

# THE SPECTRUM

Depression & Bipolar Support Alliance of Greater Chicago

## We Need YOUR Help!

Are you a student? Researcher? Writer? Have some thoughts you want to share about your experience? Submit an article for our upcoming Spectrum! Send your writing to: [Margaux@dbsa-gc.org](mailto:Margaux@dbsa-gc.org) with the subject "Spectrum" and we'll review your article and contact you for our next issue!

## Behind the Board Wayne Hoffman, DBSA-GC Board Member



### How did you hear about DBSA?

- I have a friend whose therapist wife asked, "Do you know anyone with bipolar who likes to talk?" Next thing I knew, I was in a basement in Lakeview co-hosting a DBSA meeting. Or what I thought was a DBSA meeting. The therapist, apparently, was unfamiliar with copyright laws, and we assumed the title DBSA without any ties to the organization. For nine years we flew under the radar. Previously I had no idea of what DBSA actually did; the many



## A Message from the Board of Directors

Happy almost Spring (3/20/21 is officially the start of Spring!) from the DBSA Greater Chicago Board! Many of us are ready for the warmer weather and to say goodbye to snow and ice. Daylight savings time (3/14/21) is also coming soon with longer days of sunlight which will feel nice, especially with people sensitive to light changes.

We have embraced almost a year of virtual programming for our chapter and continue to offer a wide array of sessions practically each day. We have also modified our approach with bi-monthly newsletters (1<sup>st</sup> and 3<sup>rd</sup> Sunday of the month release), along with a calendar view to add calendar invites. We kicked off our Buddy Project and monthly educational nights with specialists on mood disorders.

The Spring Spectrum edition celebrates a dedicated Board member, as well as our volunteer of the year. We have included a summary of key highlights from our programming, as well as new offerings. There are also three testimonials on mental health and wellness. We hope you enjoy!

services they (we) provide; and their reach around both Chicago and the entire nation.

Around that time I had a recuperative stay at the lovely Galter 13 at NWMH. When I came back I found that a current board member named David had kept the group running and moved the group to the Ebenezer Lutheran Church in Uptown/Andersonville. We've been legit ever since. It's like our house had become a home.

Now that we have the support and resources of the entire organization, the sky's the limit. I'm so proud to now be a board member of the DBSA. I look forward to meeting you all. I'll be facilitating the Sunday night DBSA-GC Zoom every week, 7pm to 8:30pm. You can find information on this meeting and many others on our website, DBSA-GC.org. Personally, I groove to the 1<sup>st</sup> and 3<sup>rd</sup> Thursday's Cooking Class and sizzle to the Music Therapy, Tuesday's 12pm weekly, all on Zoom.

**What got you interested in volunteering for DBSA-GC?**

- I got an opportunity at a time when I wasn't quite sure where I belonged. They say destiny doesn't close the door without opening a window. I didn't quite fit through that window; but someone came along and opened the door for me. All I did was walk through (even though crossing thresholds can be difficult to those of us with OCD).

**What do you like most about DBSA-GC?**

- Probably the "b".

**What are your goals for 2021?**

- Well, I was born in the Year of the Ox. So I got that going for me, ya know. I hope to rally that into a lucrative modeling career.

*~Thanks, Wayne for all you do!~*

# What We've Been Up To 2021 Key Programming Highlights

Despite social distancing from the pandemic, our DBSA Greater Chicago chapter continues to bring people together to break down isolation through Zoom peer groups, while taking creative liberty to offer virtual sessions to help improve our mental wellbeing. Mid-April will mark our one year of offering these programs. Below is a snapshot of all the activities to date. We are so proud that many members have and continue to take advantage of these free offerings. The Board would not have been able to do this without our wonderful facilitators, as well as session experts. Thank you all!!

**DBSA Greater Chicago Key Activities During COVID**

STARTING APRIL 13<sup>th</sup>, 2020 – CURRENT = 45 weeks of virtual engagement with our members and DBSA HQ

**Virtual Connection**

- Weekly Zoom Events for our members – Music Therapy, 2 Meditations, Cooking Class, Mindfulness, Q/A with Chief Medical Director/Psychiatrist, CBT, brain training – sign up at DBSA-GC.org
- Launched a peer to peer Buddy Program to build connection in our community during the pandemic to reduce stigma and isolation.

