

FALL 2010

# HOPE

RECOVERY IS A REALITY FOR ALL

## Personal Story of Recovery

Leah Humphries:  
Out of the Shadows

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## Hard Science

└ Stalking the Schizovirus

## Body, Mind & Spirit

└ Simple ways to make your life better

## Healing Pain from the Past

└ A closer look at trauma-informed care



## HOPE IS FINALLY HERE

It is with great enthusiasm that we launch our first edition of HOPE magazine. We have so enjoyed the readership feedback from UP, our previous magazine, and frankly it was just that feedback that pushed us to this next level.

Stairways is approaching its 50th year and has long been recognized as an organization committed to reinvention. Just as we challenge our clients each day by asking, "What can you leave behind today in order to make room for what you can acquire tomorrow?"—we must do the same.

Through radio, television, print, and the Web, we committed a number of years ago to shine a bright light on the physiological dimension of ourselves, especially when that light reveals real suffering. This commitment launched our "Talk about it. Silence doesn't make mental illness go away" campaign. This initiative exceeded our most ambitious expectations. The response from the immediate geographic area was literally overwhelming.

Since the launch of the magazine, we have also received a great reception indicated by the responses from across the nation. It was clear that people were mailing "our little magazine" to others who may benefit from the material in that issue. This has reinforced our underlying belief that people with a mental health disorder or those who love them or who may work with them do indeed need to "talk about it." The feedback strongly suggests that they want to talk about it as well.

Depression, anxiety, panic attacks, more persistent and serious mental health problems all too often leave a person and his/her family feeling disoriented and isolated from others. The mission of this magazine is to change that.

While our initial efforts to create a clearer and more public conversation regarding mental health disorders have had a positive response, we are now more convinced that this dialogue must reach a broader, perhaps national readership. Just as those we serve are asked to place their day-to-day objectives within the context of "big dreams," HOPE magazine is doing the same.

Thus, this issue, and all subsequent issues will feature hard scientific evidence highlighting the evidence-based practices in our field. Each issue may also feature practices/techniques that appear to have great promise, but have not yet been adopted by current health care providers.

The belief in recovery informs all we do as an organization. This same belief has and will continue to inform each issue of HOPE. The real and renewable fuel for change is always hope. Absent hope, recovery remains illusive.

We recognize that hope can be misunderstood as an anemic vessel with little muscle and bone to support its existence. Our HOPE is fully supported, however, by an underpinning of hard science and hard evidence. People are recovering every day, and there is empirical evidence supporting that hope in recovery is more real each day.



**Bill McCarthy**  
President & CEO  
Stairways Behavioral Health

The human spirit is resilient and powerful in confronting and overcoming adversity.

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# HOPE

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Recovering from an unhealthy relationship has created an enriched, fulfilling life for Leah Humphries. Veteran photographer Mark Fainstein artfully created a poignant, compelling visual of hope for the cover.



© Mark Fainstein

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## Our Contributors and Our HOPE

**Lenore Skomal** is a 30-year career journalist and author of 14 published books. Her HOPE is there will come a day when all those with mental illness are treated with the respect and dignity they deserve.

**Trisha Cloyd** has been bringing her perspectives of mental health consumer, family member and provider staff to her position of Manager of Family Education at Stairways Behavioral Health since 2000. After struggling to learn to manage her own mental illness, her HOPE is that she can help others hasten their recovery to enjoy full and meaningful lives.

**Mark Fainstein's** 37 years in commercial photography has seen many changes, but the one constant is lighting. His HOPE is that you never let go of hope.

**Leah Humphries**, entrepreneur and artist, is our featured cover story. Her HOPE is that others will take her experience to heart and make positive, healing changes to their relationships and the world in which they live.

**Kate Bender** is an artist, Certified Peer Specialist and survivor of mental illness. Her HOPE is that the day will come when the stigma of mental illness will be replaced with the celebration of the uniqueness of all individuals.

**Judy Stainbrook** is a writer, graphic designer and artist. Her HOPE is that this magazine reaches all who need its message, giving them insight, comfort and hope.

**Lee Steadman** has been a watercolor artist for 30 years and is now the director of Center City Arts of Erie, Pa. His HOPE is that people can find the time to enjoy the beauty that surrounds them every day.

**Parris Baker** is an assistant professor and program director at Gannon University with extensive work and writings in the field of social work. His HOPE is that the eyes of this generation are enlightened to the understanding that we were born to love one another.

**Meghan McCarthy** is a psychiatrist working full time at Stairways Behavioral Health in the outpatient clinic and residential treatment facility for adults. Her HOPE is to encourage recovery and wellness for those struggling with mental illness.

**Becky Debelak** is an art instructor at Center City Arts in Erie, Pa. Her HOPE is that her personal recovery from severe depression will inspire those who suffer from mental illness to see that their lives can and will get better and they can find peace.

