

THE LANGUAGE OF THE MENTALLY ILL

In his essay Self-Reliance, Ralph Waldo Emerson wrote, "Every heart vibrates to that same iron string." Despite the seemingly limitless spectrum of human behaviors and conditions, there is something – some aspect of experience – that connects us all. Mental illnesses create a connection between sufferers. This connection is what enables us to categorize mental illness. Each share certain characteristics that are manifested in the sufferer. Sufferers express these characteristics through words and actions. We all see the actions. However, less often do we take note of the similarities in words used to describe the experience of mental illness.

Dr. Wes Burgess, a psychiatrist of over twenty years and author of The Bipolar Handbook, notes this phenomenon in regard to bipolar disorder. He writes, "...if you had a party of one hundred completely different people who all had bipolar disorder, you could walk through the group and hear everyone saying similar things about their bipolar illness, sometimes using the same words." These similar verbal descriptions of mental illness are particularly evidenced by writers suffering mental illness. Those who use words as the tools of their trade are especially able to describe the altered states where mental illnesses confine the sufferer. Furthermore, individuals with mental illness often have a propensity toward writing and art. As Ernest Hemingway noted, "The terrible mood of depression is known as the artist's reward."

Perhaps the most commonly used descriptions of depression are those of being submerged. Writer William Styron said, "The pain [of depression] is most closely connected with drowning and suffocation..." Poet John Keats described depression by also using drowning imagery. He stated, "I am in the temper that if I were under water I would scarcely kick to come to the top." Writer and poet Sylvia Plath also used the theme of suffocation and drowning. She wrote, "I am now flooded with despair, almost hysteria, as if I were smothering..." These authors are but three of the multitude of famous artists who described their depression with images of drowning and suffocation. The more one reads the words of mood disorders, the more evident this particular metaphor becomes.

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DEPRESSION AND OPIOID USE

It's no secret that opioid abuse is a growing problem in the United States. An estimated 2.4 million people in the United States abuse prescription painkillers, and almost half a million people suffer from heroin abuse. But people abusing opioids also often face the additional burden of depression. Left untreated, this often hidden mental illness can make recovery even more difficult.

The relationship between opioid abuse and depression is bi-directional, meaning that suffering from one increases the risk of the other. Opioid abuse is defined as using a prescription opioid for non-medical reasons or using it longer or in greater amounts than what was prescribed by a doctor. Opioid abuse has been linked to higher rates of depression, anxiety, and bipolar disorders. But some research suggests that simply using prescription opioids can put one at higher risk for depression.

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Save the Date

May is Mental Health Month Walk
Wednesday, May 16th, 2018



For more information:

<http://www.sevenvalleyshealth.org/may-is-mental-health-walk>

OR email:

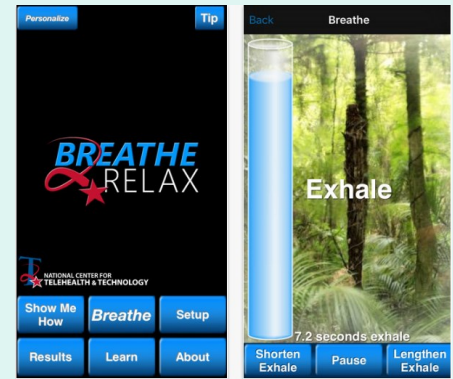
ahuntingtonofner@cortland-co.com



APP OF THE MONTH:

Breathe 2 Relax is a portable stress management tool which provides detailed information on the effects of stress on the body and instructions and practice exercises to help users learn the stress management skill called diaphragmatic breathing. The skills taught may be applied to those with anxiety disorders, stress, and PTSD. Breathing exercises have been documented to decrease the body's stress response and help with mood stabilization, anger control, and anxiety management.

iPhone: <https://apple.co/19XFKaG> Android: <https://bit.ly/1p7yaPH>



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The descriptions and themes vary from disorder to disorder. For instance, sufferers of anxiety disorders such as General Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD), Panic Disorder, Post-Traumatic Stress Disorder (PTSD), and, Social Phobia tend to have their own language to describe their mental illness. Words such as “confine,” “jail,” and “being chained” are commonly used to form metaphors about the imprisonment of the sufferer. In the words of sufferers of almost any disorder, specific metaphors almost always emerge.

