

A Mental Health Perspective Mission Statement: The purpose of this newsletter is to bring faith, hope and courage to members of the local mental health community of Kings County, Nova Scotia, as well as anyone else who is involved with a mental, emotional or psychological condition.

This non-profit consumer-led newsletter was created by the Kings County Branch of the Canadian Mental Health Association (CMHA) and made possible through donations from various organizations, including the Department of Health 'Consumer Led Initiative' and private donations.



January



From the Editor

Happy New Year to all our readers. The first decade in the new millennium has flown by and the year twenty ten, once the language of science fiction, flows seamlessly off the tongue.

In keeping with New Year customs of renewal and of making a fresh start, the theme of January's newsletter is life after diagnosis. Diagnosis often follows a devastating breakdown during which the person's normal life seems to have vaporized. The road back to a productive life is long and exhausting but it is possible and necessary and is very dependent on the consumer being accepted by society. Broadening of the definition of "normal" to facilitate this acceptance is critical.

The poem, **Reflections on Normal**, was written to illustrate that the parameters of normal are determined by humans and can be changed. **Normal: A Social Invention** is a philosophical discussion of the meaning of normal and the purpose the definition of normal has for society and its implications for those living with mental illness. **Denial Delays Recovery** places denial of a diagnosis of mental illness within the grief cycle. This can be part of a normal process or, if prolonged, may lead to problems. **Life after Diagnosis: Taking Control** is a practical guide to living with mental illness. Life goes on after the diagnosis.

The Lost Little Girl is by a guest writer, Marlene Cousins. Many thanks are passed along to Marlene for sharing this personal poem with us.

Here's to a happy and productive, new decade.

Heather Frenette



Reflections on Normal

Your manners are atrocious, child,
Said Mad Hatter to young Alice
Grabbing drowsy dormouse nimbly
By the tail to dunk in his tea.



You don't fit in, said the Cheshire grin,
I don't care, retorted Alice, take me home.

Far side Alice's looking glass,
Left is right and up is down, and
Square is round, where opposites rule
And silly is cool and nothing
Is what it seems until Alice
Discovers it's all a dream.

By Heather Frenette
December 2009

Inspired by Lewis Carroll's Alice in Wonderland

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Normal: A Social Invention

The Oxford English Dictionary defines **normal** as “conforming to a standard.” According to Wikipedia, a normal person is someone who conforms to the predominant behavior in a society. The French sociologist, Emile Durkheim, in his **Rules of the Sociological Method**, indicated that the most common behavior in a society is what is considered to be “normal.”

Normal behavior is the outcome of both genetic and environmental causes. In most human societies, sexual and fighting behaviors are those highly regulated by law and custom. The failure of these controls produces serious social problems such as divorce, prostitution, juvenile delinquency, and crime. Too much control can produce various forms of maladaptive behavior and mental illness. It is not only individuals who suffer from behavioral problems: entire groups of people can develop abnormal behavior or be shunned by society. Humans are social animals and must fit into groups to survive. People within groups must get along and maintain standards of behavior that are acceptable to the group in order to carry on.

The principle problem of a society is control. Behavior is called normal or abnormal according to the degree of adaptation achieved. Successful adaptation means individuals are more successful at dealing with an ever-changing environment. Most experts agree that the definition of what is normal or abnormal behavior is constantly changing. For example, people with mental illnesses once lived their lives removed from society in insane asylums but now, due to effective medications and more enlightened attitudes, most are able to lead productive lives in the community.

Integration of those living with mental illness creates a different set of problems. If a person can't adapt to expectations of the community and feels like an outsider, he or she cannot thrive in that community or society. An education campaign must be conducted to urge members of the community to accept tolerate and understand a broader range of behavior. Members of society must learn to be more open-minded about people who fall outside of what is defined to be normal.

As far as defining “normal” behavior is concerned, truth is only temporary.