# STALKING THE SCHIZOVIRUS

Researcher's life work focuses on finding cause of schizophrenia

By Lenore Skomal

E. Fuller Torrey's dogged passion about understanding schizophrenia stems from abiding love: Love of his chosen field, psychiatry, and love of his baby sister, Rhoda, who died earlier this year.

"Rhoda was diagnosed when she was 18, and she had schizophrenia for 53 years," Torrey, 72, said in a telephone interview from his Chevy Chase, Md., office at Stanley Medical Research Institute, where he is the executive director. "I may have gone into psychiatry anyway, but the fact that she had schizophrenia and no one seemed to understand what was going on definitely led me into that field."

A psychiatrist and prolific author, Torrey is an unabashed believer in and proponent of the idea that this serious mental illness is due to biology, not society. Or more simply put—nature not nurture.

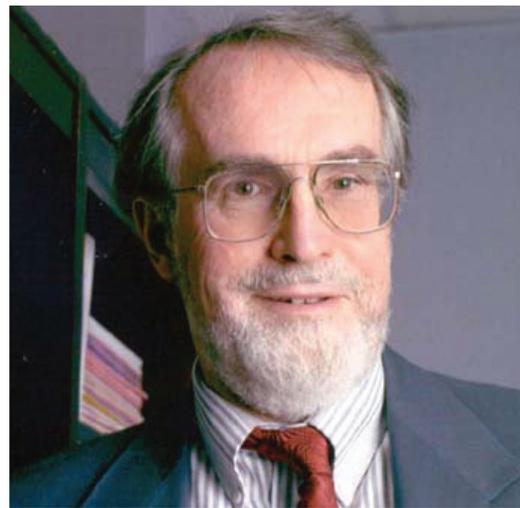
"When I started out in this field back in the '50s, '60s, and well into the '70s, a large number of professionals were trained psychoanalytically and believed that somehow families caused the disease," he says. "Just how they did that, in

caused by childhood abuse) probably comes from the fact that some of these children come from families with a history of mental illness, where abuse is much more common."

While genetics definitely play a role in the manifestation of schizophrenia, Torrey's view is that it isn't the cause. "We all agree in the theory that genes play a role. What we disagree on is what role that is."

"In terms of predisposing genes such as breast cancer—the inherited gene makes it most likely you will develop breast cancer if you are exposed to X, but no one knows what X is," he said. "The same with rheumatoid arthritis and diabetes. There is a genetic predisposition plus some environmental agent, and that is the mystery."

Torrey's research into the debilitating disease goes back to 1972, when he took a fresh look at a century-old theory



E. Fuller Torrey

© Mark Beemer

"The evidence is overwhelming now that schizophrenia is a disease of the brain just like Parkinson's and Alzheimer's."

retrospect, was quite mysterious. In fact, there are still some older parents who can tell you how they were blamed by my profession for their children's schizophrenia."

The idea of refrigerator moms (cold mothers with on-again-off-again affection) and inconsistent parenting as the cause of schizophrenia has seemed to fade and "the only folks who seem to believe those kinds of things are mostly social workers," he said.

But there are still many who believe childhood trauma and abuse are to blame for the manifestation of the disease, and that leaves Torrey shaking his head.

"The evidence is overwhelming now that schizophrenia is a disease of the brain just like Parkinson's and Alzheimer's are diseases of the brain," he said. "The belief (that schizophrenia is

that espoused the idea that schizophrenia starts with an infection. The infection, he says, is caused by a virus all humans carry, buried deep in their DNA. Torrey and his team have identified several "infectious agents" that look promising, such as strains of the herpes virus and toxoplasma gondii, or T. gondii, for short.

In a paper published in "Parasite Immunology," Torrey cited T. gondii as "the prime candidate" for several reasons: Numerous studies have reported that individuals with schizophrenia have a higher presence of antibodies to T. gondii, indicating that their bodies have been exposed to it at some level; individuals with toxoplasmosis (which is caused by T. gondii) develop psychotic symptoms similar to those of schizophrenia, including hallucinations

and delusions; epidemiologically, there are many similarities between toxoplasmosis and schizophrenia; and several drugs used to effectively treat schizophrenia also have been known to inhibit T. gondii.

In addition to those reasons, "studies have shown that individuals with schizophrenia ... have had greater exposure to cats in childhood," one paper states.

T. gondii is a parasite that lives in cats, the only natural host. While a connection between cats and schizophrenics is spotty at best, Torrey points out that the main reason that connection is inconclusive is that direct exposure to cats isn't the only way the parasite can spread. Cats can contaminate sandboxes, dirt, and water supplies, which can affect fish, commercially produced vegetables and fruit, and animal feed for livestock, making exposure to the parasite much more prevalent and much harder to track.

Where the research will lead is anyone's guess, even Torrey's. But he remains "remarkably optimistic" that his theory will prove valid and someday lead to a cause and, Torrey hopes, a cure, because where there is a virus, there can be a vaccine.