While there are similarities in description, every person's experience is unique. No two individuals have exactly the same experience of a mental disorder just as no two individuals have the exact same experience of anything. However, the similarities found in the descriptions of the sufferers are abundantly evident. Emerson's words ring true in terms of mental illness: every heart does vibrate to that same iron string. One need only look at the language of mental illness as evidence.

Inserts:

Sylvia Plath was primarily known as a poet. However, she wrote one novel. Her novel, entitled, The Bell Jar, is a thinly veiled autobiography of the onset and first major episode of her mental illness (widely thought to be bipolar disorder). The title for the novel continues the metaphor of being trapped and suffocated. A bell jar is a laboratory glass in which all the air is sucked out, forming a vacuum. Plath uses the idea of being trapped under a bell jar as a metaphor for her mental illness. She writes, “How did I know that someday – at college, in Europe, somewhere, anywhere – the bell jar, with all its stifling distortions, wouldn't descend again?” Once again, the idea of being held against one's will / trapped is evoked in regard to mental illness.

Writer Leo Tolstoy suffered from depression, and, suffered a particularly debilitating bout around age fifty. Of his depression, he stated, “The force that drew me away from life was stronger, fuller, and concerned with far wider consequences than any mere wish; it was a force like that of my previous attachment to life, only in a contrary direction.” In this description of depression, the idea of “a force” seems to be similar to the smothering or drowning noted by the aforementioned authors.

By Kurt Warner, MSW, Catholic Charities, Cortland County MHA Board of Directors



We are a volunteer Board of Directors that act to initiate and promote advocacy services, educational presentations, prevention programs, and information and resource referrals.

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To learn more about the Cortland MHA visit:

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or contact:

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DEPRESSION AND OPIOID USE

In one study at St. Louis University, researchers found that 10% of over 100,000 patients prescribed opioids developed depression after using the medications for over a month. These patients were taking the medication for ailments such as back pain, headaches, arthritis, etc. and had not received a diagnosis of depression prior to treatment.

Many prescription opioid abusers may turn to using heroin, as it is often more available and cheaper. Heroin is an incredibly strong opiate, with roughly one-fourth of users becoming addicted to the drug. Heroin use in the United States has roughly doubled in the last ten years. This addiction can lead to the feelings of hopelessness, despair and guilt often associated with depression, and researchers have estimated that 48% of people dependent on the drug will also experience depression. Heroin users are also at increased risk of suicide, with death by suicide among users reaching 35%. For those who have this dual diagnosis, treatment should be tailored to address both conditions.

Researchers think that depression may stem from how opioids cause changes in the brain's reward and pleasure system as well as hormone levels. They also suggest that opioids are less effective if a person suffers from depression, which can lead to increased use to achieve the desired effect. Researchers recommend that physicians or other medical professionals screen patients for symptoms of depression prior to giving them an opioid prescription.

Research shows that medication frequently is more effective when an individual seeks counseling and behavioral support as well. Many people find that intensive outpatient or inpatient treatment is necessary to curb addiction and learn healthy coping strategies for depression.

By Kathleen Smith, PhD, PsyCom Mental Health Resource

<https://www.psycom.net/depression.central.opioid.abuse.html>

BOOK SHARE PROGRAM

The Mental Health Association of Cortland County now offers a book share program, developed for Mental Health related readings only. (Fiction or non-fiction.) It's *free* - your client gets to *keep* the book, and therapists can send multiple requests for books for multiple clients!

