MARCH 3, 2021 - Virtual Support Group Meeting through Zoom.us

GENERAL MEETING
7:00pm – 9:00pm

An invitation will be sent to all of our support group members. If you do not receive an invitation but wish to attend, please contact Candy Venezia by email at cvenezia@aol.com or phone 412-361-8916. For security purposes, only those who reply to the invitation will be admitted to the meeting.

We are also having MID-MONTH virtual meetings. Watch for invitations by email.

NAMI MEMBERSHIP RENEWAL FOR 2021
Become a NAMI member at all three levels of the organization—national, state and local—with one payment!

We have three membership rates depending on what makes the most sense for you:
- $60 per year for a Household membership that includes all members of a household living at the same address
- $40 per year for a Regular membership, which is an individual membership for one person
- $5 per year for an Open Door membership for an individual member with limited financial resources

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Checks should be made payable to: NAMIKEYSTONEPA See the tear off sheet at the end of the newsletter to send your check.

REACHING OUT TO A LOVED ONE WITH SUBSTANCE ABUSE DISORDER from the NAMI Website
By Claire Nana | February 26, 2021

Substance use is no small problem. It affects a vast amount of people in lasting and pervasive ways. According to the National Institute on Drug Abuse (NIDA), 27 million people are problem drug users. Chances are, you are more likely than not to have a loved one who either has, or is currently coping with, addiction.

The cornerstone of addiction is that it continues despite harmful social, interpersonal problems that are exacerbated by substance use. This may also mean that activities like sports, work and time with friends are often cast aside as the addiction becomes worse.

Because of the encompassing nature of addiction and the fact that it draws a person away from friends and family, it also takes them away from the very support system they need to recover. According to Yohan Hari, the author of Chasing the Scream, addiction isn’t just a substance abuse problem. It is also a social problem. Hari goes on to say that the opposite of addiction is not sobriety, it is connection.

This is precisely why reaching out to someone facing addiction can be so important, but also so difficult. Many of us have no idea where to start, and if the person is close to us, they have likely also done things that have been hurtful to us. So, how do we reach out to them?
Avoid Judgment
One of the most pervasive feelings someone with substance use disorder experiences is shame. They know what they are doing is hurtful, and they also know that, because of this, friends and family look at them differently than they once did. This is also why they keep using, to drown out these feelings. To reach them then, the first step is to avoid judgment. Do not tell them that what they are doing is wrong, stupid or hurtful. Don’t ask them why they are doing it. Just simply let them know that you would like to connect with them.

Provide Reassurance
As Hari notes, those facing addiction can feel incredibly alone and isolated. They are poignantly aware of how they have become more attached to their substance than they have to the people around them. Although they desire connection, they are also afraid of it. Connection brings with it responsibility and consistency, which can feel impossible when battling substance use.

If a person has already lost many friends and family, they may be afraid of losing more, and are always “on the lookout” for signs of abandonment. For this reason, one of the most important things you can do when reaching out to someone is to provide reassurance that you are there for them.

State Your Commitment
Because recovery from a substance use disorder can be a long and messy process, it is normal for someone to fear abandonment should they relapse. Relapse, however, is part of recovery. When reaching out to someone facing substance use, it can be incredibly powerful to state that, even if they relapse on their way to recovery, you will continue to support them.

Use Curiosity
For people who have not experienced substance use issues personally, it can defy logic. A person continues to do something that causes harm to themselves and those around them, and yet they will not stop. It is simply hard to understand. Moreover, because they have probably experienced judgment and criticism, some may feel that sober friends and family can’t understand.

However, a powerful way to begin the process of understanding what underlies an addiction is simply to use curiosity. Statements like, “I’m not sure if I can understand, but I’d like to know what it is like for you when you use your drug, and how it makes you feel,” or “I wonder if it is like anything in my life that may help me understand.” Using curiosity in this way opens the door for communication, empathy and connection.