"Certain infectious agents have plausibility vaccines," he said. "If we prove that schizophrenia is caused by one of them, then we possibly can vaccinate children and make them immune." **H**

# HEALING THE PAST

## { QUESTION }

I've heard some talk lately about a technique for treating past trauma called EMDR. Could you tell me what that is and how it works? I'm wondering if it might help me.

*Mark Fritz ~ Pittsburgh, Pa.*

## { ANSWER }

EMDR, eye movement desensitization and reprocessing therapy, has been used since the late 1980s to treat symptoms of trauma as well as some other emotional conditions. Significant scientific research data supports its effectiveness for some conditions, especially trauma such as Post Traumatic Stress Disorder.

During EMDR therapy, alternating right/left eye movements (or tones or tapping) are used to activate the opposite sides of the brain. Very disturbing experiences leave memories that imprint the brain, including all the sights, sounds, thoughts, and feelings that occur at the same time. When a person is very upset, the brain seems to be unable to process those experiences the way it normally would. Negative thoughts and feelings of the traumatic event seem to become stuck or trapped.

EMDR is believed to release highly emotional memories of experiences trapped in the nervous system. Releasing those memories can help free these blockages and then enable the person to process the experience in a different way. When the memory is repeatedly brought to mind during EMDR therapy, the therapist also carefully guides the person through a process of simultaneously focusing on the alternating eye movements, tones, or tapping. That process helps the person re-experience the traumatic event without the emotional distress. Symptom relief often occurs quite rapidly.

"I use EMDR frequently on clients who have various types of trauma and find it is very effective in reducing the emotional impact of traumatic memories," says Jennifer Pasternack, M.D., a psychiatrist who is also an EMDR-certified therapist practicing in Erie. But she cautions, "It is not for everyone. The technique requires the person to tolerate reliving these memories and enduring the strong emotions they evoke."



© Mark Fainstein

Pasternack uses EMDR in conjunction with other treatment modalities such as medication and insight therapy. "EMDR works on the memories specifically but not on the impact those memories had on the person," she says.

To find out whether EMDR would work for you, visit the website [www.emdr.com](http://www.emdr.com) to locate a certified EMDR therapist. A certified EMDR therapist could evaluate your situation and let you know if you would be a good candidate for EMDR therapy. **H**

# I AM NOT MY ILLNESS

## Why People-first Language Matters

By Trisha Cloyd

Words have power to heal or hurt.

Language not only reveals how people feel, it also influences how people feel. People who have mental health concerns have often felt the sting of insulting, demeaning language. The way other people perceive us affects how we perceive ourselves. Negative stereotypical attitudes can seep into self-image and heap our self-deprecation on top of deprecation by others.

According to the responses in *What Helps Most in Recovery*, a 2007 Stairways Behavioral Health client survey, one of the top three indicators of recovery—"I am treated as a whole person, not as a psychiatric patient or label"—is the essence of people-first language. Using such language recognizes the humanity and intrinsic value of

a person who has a disability instead of defining that person by a medical diagnosis.

People-first language refers to the personhood—the thing we all have in common—first and the disability second. Examples of people-first language are:

"Persons with a mental illness," instead of "the mentally ill"

"She has bipolar disorder," instead of "She is bipolar"

"Individuals with disabilities," instead of "The handicapped."

For those of us with mental illness, a large part of our journey is the struggle to get to the point where we manage the illness instead of the illness dominating our lives. When we are seen as people first, it affirms us in our ongoing battle.

We are more like others than we are different from them, and we have many common roles, such as parent, child, sibling, friend, co-worker, and many common goals, such as to learn, work, play and love.

The mindset behind the use of people-first language is more important than the precise terminology itself. If you use politically correct language just to be correct but without the right attitude, the person on the receiving end of your language will sense the difference. We become very acute in picking up nonverbal cues.

For the real test, ask yourself: Do you see the real person when you deal with someone who has a mental illness, or are you so caught up in the diagnosis that you miss the uniqueness and abilities of the person within? **H**

## The first week in October is designated Mental Health Awareness Week

### OCTOBER 2

**Out of the Darkness Community Walk**  
Every minute someone in this country attempts suicide. Every 16 minutes someone is successful. In an effort to curb this tragedy, thousands of people in more than 200 communities across the country walk to support the American Foundation for Suicide Prevention (AFSP). Registration is at 9 a.m. at the Rotary Pavilion, Presque Isle State Park. The one to three-mile walk will begin at 10 a.m.  
① To donate or to register, visit [www.outofthedarkness.org](http://www.outofthedarkness.org).

### OCTOBER 1 - 3

#### “Unspeakable”

A film chronicling one family in the aftermath of a suicide by filmmaker Sally Heckel will be shown during Mental Health Awareness Week at Mercyhurst College in Erie, Pa. The film, 20 years in the making, presents a nonfiction narrative probing the experience of Heckel’s family leading up to and responding to her father’s suicide. Sponsored by the Out of the Darkness Community Walk, Stairways Behavioral Health, local chapters of Active Minds, the AFSP and Presque Isle Psychiatric Associates.  
① Contact Julie Warren at Stairways Behavioral Health at 814-464-495 for more information.