HOW IT WORKS:

Therapists in Cortland County can send the MHA a request via email with the following information:



- Therapist's name
- Therapist's place of employment
- Name of the book, author, and any other identifying descriptions to help us in ordering

MHA will notify if the request has been approved and then follow up to contact you when the book(s) arrive.

Please note, there is a cap on funding so be mindful of your requests. Email us at: mhacortlandny@gmail.com

Rx TAKE BACK EVENT

Turn in your UNUSED, UNNEEDED or EXPIRED medications for safe, free and anonymous disposal.



Saturday, April 28

Four Locations:

Marathon High School
1 Park Street, Marathon
9am-12pm

Cortlandville Fire Station
999 Route 13, Cortland
9am-12pm

Cincinnatus Fire Dpt.
5722 Telephone Rd,
Cincinnatus
9am-12pm

Homer Town Hall
31 North Main St, Homer
9am-12pm

For more information visit: cortlandareactc.org/drugdisposal
Or call 607-756-8970



ANNUAL MENTAL HEALTH ASSOCIATION DINNER

Friday, May 4th at 5:00pm
Cortland Repertory Theatre: 24 Port Watson St, Cortland
\$10 at the door

Keynote Speaker
Adrian Hale
Manager, Strategic Initiatives
Rochester Chamber of Commerce

Adrian Hale's life journey is inspirational. From inner city impoverished neighborhoods, across the world to Afghanistan to fight for his country, then as a veteran returning home battling through a six month fight over depression and PTSD. He went on to graduate first from Monroe Community College, then from Yale University with his Bachelor's Degree.

Adrian uses his personal story as an opportunity to give back and motivate others who are experiencing tremendous challenges and similar life experiences to achieve their maximum potential.

At the Greater Rochester Chamber of Commerce, Adrian is the Manager of Strategic Initiatives where he is responsible for leading projects that improve educational outcomes for RCSD students, work force development efforts that allow workers to upskill and reskill to meet the demands of the workplace, and job procurement which assets job seekers in identifying current employment opportunities. He is also engaged in civic efforts such as *Roc the Future* and *Rochester Monroe Anti Poverty Initiative*.

RSVP to Susan Lewis before April 25th at susan.lewis@aticortland.org or (607)753-7363 ext. 230

COMMUNITY EVENTS AND SUPPORT

Food For Thought:

Wednesday, April 11th, from Noon—1:00pm
Cortland Works Career Center, 99 Main St., Cortland

Hidden Mischief Room: Learn about concealment methods, drug culture references and what to do if you suspect a youth of using alcohol or other drugs. Free lunch provided.

Please Preregister at:

FoodforThoughtRSVP@gmail.com

607 Healing Hearts

Monday, April 16th; 6:00 - 8:00pm
28 N. Main St., Cortland

Grief support group for parents/guardians who have lost a child due to an overdose.

For more info: 607healinghearts@gmail.com

Cortland LGBT Men's Group (Monthly)

Cortland LGBT Resource Center, 73 Main St.

For more information: (607) 756-8970

Parents & Change Support Group

April 9 May 14 June 18

6:00 to 7:30 PM

Community Center, 90 Central Ave. Cortland

Contact: Becky Tripp (parentsandchange@yahoo.com)

Caregivers Support Group

Thursday, April 26nd, 3:00—4:00pm

Conf. Rm. B, Basement of CRMC, 134 Homer Ave., Cortland

For those who provide support for someone aged 60 or older.

For more info: Caregivers Resource Center (607) 753-5060.

If you have an upcoming community event or article you would like considered for inclusion in the MHA Newsletter, send your submission to susan@sevenvalleyshealth.org by the 14th of the month prior, or subscribe to the newsletter via email.

Disclaimer: The information presented here does not constitute professional medical advice. Individuals respond to treatment for mental health conditions in different ways, and treatment plans often need adjustment over time. Patients should work closely with their doctor and other health professionals in order to achieve optimal control of symptoms.