**Support Groups**

- Transitioned all peer support groups to a virtual setting, leveraging current facilitators
- Launched a partnership with the Chicago Urban League to tackle mental health issues in the Black community.
- Per survey feedback, set up two additional peer support groups, one for the elderly community and a weekend group

**Newsletter**

- Weekly newsletter includes Zoom session details, mental health news, positive news in the community and local events. A large focus is on diversity and inclusion.
- Continued quarterly Spectrum communication
- A mid-year survey was included to solicit feedback on programming and messaging, which was enhanced

## 2021 Buddy Project Update



We kicked off our Buddy Project at the beginning of the year. We have ~40 individuals participating in our first-ever Buddy Project, including members and some Board members. We leave it up to matches to connect on their own time as a check-in. We've heard that the program is beneficial and people are connected who wouldn't normally meet. Of course we are still working out the kinks. If you are interested in learning more, reach out to [Bridget@dbsa-gc.org](mailto:Bridget@dbsa-gc.org) and [Margaux@dbsa-gc.org](mailto:Margaux@dbsa-gc.org).



## New Moms/ Expecting Mom's Support Group - Sign up Now!

Our chapter is launching a new mom/ expecting mom's support group! Here is a link to a short survey with 5 questions if you are interested in signing up: [CLICK HERE TO TAKE THE SURVEY](#). Thank you and we are excited to launch the group soon. For questions please reach out to [Margaux@dbsa-gc.org](mailto:Margaux@dbsa-gc.org).



## Volunteer of the Year Ali Khan, Medical Student at Northwestern

The DBSA-GC Board is sincerely honored to recognize Ali Khan, awarding him DBSA-GC Volunteer of the Year (2020-2021). Ali has made a tremendous impact in our community through his involvement in peer groups, advancing research and submitting articles to our Spectrum, and most recently in January presenting on *Support Techniques for Individuals and Family Members Dealing with Mental Health*. Ali will be giving a follow up talk on the topic on March 12 at 12pm CT, so don't miss out ([Zoom link](#)). Thank you Ali for your continued dedication to advancing mental health research and education. You are a rock star!



## Mental Health and Wellness Testimonials

Please note the three articles below have been submitted on lived experiences with bipolar, as well as a family member perspective. Addiction is mentioned in the first two articles so please be aware if that is a trigger.

(next page)

# Mental Health and Substance Use: Disrupting the Notion of an Addict-Identity

*Ali Khan, DBSA-GC 2020-2021 Volunteer of the Year and DBSA-GC Member*

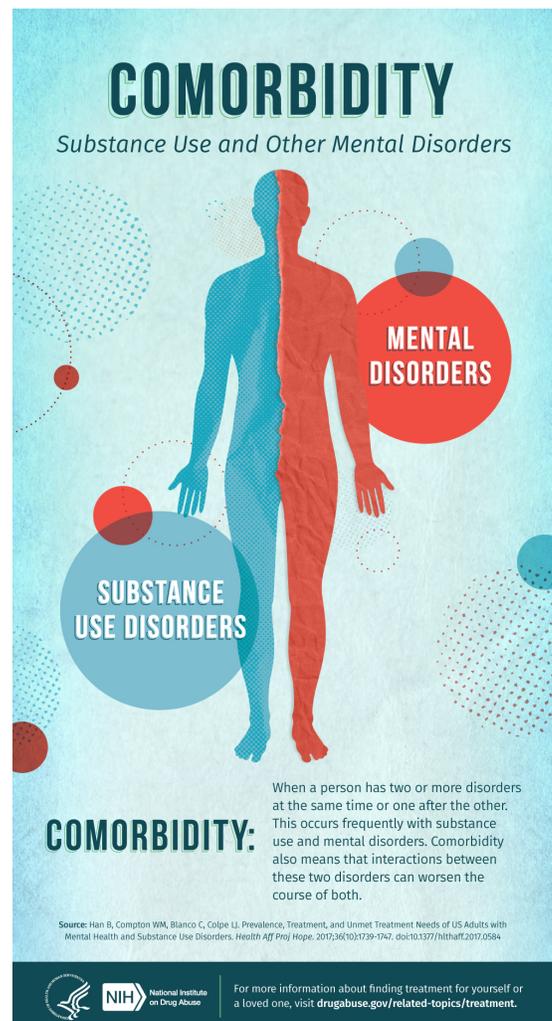
**“For many of us, drugs provided a coping method of sorts.” -David Lovelace (pg. 115, *Scattershot*)**