### OCTOBER 4 - 29

#### An Exhibit of Works of Pennsylvania Artists with Disabilities

This annual event highlights the extraordinary expressions of artists whose lives are too often set apart from the mainstream. Clients of Stairways Behavioral Health will participate in this event at the Pennsylvania State Capitol, East Wing Rotunda, Harrisburg, Pa.  
① Contact Director of Center City Arts Lee Steadman at [lsteadman@StairwaysBH.org](mailto:lsteadman@StairwaysBH.org) or 814-449-2519 for more information.

### OCTOBER 6

#### Forensic Forum: Bridging the Gap between Criminal Justice & Mental Health

A panel of several local judges, wardens, and mental health professionals bridges the gap between criminal justice and mental health. Sponsored by the National Alliance for the Mentally Ill. From 6–8 p.m. at Erie Insurance Plaza  
① Contact 814-456-1773 or [info@namierie.org](mailto:info@namierie.org) for more information.

### OCTOBER 23 - JANUARY 23

#### The Powerful Art of Chris Mars

Chris Mars explains, “The imagery that is

my work stems from the very strong visual and emotional impact of growing up in a family marked by mental illness.” His brother Joe suffers from schizophrenia and was institutionalized immediately after being diagnosed, sending a strong signal to his artist brother that “if you are not one of society’s ‘normal’ members, then you are likely to be labeled, whisked embarrassingly away from your family, stripped of your freedom, drugged and humiliated.”  
① Contact Erie Art Museum, 411 State St., Erie, Pa. 814-459-5477 for more information.



© 2010 Chris Mars

### OCTOBER 27

#### “The Soloist”

This movie focuses on the true story of a prodigy suffering from schizophrenia. Honoring Stairways Behavioral Health’s 50th anniversary, Mercyhurst College’s Guelcher Film Series will sponsor this film which is the story of Nathaniel Ayers, a former cello prodigy whose bouts with schizophrenia landed him on the streets after two years of schooling at Juilliard. Viewings at 2:15 and 7:15 p.m. at Mary D’Angelo Performing Arts Center of Mercyhurst College, Erie, Pa. Panel discussion to follow.  
① Contact [pac.mercyhurst.edu](http://pac.mercyhurst.edu) for more information. Tickets: \$6 for adults, \$5 for seniors & students, free for Mercyhurst students with ID.

### NOVEMBER 11

#### The Works of Robert Schumann

In celebration of Stairways Behavioral Health’s 50th Anniversary, the D’Angelo Department of Music at Mercyhurst College turns its focus on mental health awareness with a recital featuring a narrative by Albert Glinsky, PhD interspersed with music from romantic era composer Robert Schumann, who suffered from mental illness.  
① Recital begins at 8 p.m. at Walker Recital Hall, Mercyhurst College. Free and open to the public. Contact Krista Lamb at 814-824-2394 in the D’Angelo Department of Music.

### DECEMBER 3

#### Center City Arts—7th Annual Art Show & Sale

Kick off your holiday shopping early. Affordable, one-of-a-kind, client-made art, including glass ornaments, jewelry,

hand-woven purses, paintings and much more are for sale at the most unique venue in town. Complimentary refreshments provided. All proceeds benefit Center City Arts studio and clients. Cash, checks and all major credit cards accepted. Show runs from 7 to 10 p.m. at Center City Arts at Stairways Old Main, 138 E. 26th St. Erie, Pa.  
① Contact 814-878-2027 for more info.

### MONTHLY MEETINGS

#### Stairways Behavioral Health Support Groups

Stairways groups provide specialized support in a warm and friendly setting where individuals can share experiences and encourage each other. With help from Stairways professionals, groups discuss issues and methods of meeting the emotional challenges of life. Please call Kim for more information or to schedule an appointment 814-464-8402.

#### Family Connections

This unique support group comes from the hearts of those who know. If you love someone who has a mental illness, listen, learn and share with others who not only understand from personal experience, but have been trained by the National Alliance for the Mentally Ill. Contact Rita at 814-866-1179 for more information.

#### Mental Health Support Group for Families

The goal is to support, educate, and inform family members of those with mental illness. Special effort is made to accommodate people who have hearing loss. Meetings are every Thursday evening from 6 to 8 p.m. Contact Sam Trychin, Ph.D. at 814-897-1194 or [samtrychin@roadrunner.com](mailto:samtrychin@roadrunner.com) or more information.



#### Mental Health First Aid

“If we encounter someone who’s bleeding, broken or bruised, we instinctively check them and get help. But if we meet someone who’s afraid, anxious or angry, we have no idea how to handle it,” said Julie Warren, a certified Mental Health First Aid instructor at Stairways Behavioral Health. “Knowing how to respond in a mental health emergency is just as important as knowing CPR.”

