years, a very long time for someone with her constellation of physical and mental challenges.

She had the support of her family, friends and colleagues, but mostly she had a desire to stay, to help make the world better, to care for others who were also suffering.

We know how much she tried to stay. When one treatment no longer worked, she tried another. When one way of life was closed to her, she prepared and entered a new one.

We don't know precisely why she chose to leave one day after her birthday, but we do know that she was able to stay with us for 30 years after that first diagnosis, and that she made a difference in the lives of many. Cassie's story, while a story of struggle, is also a story of enduring and of success.

I think Cassie would say to us, care for your families, your loved ones. If one of them struggles with mental illness, learn about it, support their efforts, validate their successes, reassure them in setbacks, and finally – recognize that a decision to leave, if taken, is their own decision. Recognize that they make valiant efforts to stay as long as they can, and that when they leave, they love us.

Worry Stone Procession

By Susette Horspool

There's a really easy, almost unconscious way to ground and stabilize feelings with the use of worry stones. Worry stones have been used by a number of cultures around the world to calm the nerves, aid with meditation or prayer, increase courage, and connect with the ancestors. They are said to have originated in ancient Greece, where they were called "palm stones," and took the form of smooth rocks from the ocean, which is what we have here for you today.

Alternatively, you can buy them on the Internet in the form of smooth gemstones with an indentation for your thumb, but that's a somewhat manufactured stone for a somewhat manufactured experience.

This is my worry stone. I found it in the little stream that sometimes runs through Eaton Canyon. I hadn't been looking for a worry stone, but I have collected rocks before and this one called to me. I knew immediately what it was for, and here's what I can tell you about my own experience.

Worry stones are much more satisfying than biting your nails. Their energy connects with the earth, since that's where they came from, and so they have the effect of grounding scattered thoughts and feelings. It can center you, calm you, and help you feel safe.

In a minute or two we will ask you to come up to the bowl here, which is filled with stones we collected from a beach near Malibu. You'll choose one of your own and take it back to your seat. On the way back, start rubbing your worry stone lightly. Take a few deep breaths focused on the stone.

When you sit down, start sending your energy, with your breath, through the stone down into the earth. Feel for the safety of the earth, for its stability, for the sense of belonging that the earth carries for each one of us.

Everything is ok. The earth is there to cushion and nurture. It actually likes what we call negative energy, which is plain energy to the earth and feeds it. So let all of it go through the worry stone down deep to the center of the earth where it will be absorbed.

When everyone is seated we'll have a moment of quiet, then Irene will start playing Spirit of Life, Hymn #123, for us to sing as we are seated. Know that you can use your worry stone anytime, anyplace for other such moments.

Braintenance

By Ellen Rosenblatt

Hello, my name is Ellen Rosenblatt and I am a depressive. I have what is called Recurrent or Cyclical Depression and it is in what I think of as a remission. I have achieved remission through a lot of hard work to improve and then maintain my mental health. I came up with the word "Braintenance" for this talk and thought that I was *very* clever but, out of curiosity, I Googled it and found out it is in the Urban Dictionary. In the Urban Dictionary it is defined as "clearing out your brain of things that have been bouncing around for a while". I mean it as maintaining my mental health and to stress the mind-body connection since we use the term 'preventative maintenance' so often for physical things.

Clinical Depression is different from what most people experience at least a few times in a lifetime. Normally people experience depression in response to life events. Clinically depressed people experience it at random times, seemingly in response to nothing. I've read that it is caused by abnormal activity of neural circuits in the brain. The good news is that it is a physical disease and is therefore treatable.

When I was depressed it felt like there was a black cloud hanging over me, like anything and everything could make me cry, like I had a nagging headache or the flu, like anything bad that ever happened to me or I had done was magnified a thousand times and anything good was hidden and like I was disconnected from the rest of the world. Since the depressions were recurrent, I felt like I was on a beach getting knocked over again and again by the waves of depression.

While I was doing research for this talk, I was surprised to find out that Rachel Maddow also has cyclical depression. I am in good company! In an interview with Terry Gross, she described her depression as follows: "it's like the rest of the world is the mother ship, and you're out there on a little pod and your line gets cut and you don't connect with anything. You sort of disappear." This is a good description of how I experienced depression.

My depressions started at around age 12. Around that time, I started to have inexplicably dark moods. I was ashamed of my depression and tried to hide it, especially from my father who said things like "just go out and do something" or "don't coddle yourself". If I hadn't been ashamed of depression I may have gotten help earlier but it wasn't until I was 35 years old when a GP referred me to a therapist. I did talk therapy with this therapist for a year or two and it helped somewhat but not enough.

After a few years I was referred to a psychiatrist who diagnosed me with Clinical Depression and prescribed my first antidepressant. When I was diagnosed I was very happy; not that I had depression but because I had a condition which had a name, which other people had and for which there was medication. I was happy to know that other people had the same thing I did; not that I wanted them to be depressed but because I wasn't alone.