**“I have never sinned on purpose.” -Terry Cheney (pg. 26, *Manic*)**

While hoping to maintain reverence to the subject matter, those who suffer from substance use disorders and addiction, as well as their loved ones, I want to tackle the challenges of drug abuse from two perspectives. First, from the perspective of a medical student and prospective healthcare professional, I look at drug abuse both as a silo and as a comorbidity (bringing with it and also tagging along to other diseases)<sup>3,4</sup>. Second, as the brother to someone who suffers from Bipolar Disorder Type I, I want to emphasize the indiscriminate nature with which sufferers of issues related to mental health, drug abuse, and addiction are chosen but the discriminate nature with which they are treated<sup>5,6</sup>. My sister’s previous substance misuse problems are part of the upstream events paving my interest in researching drug abuse and addiction, which impacts individuals and society independently, as well as through comorbidities, and has the ability to affect people from all walks of life. These problems are exacerbated by disparities in treatment quality and accessibility (across age, gender, race and/or ethnicity, socioeconomic status, among other factors).

In many of the books I read about diseases of the mind and brain, including *Madness*, *Haldol and Hyacinths*, and *Electroboy*, the authors comment on health illiteracy (at the individual, community, and systemic levels) as a key problem of drug abuse and addiction; one that if remedied could serve as the best way for society to come together on this issue. The books often emphasize alleviating stigmatic tension around current individuals suffering from addiction – with regards to better understanding of who is afflicted by drug abuse and addiction, what is the disease, how to treat it, and why we must arm ourselves with interdisciplinary tools. The centralized lack of education and understanding about drug abuse and addiction is a problem for individuals and society because this paves inroads for these issues to be punished in the legal system and, therefore, to be underspoken about in the context of disease and health care. As such, there are raised barriers to the access of treatment and the successful maintenance of such treatment for those suffering from drug abuse and addiction.

Specifically, I see the need for implementing three, co-coordinated systemic education efforts that should be made easily available and standardized across the United States. One, there should be preventative



addiction education tailored for different populations (i.e., by age: young adults, etc., other categorizations). This should integrate public health by recruiting community health workers and leaders of the community. Two, we need strengthened educational programs for those already afflicted with drug abuse and addiction as well as for their family members and friends. Perhaps this could take the form of family counseling, and it would have to introduce research on resources informing families about steps to take, coping strategies in distinct scenarios, and treatment options. Three, there should be additional education directed towards society that fleshes out and adds to the medical model of addiction and the complexity to the false, pre-existing notion of addict identity that needs disruption especially when, again, addiction afflicts individuals from all walks of life.

Often, we see a misrepresented addict-identity in the drug abuse and addiction media. The books I mentioned previously, however, highlight a writer, a lawyer, and an arts salesman abusing medication to modify their moods, ultimately leading to addiction. I have gone through the literature and, also, have heard personal anecdotes when I interned at a drug treatment court in Rochester, NY, whereby Americans across education level, socioeconomic status, and occupation – including healthcare



professionals – dealt with issues of drug abuse and addiction. Correcting the misconstrued, addict-identity is essential to improving access to treatment and continuation of treatment, or maintenance therapy, because each individual living with addiction faces unique challenges to treatment. As we continue to work with current individuals suffering from substance use disorders and research questions regarding drug

abuse and addiction, these three, co-coordinated systemic efforts, in symbiosis, will empower an attempt to mitigate relapse and recidivism and take the power away from legal repercussions and punitive damages on the individuals, community, and systems level. We will likely have to come up with safety net clinics and additional programs as we make changes to education. For starters, I think that we should bring more addiction specialists to drug treatment court so as to mobilize and infiltrate health education and outreach initiatives there.