The Mental Health First Aid course is certified to offer Act 48 Credits for teachers, administrators and education professionals, but “it but can be catered to any audience” added Warren. It provides the training and confidence needed to respond to people suffering from a mental health crisis.

The two-day seminar helps participants identify warning signs for a number of mental health issues, including depression, eating, substance abuse and psychotic disorders, anxiety or trauma, psychosis and self-injury. Participants learn how to assess the situation using a five-step action plan, to apply appropriate interventions, and to help the sufferer obtain professional care.

① For more information or to sign up, contact Julie Warren at (814) 464-8495 or e-mail her at [jwarren@StairwaysBH.org](mailto:jwarren@StairwaysBH.org).

# TAPPING AWAY PAIN

Psychological acupuncture helps release trauma from past

It goes by its initials EFT, which stand for Emotional Freedom Technique. Neither really describes what it does.

“What we see here is that most of our clients feel immediate relief,” says Julie George, LWS, co-director of Erie Outpatient Clinic for Stairways Behavioral Health. “Many of them have suffered trauma, either from their past, when they were children, or over their lives. It’s a beautiful tool, because it’s not about reliving the past and all pain or facing things you don’t want to face. It’s more about releasing the anxiety when it comes by the use of simple tapping.”

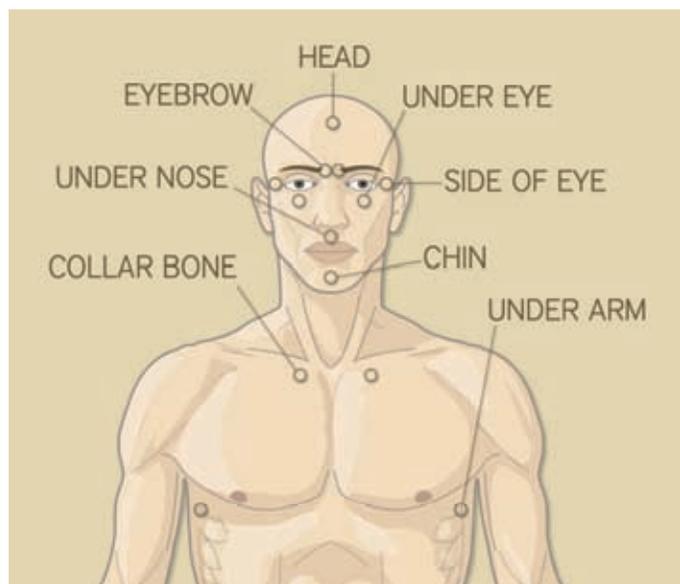
And that’s exactly what EFT is. It’s tapping certain points on the face, upper body, and even the hands that have been identified by ancient Chinese as meridians that carry that energy while one is focusing on a specific problem. It has been attributed with achieving balance as well as relief from physical, emotional, and mental pain.

“The tapping clears disruptions, balances the erratic energy, and normal function is restored,” according to Gary Craig, who is credited with developing EFT in the 1990s. EFT is part of a larger field known as energy psychology.

Craig has since retired, but on his website, [www.eftuniverse.com](http://www.eftuniverse.com), he has opened much of his material to the public.

“It’s been part of our strategic plan at Stairways to investigate alternative therapies for our clients,” says George. “We haven’t compiled hard data on it yet, but from what we have seen, it is highly effective.” **H**

## EFT Tapping Points Guide



{ “The cause of all negative emotions is a disruption in the body's energy system.” }

## DOCTOR'S ORDERS: Do's and Don'ts with Medications

By Meghan McCarthy, D.O.

- » Don't stop taking a prescribed medication because your symptoms have gone away. This likely means that the medication is working!
- » Take medications as prescribed at approximately the same time every day.
- » Avoid missing doses of medication—the more consistently medication is taken the more effective it is.
- » Stay hydrated but do not overdrink liquids. Large quantities of fluid can flush out medications and make them less effective. (This is especially true for lithium, a salt that can easily be flushed by overdrinking fluids.)
- » Do not take herbal medications in conjunction with prescribed medications without first discussing this with your doctor. Check with your doctor or pharmacist before buying a new over-the-counter medicine, such as an antihistamine or cold tablets, to be sure they won't interfere with your prescribed medicine.
- » Tell your doctor if you have any side effects and ask if you have any questions about your medicines.
- » Don't take more medication than the prescribed dose.
- » Always check with your doctor before you stop taking a medicine.
- » Know the names and doses of the medicines you're taking and keep them out of reach from children.
- » Don't share your medications with anyone else. What's right for you may be dangerous for someone else.
- » Ask for your pharmacist's advice before crushing or splitting tablets. Some should only be swallowed whole.

# OUT OF THE SHADOWS

## How I remade my life

By Leah Humphries

It wasn't always darkness and storm clouds.