So the first two things I did to improve my mental health were to use talk therapy and medication. Using these two tools, my mental health improved significantly. Over the years I discovered two other things which I need to do to completely maintain my mental health. These are exercise and being with people.

Exercise produces endorphins which help to ease depression. I've found that I need strenuous aerobic exercise for at least half an hour every other day. If I don't get it my mood predictably begins to sink. The same is true of being around people; if I go more than a day without talking to anyone, my mood very predictably goes down. Being with people is not easy for me, since I am an introvert, but when I isolate my depression always gets worse. However, it doesn't take a lot to make me feel tied in with the world -- simply going to a Trader Joe's and having a short conversation with the cashier usually makes me feel connected and out of isolation. It is the sense of being disconnected that triggers my depression.

In addition to the tools I've already talked about, many other things help me. These include acupuncture, eating well, yoga, meditation, knitting, and detachment from other people's opinions and judgments. The

latest thing I've found that helps is going to services here at the Neighborhood UU Church. The things I do for myself may not be the things that help everyone but some of them are pretty universal, like medications and exercise.

I still feel a sort of shadow depression on occasion although never the full-blown episodes I used to have. When this happens I know that I have to use one of my tools. If I haven't exercised in a while, I will go for a hike. If I've been isolating I will try to go out. I set these things as a first priority; if I had been planning on other things which don't contribute to my mental health, I won't do them until I am feeling well. I won't push myself on anything that won't help me feel better. My father was right in a sense that I shouldn't coddle myself but only that I need to push myself to do my "Braintenance". For everything else, coddling is a must.

So these are the things I do to take care of myself. It's taken a long time to realize that I need to do these things and to feel proud of taking the time to take care of myself rather than feeling guilty.

I'll end by encouraging anyone here struggling with depression to get help. For most people, improved mental health is possible but it takes being open about it and getting help. We are all worthy of self-love and good mental health.

Thank You

By Jenny Zappala

When you break a leg, everyone signs your cast. When you break your brain, no one wants to sign your forehead.

In 2009, I told everyone I was in a hiking accident and I hit my head. That wasn't true. For years, I was too scared and ashamed to tell people the truth. Why? Stigma. As Unitarian Universalists, we're called to bring our authentic selves to church and to life. Today, I'm bringing it. My name is Jenny and I have a mental illness. More importantly, I'm a wife, a daughter, a friend, a community volunteer and I'm a person. I'm more than my diagnosis. I can defy the stigma.

Of the few people who knew my secret, some asked me, what can they do to help others? I can say what worked for me and many people like me: Communication. Communicate a lot. Get help. Get treatment. Get your team of family, friends, and professionals together. Stick with your treatment plan, especially when the going gets rough. Count your blessings.

Today, I invite you, after this service, to step outside and visit the Mental Health Resource Table. We're blessed to have a representative from the National Alliance on Mental Illness (also known as NAMI) here to answer your questions. Also, take as many brochures and flyers as you like for you and your loved ones. Please, take the time. Learn something new today.

Right now, I'm going to take this moment to thank the people who helped me – my team. And in doing so, maybe I can give you some ideas about how you can help someone in your life.

Thank you for seeing me as me.

You talked with me about seeing a psychiatrist and a counselor.

You researched health professionals and handpicked the best ones for me.

You held my hand as I accepted my diagnosis.

You took me to the hospital when my words stopped making sense.

You trusted me, your daughter, with her husband, to handle this as adults.

You trusted that I will ask for help when I need it and when I ask, you come through.

You believed patiently and faithfully I would get better.
You kept the house chores running and put dinner on the table every night.
You held me when I was scared, tired, frustrated, angry, or all of the above.
You taught me how to needlepoint to pass the time when I'm stuck indoors.
You showed me how to hand make Christmas cards to cheer me up.
You called periodically to check up on me.
You walked with me down the hall, then around the block, and then on my first 5K charity walk for NAMI.
You asked me to help you pull the weeds, plant the seeds and smell the roses.
You worked with me to create volunteer-powered events for local writers.
You gave me a volunteer opportunity with flexible hours in a caring church community.
You asked me how I was doing and accepted my honest, complete answer.
You gave me a worry stone and reminded me how to release worry and hold onto love.
You trusted me to help you in your hour of need.
Thank you for seeing me as me.
Amen and Blessed Be.

Benediction

By Linda Doran

Powers of healing and renewal, which we call by many names, encourage us and our families that we might cope faithfully with issues of mental health. Deepen our understanding. Teach us patience. Increase our capacity for empathy and acceptance. Help us not to be victimized by the stigmatizing attitudes of the uninformed and uncaring. Enable us to share the journey, to find strength in partnership with others, to build together a community of support and healing. So nurture and sustain us in your love and understanding that we may act wisely and serve compassionately, to relieve suffering, provide care and offer hope. AMEN.