By Rick Merrill



Denial Delays Recovery

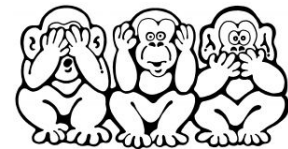
Being diagnosed with a mental illness carries the same emotional impact as a diagnosis of cancer, perhaps worse. Acceptance of most diagnoses takes time and requires a kind of emotional metamorphosis before the person finds a peculiar kind of peace and is able to resume living albeit with modifications. Elisabeth Kübler-Ross' grief cycle of denial, anger, bargaining, depression and acceptance was originally associated with death and dying. “The 'grief cycle' is actually a 'change model' for helping to understand and deal with (and counsel) personal reaction to trauma. It's not just for death and dying.”†

Many people who are diagnosed with a mental illness never leave the first stage of grieving. They remain in denial. Denial helps people cope with sudden change, and is harmless as long as it is not maintained too long. As long as a person diagnosed with a mental illness is in denial, they cannot ever hope to resume a full life. They cannot work on a problem unless they accept it exists. Without acceptance, the mental illness remains out of control, the person subject to the symptoms of their particular illness at the whim of that illness.

Prolonged denial is unhealthy. By not accessing modern medical treatment, proper medication and counseling, people with a mental illness remain in the psychological dark ages. More than that, such denial can be itself a mental illness called **anosognosia**. “It is not simply the denial of a problem, but the genuine inability to recognize that the problem exists... the person is literally unable to believe that his illness is, in fact, an illness.” * Anosognosia can lead to some serious consequences.

Moving on to the next stage of the grief cycle is critical for recovery. Overcoming denial of a mental illness is tough and there is not much advice offered in the literature on how to conquer it. Since denial is a learned behaviour that helps people deal with certain problems in life, some experts feel it can be un-learned. “Paradoxically, the best way to unlearn this behavior is to admit you're using it and to seek out help.”‡ This is rational advice for someone who may not be very rational at the time. People stuck in denial need strong support from their family and friends, the mental health community and society at large. They need to experience an open approach in relation to their illness and time to come to terms with a demanding diagnosis.

By Heather Frenette



References:

†http://www.businessballs.com/elisabeth_kubler_ross_five_stages_of_grief.htm#elisabeth_kubler-ross_five_stages_of_grief

*<http://www.mentalmeds.org/articles/anosognosia.html>

‡<http://psychcentral.com/lib/2006/denial-is-a-powerful-impediment-to-treatment/>

Life after Diagnosis: Taking Control

No cure exists for most mental illnesses. Mental health consumers must learn to live with mental illness and in doing so can live meaningful lives as productive members of society. They can set goals and objectives and successfully achieve them.

One way of living with mental illness is to practice symptom management. For some people the symptoms never completely go away. For example, for people with schizophrenia, taking medication will greatly help reduce the positive symptoms; hallucinations, delusions, and thought disorders. When symptoms are minimal due to medications, people with schizophrenia can learn to live with them and carry out the things that they want to accomplish in life. If we are experiencing faint voices we can ignore them and go about our business. When we are experiencing vague delusions we can tell ourselves that they are not true and ignore them as well. There are many other ways of practicing symptom management.

It is necessary to be on the lookout for a full blown relapse. There are certain signs to look for when on the verge of relapse. The signs are unique for each individual. The voices might be getting stronger and out of control. Visual hallucinations might be taking control. Delusional thoughts could be getting out of hand almost to the point of believing them. Trouble sleeping or sleeping too much could be a sign. Paranoid thoughts might take control. Avoiding people and public activities is a tell tale sign. When it becomes clear these things are happening getting to a doctor or other mental health professional is imperative. They will be able to adjust medications and prevent a full blown relapse.

Medication is an important tool in our recovery. Even though many people don't like taking it or the daily ritual involved, they still need to take them. If some people are not able to stick to a routine of taking pills, another option is to take medication via needle every two weeks or once a month. Going this route makes life a lot easier and less stressful.

One major problem involved with living with mental illness is the side effects of anti-psychotic medication. Some of the side effects can be devastating. When the side effects are too severe to handle, the doctor may reduce the dosage or give a medication that is designed to reduce side effects. If this doesn't work then the doctor would probably give you a totally new medication and experiment with that.