When you say emotional abuse or verbal abuse, people imagine some kind of suburban farce and that you're just too weak or naive to assert yourself. That belief is simply not true. Here is the secret few people actually understand. Very often, the wife doesn't know that what she is actually living is textbook verbal, emotional, and psychological abuse.

In a balanced healthy relationship, there is mutual respect, not power over one another. According to Patricia Evans, author of "The Verbally Abusive Relationship," "A woman is led to doubt her feelings when her partner invalidates them."

The verbal abuser has underlying feelings of powerlessness, usually from childhood, and needs to build himself up by dominating and controlling others. That can be subtle and/or forceful, depending on what it is he wants and his emotional state. He is determined not to admit to his controlling and manipulative actions, because if he did so, he would come face to face with his own reflection or character faults.

During my time as "that wife," life would cycle with periods of calm, then thunderstorms, with blame falling squarely on me. I was told I caused the anger because I pushed buttons; I didn't perform some task correctly; I didn't understand him; I was a bitch; I was trying to pick a fight; I was insensitive to his feelings and needs; I was too emotional. Sometimes he would say he was just kidding or get mad because I had a tearful reaction. One website I found on the subject of verbal abuse instantly resonated with me when I read the statement "What they do feels like having glue poured on your brain."

How do you live and function in two completely different realities? Want to board a plane for Florida only to realize you're landing in Alaska? You think, "Wait a minute, I thought he said Florida? I packed my sunscreen. I must be wrong. Am I wrong? Am I crazy or stupid? It's a feeling of being off balance or confused about what just occurred. I withdrew, convinced that marriage was emotionally draining, like pulling a heavy bag of bricks around.

My parents married very young. They ended the marriage when I was 3. Dad remarried and just celebrated a 35th wedding anniversary, and Mom is happily married now as well. I never told

them how I was treated. I married for life and saw divorce as failure. I had this fantasy that eventually the marriage would just click into place and be happier. I thought our lives would be easier when that day finally came. One year turned into four, then 10. The change I had so hoped and prayed for never materialized.

I had simply lost my joy and became quite sullen and despondent. My primary focus of raising a healthy child was now my only focus. I was not the same girl I was in my twenties. I had come to believe marriage meant losing yourself, losing your special unique fingerprint, having glue poured on your brain. Having a child was the one thing that kept me present and engaged.

I understand now, years later, that I was living an illusion of marriage. I had no prior experience with emotional toxicity or what I should be looking for. I had no idea how I got here, and it changed me.

Five years ago it ended. I had an experience, a kind of angel intervention that shook me to the core. I wanted my life back. I deserved a life without dancing on eggshells and without fear of speaking my mind. I wanted to live without rages and disrespect. I wanted to be free of the lie and to simply be allowed to breathe.

Persecution for leaving and breaking the vows came swiftly. Stories quickly spun as to why I left, when the glaring question was why would I stay? The only thing more difficult than living with abuse is divorcing it and adding in the idiocy of our child-custody laws.

I began seeing a well-respected psychologist and spent a solid two years replanting my emotional garden. During that time of deep introspection, I realized I had lived a kind of "perfect storm" life. Although there are many aspects to it, the most telling included a life-changing illness, codependency, fear of being alone

and unwanted, and then a marriage that made me feel powerless. I had literally been swallowed up by the storm.

I now had to remake my life. No one could do it for me. I would never be the same girl I once was, but I would learn to get stronger and to celebrate my return to the world as a powerful woman and mom.

In addition to the complications of my marriage, I also have suffered with Crohn's disease. At 22, I needed to have my damaged intestine removed,



leaving me with a permanent ileostomy. After 18 years, I was finally done hiding and was willing to let go of the stigma associated with being different. Time, introspection, and a tremendous amount of hard work had given me a new reason to be hopeful again.

In January 2008, I married the love of a lifetime. With my new commitment to helping women and unwavering support from my beautiful husband, a unique online company was created for women like me who have had ostomy surgery.

Life is too short to live unintentionally or surrounded by people who steal your joy. Some of us have been taught that we are not deserving of happiness or that it is somehow unattainable. Others simply don't recognize the subtle thorns of verbal and emotional abuse. I would never erase those years if doing so meant never seeing the soft brown eyes of my son peering up at me. I am blessed to be my kid's mom, a powerful woman, and a survivor of perfect storms. **H**



© 2010 Leah Humphries

## DEPARTURE

“Departure is not easy as depicted in the subtle chain pattern of this woman’s black gown. The koi are representative of Japanese symbolism: perseverance in adversity and strength of purpose,” says Leah Humphries. Digital art is a contemporary art form where computer technology is manipulated to create distinctive works. This piece was created in this way by using a variety of digital photo techniques. The koi imagery was shot by Humphries at the Erie Zoo while other pieces of layers were originally raw stock. Roughly, there were 15 images used to create this single work.

“Life is too short to live unintentionally or surrounded by people who steal your joy.”