An addiction-free world would be one with the infrastructure already in place to support the co-coordinated, systemic education efforts described above. In this way, we could continue to prevent, teach, and treat society about drug abuse and addiction. I envision the result of these initiatives would be a greater overall sense of unity among current individuals suffering from addiction and society at-large so that the threat of a misconstrued, addict-identity would no longer harm pathways to success. I would like to apologize to individuals living with substance use disorder for the generalizations (misunderstandings and misrepresentations) that have made them more susceptible to vulnerabilities in both the legal and healthcare systems. I will work to illuminate any such transparencies with regard to barriers and lurking variables to their success, using renewed perspectives, evidence-based research and education, and a large dose of relentlessness. Throughout my lifelong medical education, I will advocate for the message that there be an indefatigable persistence in the way we help and treatment individuals living with addiction. I will ask for and need their partnership, and we will fight through relapse and recidivism, always

maintaining reverence to the subject matter, those who suffer from substance use disorders and addiction, as well as their loved ones, in order to getting ever closer to the addiction-free world.

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3. Salloum IM, Brown ES. Management of comorbid bipolar disorder and substance use disorders. *Am J Drug Alcohol Abuse* 2017; 16:1-11. doi: 10.1080/00952990.2017.1292279.
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5. Morley KC, Logge W, Pearson SA, Baillie A, and Haber PS. Socioeconomic and geographic disparities in access to pharmacotherapy for alcohol dependence. *J Subst Abuse Treat* 2017; 74:23-25. doi: 10.1016/j.jsat.2016.12.004.
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## From Mania To Recovery

*Judith Sturm, DBSA-GC Vice President*

At 19, after a lifetime of being the cute, outgoing, smart girl, now a freshman in college, things took a dramatic turn. Mania took over. I was hungry to participate in everything college had to offer. Then there was no sleep. I was too busy for sleep. Truth is, sleep just wouldn't come.

Then came the crash, aka, depression. Only one way out. Perpetual sleep. A friend took me to the hospital. Ate and slept for days. This was a well known place for drug and alcohol rehab too, very private. I joined a clique of older people. Why they took me in I do not know. But they became my support group. After a few weeks I was deemed better-not well-but well enough to be discharged. Back to college I went.

In the sixties, if you acted crazy it was blamed on drugs, but if tested negative they really didn't know what to make of you. I had been hospitalized in North Carolina, Pennsylvania, and Indiana. I never got a diagnosis. The doctors were perplexed because I always made a rapid recovery.



Twenty-three years of marriage and I was symptom free. I had mini ups and downs but nothing that fell outside the "norm." I always knew when I started toward one extreme or another and would compensate in very short order. Things changed after my divorce. My moods became pronounced again. I loved my mania but it was always followed by depression. Life was hard... especially for my daughter who had went through so much with me. When my daughter told me that she could no longer bear up under the pressures I was putting upon her I had to make a decision. Mania or

my only child? No contest. I promised her that I would get the treatment and take the medications I needed to be stabilized.

I was hospitalized at Northwestern and they were able to come up with the right combination of meds. For the first time I was discharged feeling normal and not overmedicated. I did not go into a depression

as I had in the past. Since my last episode, 20+ years ago, I have been working on my BP. Compromise is always a necessity in life. My relationship with my daughter is wonderful. She has forgiven my episodes because she has learned a lot about bipolar disorder thanks to DBSA-GC before I even knew what that was. She knows that I am not my illness. It will always be a part of me but it does not define who I am. The fact that I am actually taking medication, as I swore I would, has helped keep me on the straight and narrow. Over the years, I have been able to cut back on the meds quite a bit-under doctor's supervision and approval.

My recovery has been, without a doubt, aided tremendously by my participation in DBSA support groups and subsequent volunteer work. As a facilitator, board member, and then president of DBSA-GC, the Greater Chicago chapter, I have kept in touch w/ my illness by sharing and caring within groups. As President, I worked with passion as an administrator of an ever-growing organization that brings so much support and education to those that need it. My forte was networking and motivating.

The secret I carry is that I rather miss the mania. Not the repercussions but the "in the moment" times. How can you not miss feeling all confident and omnipotent? But I would miss my daughter more. My life is settled, sometimes too much so. We all have our past, present and future. We must do our best to learn from our past, live in the present, and plan for the future.