Important to recovery is developing a good social life. Many consumers stay home, stick to themselves, and do not bother going out to socialize. This is not good for mental health.



THE LITTLE LOST GIRL



I read about these children
They were of interest to me
These children who were almost lost
But were found and danced with glee

I set out one day on a journey
To see if I could find
One lost little girl maybe out there alone
I found this boggling to the mind

To think of a child all alone
Though surrounded by people she might be
Can you imagine the pain she feels?
It makes the pain so great in me.

I read as much as I possibly could
To help me in my search
To find just one just only one
For in the thicket she might lurk

I knew my search may be long and hard
For she may be hiding for none to see
I want her to know I really care
I hope she'll respond and call to me.

I heard of one, a little girl
Who suffered so much pain
Her mother drank, her father fought
No wonder she was crippled and lame.

No one seemed to notice the limp
For not outward but within
She carried oh so many scars
Of the violence and the gin.

Will she too learn to hide the pain?
For hopefully none to see
I hope I find her very soon
Just maybe she'll learn to trust in me.

She needs someone to reach to her
For she's rolled up in a ball
Hoping someone will notice soon
Before she takes the final fall.

I walked so quietly over to her
Hoping not to cause her fright
I wanted her to understand
She was now within my sight

I reached out my hand so slowly
And waited for her to see
But as she lifted her head and looked
The girl I met was me

By Marlene Cousins



Continued on page 4

Some of us need treatment from mental health professionals to help learn and develop good social skills. Living a lonely life is very depressing. When other people are in our lives, we are not alone and tend to feel better both psychologically and having a social life brings joy, happiness, and a sense of belonging. People with mental illness need support from family, friends and their community; they don't have to go it all alone. The strength of others is critical.

Effectively dealing and living with mental illness is dependent on good self-esteem. Everyone needs to believe in themselves, their strengths, and abilities. They need to love themselves and be good to themselves. A positive attitude is important to recovery. We are not our illness. With good self-esteem, goals can be set and achieved.

People living with mental illness can find meaning, purpose, and become productive members of society. They can be full of joy, happiness, and peace of mind; setting goals and objectives and successfully carrying them out. Believe in yourself and seek recovery and learn to live with your mental illness. You can accomplish great things in life.

By Tony Legere

CMHA PROGRAMS

Description:

Healthy Eat & Meet - Kentville is designed for individuals living with mental illness to enjoy a healthy snack, chat and access free Internet. Every Monday morning from 9:30 - 11:30 at 49 Cornwallis Street Suite 106. For more information, phone Laurel at (902) 679-7113.

Lunch & Learn is designed for individuals living with mental illness to enjoy a healthy lunch, socialize, and gain valuable information from guest speakers. Every Wednesday from 11:30 - 1:00pm at 49 Cornwallis Street, Suite 106. For more information, phone Laurel at (902) 679-7113.

January Program Schedule:

Healthy Eat and Meet

Mondays 9:30-11:30am

Location – Suite 106 Armoury Building, Kentville

Lunch and Learn

Wednesdays 11:30 – 1pm

Location – Suite 106 Armoury Building, Kentville

January 6th

Stress by Laurel Taylor

January 13th

The Benefits of Storytelling by Heather Frenette, Editor of *A Mental Health Perspective*

January 20th

Comedian Susan Carter

January 27th

Gladys Wagner, Evangeline Club

Laughter: The Best Medicine



Come to the **Lunch and Learn**
January 20th, 2010



Guest Speaker is Susan Carter, Comedian

Susan teaches how to navigate communication problems by:

- Illustrating styles of humour
- Validating the role that humour could play
- Teaching humour toleration and appreciation



Staff & Volunteers

Heather Frenette, Editor

Writers: Tony Legere, Rick Merrill

Printing and Distribution: David Veinotte

editor@cmhakings.ns.ca

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If you wish to make a comment, ask a question or give a suggestion by phone, please call (902) 679-7464.



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CMHA - Kings County Branch
49 Cornwallis Street Suite 109, PO Box 894, Kentville, NS, B4N 4H8
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