## THE SNOWFLAKE QUILT

The snowflake quilt was given to Leah Humphries by her stepmother, Glenna, who had a story of her own to tell. Named for the town the woman who previously owned it came from—Snowflake, Virginia—the quilt came into Humphries’ possession when she had finally left her marriage. It had come from a woman named Carol, who over time shared her story with Glenna—a story marked by bruises and pain from an abusive husband. No longer willing to sit by and just listen, Glenna intervened and together with the help of Humphries’ father purchased Carol a bus ticket to steal away to her family. At the bus terminal, Carol held her suitcase in one hand and a rolled-up

quilt in the other: the snowflake quilt. Handing it to Glenna, she told her that her grandmother had quilted it with her own hands, piece by piece, and now she wanted Glenna to have it. Humphries’ stepmother never saw Carol again.

The snowflake quilt serves as a comfort and reminder to Humphries of the interconnectedness of all women. “It is a precious and humble gift with faded spots and little tufts of cotton peaking out from its seams,” she says. “Its many triangles of color remind me of women who have suffered. Different degrees of suffering but still beautiful and strong. A thread that binds us together.”

*Leah Humphries, 42, is president and CEO of Apple Creative Group, a marketing/creative firm, and MY HEART TIES®, a Web-based company offering women heart-shaped covers for their ostomies. She has won top awards, including “Pennsylvania’s Best 50 Women In Business Award,” presented by Gov. Edward Rendell in 2009 as well as five Addy’s for her creative services. She serves as board member for Gannon University’s Small Business Development Center (SBDC Advisory Board) in Erie, Pa., and chaired its first annual Women in Leadership Development Conference in 2008.*

*Photo © Mark Fainstein*

# STATISTICS TELL THE STORY

People with mental health issues are often targets of abuse

By Lenore Skomal

Home is where the heart is. But for those with mental illness, it can also be the place where violence, abuse, and neglect fester. Clinical studies and a growing body of evidence reveal that domestic violence and child abuse often go hand-in-glove. And abused children are more likely not only to engage in youth violence but also to become abusers themselves. Predators prey on the most vulnerable of us. And who is more vulnerable than those with mental illness? HOPE magazine takes an in-depth look.

The numbers don't lie. Ninety percent of public mental health clients have been exposed to trauma, according to a study commissioned by the National Association of Mental Health Program Professionals. That shocking percentage comes as no surprise to the professionals who provide services for their clients with mental illness.

"Depending on the mental illness, symptoms can manifest that make them vulnerable to predators," says Trisha Cloyd, manager of family education at Stairways Behavioral Health in Erie, Pa. Cloyd has been involved in the mental health field as both a professional and a client, having herself been diagnosed with a bipolar disorder. She is also involved in numerous local recovery-oriented committees and groups.

"On top of that, if you are feeling off-balance, weak and shamed because of the stigma of mental illness, it makes it easy for a predator to take advantage of you," Cloyd says.

"This is a very vulnerable population," agrees Penny Chapman, M.D., a psychiatrist and medical director at Stairways Behavioral Health. "People with mental illnesses have the potential to easily be in abusive situations, because they lack the normal ability to be vigilant and recognize a predator. It's hard for them to pick up cues. They have poor radars and, as a result, can make very poor choices."

"There are certain symptoms of mental illness that make it easy to be targeted, whether it's by losing inhibitions or, on the opposite end, by becoming fearful to the point of paranoia," Cloyd says. "Either of those can lead to behaviors that can result in traumatic situations."

And the problem compounds, adds Chapman, when taking into consideration the other factors that impact those with serious mental illness (SMI).

"With the SMI population, there is the drift down effect," said Chapman, 50, who has worked closely over the past ten years with those suffering with SMIs, specifically, schizophrenia. (Please see Drift Down.) "That basically means that incrementally, those who have an SMI will lose their ability to earn, over time, which sets off a whole set of negative effects and causes them to drift down the socioeconomic ladder. Take for instance a middle-class college student who has to leave school because of schizophrenia. That will lessen his ability to earn a middle-class wage unless he finishes school.

"The other sad statistic is that people with SMIs tend to burn their bridges," Chapman says. "They can be very difficult to deal with and often times, lose support from their families and social structures the rest of us have in place to protect us, making them even more vulnerable."

And that loss of support systems manifests in many ways other than just emotional.

"They become financially disadvantaged, socially disadvantaged, and even medically disadvantaged, since even such things as getting to a medical appointment can be expensive. And if you have to walk everywhere and have little income, it truly limits your range of choices," she says.

And as it spirals down and down, to the point that once in a violent relationship, women in particular, who statistically are more abused than men, find it very hard to get out.

"They find themselves in a prison, trapped, with no real income so they can leave, often with children, being threatened by their abuser, that terrible things will happen to them," she says. "They have lost their self-esteem, and they most likely believe their abusers. [They] are in a position of subjugation...dealing with loss of hope, depression, and a variety of other issues, like loss of sleep. You feel like you are in prison."

Perhaps one of the saddest facts of all is that an overwhelming percentage of people with mental illnesses have been abused as children, long before they are even diagnosed.