## Third Places and Creating Social Connections

*Hank Trenkle, Board Member*

First, let me define, third or connecting places. Most of us have two places we haunt – home and work. However, currently, we are missing what is known as a third or connecting place. This can be defined as a place we can go where we are known, understood, welcomed, have friends and can converse with others.

When I was in college, my third place was a pool hall in a small town in Iowa. After graduation, and returning home, I really missed this third place. My grandfather, who lived in Bloomington, Ill. had a third place at the senior men's center. Today, most people do not have a third or connecting place. They still exist somewhat in small town America, but not so much in the large urban areas most of us live in.

In the past, we had more of an open society that substituted for a third or connecting place. People sat on front porches and talked to others walking by, or to neighbors who also were on their porches. No one sits on their porches anymore. Air conditioning has put us and our neighbors inside. Now, most people do not even know who their neighbors are. Extended work hours have also excluded us from connecting to others. We are "social creatures" and need to connect to others to maintain mental health.



Today, we live in a modern type of isolation. Mental health experts tell us that social isolation is one of the main causes of mental illness. Thus, the isolation we live in today, can and does lead to depression and

anxiety. We must do everything we can to avert this situation. Why? Because as I have tried to point out, we need connection to others. We must look for ways to get involved with others and thus keep mental illness at bay. There are clubs to join that adhere to your interests. Seek them out and create your third place or place of connection. With the internet, this is not hard to do. Volunteer activities abound. I have found many ways to connect through volunteering, and thus create a third or connecting place. I love dogs. Thus, volunteering at the Chicago Animal Care and Control is a third or connection place. I love helping people who really need help. Thus, volunteering at a homeless shelter creates a third or connecting place.

People often ask, why do you volunteer at so many places? My answer is, I get far more than I give. I get the feeling of helping others and, a feeling that I belong. You can do this as well. So, get after it. Seek out places where you may feel like you belong and create a third or connecting place for yourself. As a commercial says, Just Do It, after this pandemic has passed. In the meantime check out DBSA-GC's calendar of virtual events to reduce isolation. We have events practically every day so join us!

## The Spectrum

Thank you for reading!! Got Spectrum Newsletter Feedback? Do you like what you are reading and/or do you want more? We would love to hear what's on your mind. Please reach out to us if there are topics and ideas you would like to include or share in the next quarterly Spectrum. Anything goes – events, memorials, celebrations, recognition, thank you's, etc.

### *2021 Spectrum Schedule*

Q2: May Mental Health Awareness

Q3: Aug-Sept

Q4: Nov-Dec

If you'd like to submit an article, event, celebration, recognition, etc. to be included in our Spectrum, please submit to [Margaux@dbsa-gc.org](mailto:Margaux@dbsa-gc.org) and we'll be happy to review!

### *Get in Touch with Us*

If you are feeling alone, please know we're here to support you. Your recovery matters to us. If you're experiencing a difficult time, please reach out and we'll do what we can to help you get back on track. Please join us for our virtual peer lead support groups. We have a group on Sunday evenings at 7pm, Wednesday evenings at 7pm, and we've added an Ages 50+ support group on the 2nd and 4th Thursday of every month at 7pm. All groups are currently on Zoom. For questions on our peer lead virtual support group or anything else on you mind to get more involved, please reach out to us at: [wecanhelp@dbsa-gc.org](mailto:wecanhelp@dbsa-gc.org) and visit [dbsa-gc.org](http://dbsa-gc.org). We'd love to speak with you and build our community foundation stronger.

## Amazon Smile

Shopping online? Support DBSA-GC by shopping with Amazon Smile! At NO CHARGE to you, just choose DBSA-GC as your preferred charity and a portion of your purchases are donated directly to us every time you shop on Amazon! Follow this [LINK](#) to shop on Amazon and AmazonSmile gives back to DBSA-GC! Thank you.



## Spring Forward!

In closing, we wish you health and wellness as we spring forward. Take care of yourself and make time to do things that feel good. Stay connected with us and this community who supports you.

Our next Spectrum will be released closer to May to honor Mental Health Month. If you want to share an article, testimonial or photo, please submit it to [Bridget@dbsa-gc.org](mailto:Bridget@dbsa-gc.org) and [Margaux@dbsa-gc.org](mailto:Margaux@dbsa-gc.org).

Warm Regards,

***DBSA Greater Chicago Board***