Make It Okay Not To Understand
It is possible that even after trying to understand what underlies your loved one’s addiction, you still won’t understand. However, this does not mean that you cannot support them. Understanding is helpful and can be incredibly powerful, but it is not requisite for support. Many facing addiction feel that if you don’t “get it” you can’t, or won’t, help them. So, it is important that you tell them directly that you will support them despite not understanding their substance use.

Coping with a loved one’s substance use can be a trying and messy process. It is filled with ups and downs, unexpected challenges and hurt feelings. Yet even given all of that, it is an incredible opportunity to connect with your loved one in a profound way. By supporting them throughout their mental health journey, you lay the groundwork for both recovery and connection.

Claire Nana, LMFT, is a Licensed Marriage and Family Therapist who specializes in post-traumatic growth, optimal performance and wellness. She has worked with the recovery population developing wellness programs, in residential fitness camps as a clinical therapist, and in private practice counseling individuals and families. She’s written over 30 continuing education courses on a variety of topics, including nutrition and mental health, wound care, post-traumatic growth, motivation and stigma.

THE MANY IMPACTS OF SELF-STIGMA
By Katherine Ponte, BA, JD, MBA, CPRP | February 8, 2021

The mental illness label is one of the most stigmatizing. Most people with mental illness face stigma at some point from external sources, whether from friends, family members, employers or health care professionals. However, what’s even more damaging is when we internalize that stigma and start believing in the negative stereotypes that have been prescribed to us. This is self-stigma.

The emotional impact of self-stigma can often be greater than the symptoms of our illness itself. It batters our self-esteem, self-efficacy and outlook on life. The shame and embarrassment self-stigma ingrains in us can make us reluctant to talk about our condition. This can limit understanding and awareness, allowing our self-stigma to grow even stronger. Without intervention, this vicious cycle can lead to worse outcomes for people who are struggling. Therefore, understanding and addressing self-stigma is an essential part of healing and recovering from mental illness.
Types Of Self-Stigma
The Internalized Stigma Mental Illness Inventory-29 (ISMI-29) measures self-stigma using four categories, including:
1. Aliénation: Feeling embarrassed, ashamed, inferior or disappointed in yourself for being ill. Feeling that your illness is your fault. Believing mental illness has ruined your life. Feeling like others are incapable of understanding you.
2. Stereotype endorsement: Applying stereotypes to yourself, such as people with mental illness are violent, can’t live good or rewarding life, can’t do certain typical things (e.g., get married, work a steady job, contribute to society) and can’t make decisions for themselves.
3. Discrimination experience: Feeling discriminated against, patronized, ignored or not taken seriously; believing others would not want a relationship with you; feeling incapable of achieving much.
4. Social withdrawal: Avoiding getting close to people who don’t have mental illness, socializing or talking about yourself because you feel like a burden, out of place or inadequate, like a potential embarrassment to loved ones.

Consequences Of Self-Stigma
There are wide ranging consequences of self-stigma. It can be a barrier to recovery, increase depression, reduce self-esteem, reduce recovery orientation, reduce empowerment and increase perceived devaluation and discrimination, among other consequences. A study also showed a strong correlation between loneliness and self-stigma.

Self-Sabotage
Many people with mental illness engage in self-sabotaging behavior because self-stigma causes them to expect failure. An example is to refuse or stop taking medication because we don’t believe it will work or that we will get better. It can be emotionally easier to handle intentional failure than trying to succeed and fail.

We may also intentionally harm or cut off relationships because we expect them to fail. Self-stigma may cause us to question the viability of the relationship, because “who could possibly like us?” As illogical as it might seem, self-sabotage may be a way to protect ourselves. The expectation of failure leads to harmful action taken to protect against further self-stigma. We may sabotage an activity or relationship now to avoid its more hurtful eventual failure in the future.

Rumination
Many people living with mental illness struggle with rumination on negative thoughts. Also, we may generalize our experiences of stigma. If we’ve experienced stigma a few times, we may assume that others who do not stigmatize also have stigmatizing views about us.

