Opening Our Eyes

Bringing it all together: What's next? by Nan Dickie

We have come to the end of our twelve-week journey opening our eyes to the issue of mental illness, specifically clinical depression and bi-polar disorder. My emphasis has been on the chronic depressive aspect of these disorders. The topics have been wide-ranging and comprehensive.

Pertaining to the vast group of individuals who live courageously with these illnesses, I have shone a light on their varied experiences. I have revealed the benefits of sharing their experiences with like others, and have offered some useful tools to help manage their episodes.

For our close supporters specifically, I have outlined the types of support we most value (number one is to be heard), and have presented the personal testament of a friend of mine who is a primary supporter.

For the rest - and all - of us, I have focussed on how to access mental health services in Salmon Arm; I've uncovered and explored stigma and how we are able to defuse it; described how language and certain words we use can be destructive (or constructive). I've explained what depression and mania feel like and look like to those on the outside; have expressed why we so often hide; and have suggested how to respond compassionately to a friend, loved one or stranger who is depressed.

In these dozen articles, I have only skimmed the surface of issues related to clinical depression and bi-polar disorder. There is so much more we all need to explore and understand. There are many questions to ask.

Questions for those who live with clinical depression or bi-polar disorder:

At the onset of the illness, whether one is 17 or 45 years old, how do we handle the shock of our lives being turned upside down? What happens to our personal trust and faith in the workings of our bodies and minds? How do we accept inwardly the diagnosis we have been given, and the fact that episodes may become an integral part of our lives? On a practical level, how do we navigate such a jagged and unfriendly landscape?

Having experienced one or more episodes, how have our perception of life and attitudes changed? What are realistic expectations of an ongoing illness? What can we hope for? It's so easy to ask "Why me? How did I get this?" (There are reasons.) "How can I not feel that I am a victim?" During particularly dark times while we are in an episode, we may despairingly ask "Why bother?"

We can fall into traps: we may pledge ourselves to heartfelt resolutions, "I'll never have another episode," or, on the other hand, "I'll always have episodes." Can we know?

Why are so many of us resistant to seeking treatment, resistant to medication, resistant to taking up the offer of sharing with like persons in a depression support group? What prevents us from saying "yes!" to participating in our own healing? (Only one person out of three does seek help.) How can we accept that we cannot control our illness? How do we make wise choices?

We need to discover that darkness, though painful, is a necessary part of life, and we can learn to bravely face it rather than try to run away from it. We can reshape our darkness. Not only that: we can reclaim the light that may seem to have been extinguished by our pain.

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What is the new meaning our lives take when we discover our disorder is chronic? (It may be a once-only.) How do we view all the losses we have already experienced, and that we may continue to endure?

How do we assess the promises of existing and emerging services and products?

Questions for supporters:

How do you ensure that you and your loved one or friend don't become co-dependent? What is co-dependence? How can it have a negative influence on you, him or her, and your relationship?

Questions for all of us:

Do I harbour stigma about mental illness? Do I want to change this? If I don't have a vested interest (in someone who has a mental illness), do I need to address all this? What is my responsibility? Can I make a difference? How?

Did you know: If a person is not mentally well, this does not mean that he has a mental illness; similarly, if she has a mental illness, during much of her life she may be mentally very healthy?

I feel encouraged by the research and new direction of neuroscience, including the plasticity of our brains, with its practical application of cognitive brain therapy (developing new ways of thinking).

It is critical for us to promote mental health in society, but it is equally important to promote the lessening of the stigma of mental illness.

Much work needs to be done by each and all of us. Mental illness is sadly here to stay for the foreseeable future. Let us each face this issue head on.

If you would like me to explore any of the many questions and issues raised above, or so many more that could be asked, let me know by email. When I receive three emails requesting an article on a specific topic, I will write about it here.

If you would like to read other of my articles, check out my book, *A Map for the Journey: Living Meaningfully with Recurring Depression*.

If you are now depressed, you are always invited to a depression support group meeting on the first or third Monday of each month (holiday weekends included) in the conference room at Askews uptown at noon. Why not come to a DSG while it's fresh in your mind?

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