Suicidal Ideation
Some forms of self-stigma can be life threatening. One of the most common examples is feeling like you’re a burden, that your family would be better off without you. This can lead to suicidal ideation, which is what happened to me. It’s a key reason people with mental illness withdraw and isolate. The pain or guilt can be excruciating. It can be easily triggered by remarks from loved ones like, “I have to do everything for you.” It is not uncommon for us to hear these expressions of frustration from our caregivers.

Addressing Self-Stigma
There are many ways to address self-stigma. A study found the two leading approaches to self-stigma reduction were attempts to:
1. Alter stigmatizing beliefs and attitudes of the individual and
2. Enhance skills for coping with self-esteem through improvements in self-esteem, empowerment and help-seeking behavior.
3. These approaches can be addressed in a clinical setting, but self-stigma is often best addressed through supportive interactions with loved ones. Statements and actions from people who care about us usually have a larger impact on us, whether good or bad.

These are a few tips for loved ones to guide a conversation as they try to help us address self-stigma.

Try to Understand
Do not underestimate the power of self-stigma. Try to identify and understand its potential consequences. Assume that your loved one is experiencing self-stigma given its prevalence and detrimental impacts. Many of us are reluctant to talk about stigma, let alone self-stigma. We don’t want to admit that stigma impacts us as much as it does. Also, consider if you may have made stigmatizing comments even if unintentionally to your loved one. Be prepared to recognize and apologize for this behavior.

Use Facts
Assemble facts and resources to prove that common stigma examples are false. For example, contrary to popular stigmatizing views, people with mental illness are more likely to be victims of crime than perpetrators. Self-stigma based on stigma that can be objectively disproven is easier to address than subjective sources of stigma. Talk about common
examples of stigma and self-stigma to show your familiarity and recognize that your loved one may be experiencing them. You may also note common emotional reactions triggered by stigma, namely sadness and anger.

**Respond Thoughtfully**

Be aware that talking about self-stigma is often more about how it makes your loved one feel rather than whether it is reasonable for them to believe the stereotype to be true. Be extremely cautious about delegitimizing, diminishing or dismissing emotions by saying statements like, “you shouldn’t feel that way” or “why do you feel that way?” This sort of statement may provoke an emotionally defensive response.

**Listen**

When your loved one is willing to discuss their self-stigma, you should simply listen. If there is silence or if a reply seems natural use **active listening**. Most importantly, empathize and validate their emotions. Engaging with peers, including conversations about stigma, can help normalize the feelings associated with self-stigma and allow for a “collaborative” resistance to stigma.

**Keep in Mind**

Self-stigma can persist despite recovery. Maybe it’s because we know that there is always the risk of a mental illness relapse. This possibility may leave open in our minds the fear that “stigma was right all along” if we relapse.

So how do I cope with this shadow of self-stigma? I know that just as relapse is possible, so is recovery. I take comfort knowing that I have recovered before, and I can do it again should I relapse. And having recovered before, I have the tools and the roadmap now to get me to recovery more easily. Recovery is the ultimate way to prove stigma wrong.

Katherine Ponte, B.A., J.D., MBA, CPRP, is a mental health advocate, writer, entrepreneur and lawyer. She has been living with severe bipolar I disorder with psychosis and extended periods of suicidal depression for 20 years. She is now happily living in recovery. Katherine is the Founder of ForLikeMinds, an online mental illness peer support community. She is a Faculty Member of the Program for Recovery and Community Health, Department of Psychiatry, School of Medicine, Yale University. Katherine is also the Founder of BipolarThrive: Bipolar Recovery Coaching and the Creator of Psych Ward Greeting Cards, which visits and distributes greeting cards to patients in psychiatric units. She is a member of the Board of NAMI-New York City and Fountain House. Katherine is the author of ForLikeMinds: Mental Illness Recovery Insights and a monthly contributor to the NAMI Blog. A native of Toronto, Canada, Katherine calls New York City and the Catskills home. Her life’s mission is to share her hope and inspire others to believe that mental illness recovery is possible and help them reach it. In the two years since reaching recovery and starting to share her story publicly, her work has reached over one million people.

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**THE MOST COMMON SYMPTOM THAT IS RARELY ASKED ABOUT**

By Mark D. Rego, M.D. | February 22, 2021

One of the most important things I try to impress on clinicians in training is to learn which questions patients can easily answer and which ones are difficult. For example, when you ask a patient about a symptom they know very little about, like a symptom of psychosis or mania, they may not be sure what to say.

On the other hand, there are questions that everyone knows the answer to. These are invaluable in helping to understand a person’s experience.

The main question applies to any disorder, and, as I mentioned above, everyone immediately knows the answer. Simply put, the question is, “Do you feel like yourself?” After working hard trying to figure out what may be wrong, or if the treatment has had a strong effect, I have asked this countless times and, in an instant, both the patient and I know where things are.

Feeling like yourself is like having a jacket that fits perfectly. Only you can tell that every inch of that jacket conforms to your body, and you know as soon as you put it on. Feeling like yourself is similar in that every inch of internal being feels just right and normal. It does not have to be feeling good or bad. For example, you may be feeling sad about something and still feel like yourself.

This is, in my view, the most important symptom in the mental health world. It is really the basis for what we do. We aren’t looking for something physically abnormal or out of range on a blood test. Even if we have such tests someday, the most important starting point is how the person feels inside. Only their mind has access to this. Despite this, this question is rarely seen in admission or discharge summaries.

**How To Apply This Question**

This question should be used at the beginning of any new treatment if the person is not quite sure what’s wrong. As we know, there are also people who may not feel quite ready to say what is bothering them, yet they felt compelled to come for help. Asking this question can be an excellent way to get things started.
If the answer is "no," the follow-up question makes it easy for a patient to focus in on what is bothering them. Once there is a "no" answer, the follow-up question is, "if you are not fully yourself, what is missing that would get you back to feeling fully like you." Because the person’s mindset has already been focused on the universal feeling of being yourself, it becomes easy to say why you are or are not at your usual baseline.

Similarly, when a person has had therapy or medicine treatment, there is often a discussion of just how much better the individual feels. Are they all the way better or only partially? This can be hard to know for the clinician and the patient. Once again, "Are you yourself?" can break through the ice.

If the person is not all the way better, the answer will be “no,” which is the clinician’s cue to ask, “in what way are you not yourself yet?” or "what is missing to get you back to your full self?” Once the person’s mind is primed with thinking about selfhood (or feeling if the jacket fits), they will know what is missing.

Helpful Additions
I’d like to add a final group of questions that helps when the patient and clinician are trying to decide if the treatment made the person merely better or fully well. In many cases, a person will be so relieved to not feel as bad as they did initially that they will say — in complete honesty — "I feel great!” We want people to return to their whole selves in order to live their lives as fully as they choose, but there is another reason to look for “well” not only “better.”

When people are fully remitted, they are more stable and less likely to have a recurrence of their disorder than if they are only partially better. For that reason, I ask the following questions: “Do you have the capacity for interest, fun and relaxation?” Unlike our first question, this needs some explanation.

First, in practice, I ask each item (interest, fun, relaxation) separately. Second, notice I say “capacity.” What I am stressing here is, is this something that you have the ability to do, not that you are necessarily doing it. Perhaps with a job and kids, you do not have the time. But like with our first question, people will know themselves and know the answer to this.

This whole process starts with the question, “are you yourself?” (or “does your jacket fit?”) and if it doesn’t, working together, person and clinician, to figure out where you can help it to fit better in the future.

Mark D. Rego, MD, is a psychiatrist with 25 years of experience in community practice. His focus was on special groups, such as people resistant to standard treatment, the elderly, people with developmental disabilities and the medically ill. His areas of expertise also include psychopharmacology and psychiatric pathology. Dr. Rego has taught psychiatrists in training at Yale, and he is now writing a book about the effects of modern life on mental illness.

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### NAMI MEETINGS – 2021

**VIRTUAL UNTIL FURTHER NOTICE**

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### NAMI DUES:

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