"It's a very big issue for our client base. Many are abused and neglected as children, because they come from dysfunctional homes, and many continue to be, because they are mentally ill," says Cloyd.

Recognizing that trauma in childhood needs to be addressed when helping those who suffer with mental illness, many human service organizations have been embracing what is generally referred to as trauma-informed care when it comes to dealing with those who have been raised in a background of violence, neglect, and dysfunction. (Please see Finding Sanctuary, pg. 12)

With the advent of trauma-informed care, there is help for people to cope with past and present trauma and abuse and learn to make different choices.

"When I learned what was driving me to make poor choices and got support in making better decisions, I began to have a better life," Cloyd says. "There are a lot of resources and services available to people who want to move away from being a victim of circumstances to having more control and success in managing their lives. The first and most important step is to acknowledge that your situation is untenable and ask for help." **H**

## WHAT IS THE DRIFT-DOWN EFFECT?

The Drift Hypothesis, as it is known, postulates that mental illness causes a downward shift in social class. Based on research compiled from a study by E.M. Goldberg and S.L Morrison in 1963 that appeared in *The British Journal of Psychiatry*, the relationship between schizophrenia and social class was examined. After following a sample of males ages 25 to 34, the researchers concluded that the circumstances of one's social standing did not cause the onset of a mental disorder, but rather, that an individual's deteriorating mental health occurred first, resulting in low social-class attainment.

# HOPE THROUGH HEALING

Life is brighter for one survivor of child abuse

By Lenore Skomal

Carrie wants to tell her story. She has typed it out on five sheets of white paper; 2,030 words in all. Despite her best efforts to recapture her upbringing on paper, her words create but a bare outline of the cycle of neglect, abuse, punishment, and pain she says she endured at the hands of her adoptive parents.

"Sometimes I wish my memory weren't as good as it is," writes Carrie, now 27, who lives in Erie, Pa. She looks back on those troubled times with an aloofness and detachment common in those who share similar stories.

Carrie's story starts with the adoption of herself and her twin sister to a family she says subjected them to on-again-off-again love, punishing them for unknown reasons, starving them of their basic needs, and creating a roller-coaster existence that left them confused and severely depressed.

"When we were first adopted, they changed our names from Terry and Tammy to Carrie and Kelly," she recalls. "I was very confused with the name change. We had to sit on the steps until we got our names right. I guess they thought if they changed our names, we wouldn't remember where we came from."

But Carrie did remember. She never forgot her biological mother, who she says suffered from mental illness and was hospitalized when Carrie was 2, which led her mother to put her children up for adoption. In fact, as an adult, Thompson has reunited with her mother and has developed a strong bond with her.

"She taught me how to hug," she says. "When I hugged my other mother she pinched me under the arms until I bled, saying that someone had told me to hug her."

In her teens, rebellious and fed up with the abuse, Carrie moved out, but her life only got worse. She became a target for abusers and was the victim of bad choices. Her mental health issues remained undiagnosed. Though she suspected she suffered from something similar to the mental illness her biological mother had, it wasn't until she was admitted to Warren State Hospital, a comprehensive care center for residents of northwestern Pennsylvania with persistent and serious mental illnesses, that she was accurately



© Becky Debelak

diagnosed with severe depression and borderline personality disorder. She was there for three years and eight months.

"They tried everything," she says. "Finally, they got the right medication, and I started feeling better. I wasn't feeling the anxiety. I was calmer and was finally able to stop and think before I acted."

When Carrie was released from Warren State Hospital, she landed back in Erie and found Stairways

Behavioral Health (SBH). As a client, she was able to get herself back on her feet, and began working toward her recovery. Carrie is now employed through Opportunities Unlimited of Erie, a nonprofit that provides work experience for people with disabilities including SBH clients. She has a one-year-old son whom she allows to live with his father.

"I think it is best for him," she says, a sadness creeping into her voice. "With my illness, I can love someone one week and not the next. I go through periods of wanting to see him, and then I don't want to see him anymore. I go in and out, in and out. And I don't want to hurt him anymore."

Though some of the choices she has made have been painful, Carrie is determined to remain hopeful. As a testimony to her efforts, she was the recipient of the Stairways 2008 Hope Is Real Award, which honors clients who have put hope into action and made positive differences in their own lives and the lives of others.

"I don't feel sorry for myself. I am proud of myself. I came from down low, a life of constant abuse and hurting myself; from being so depressed to coming to work every day, where everyone knows my name. I feel good. I feel important and liked."

As for her past, she takes a long breath when she recalls all that has happened to her.

"I have forgiven but I haven't forgotten," she said. "Almost every day I have a flashback. I feel the same way as I did back then. It helps to talk about it when the memory pops up and not just get all sad. It helps me feel better to talk. I don't want someone to feel sorry for me. I just want someone to listen. That's enough." **H**

*EDITOR'S NOTE:* For confidentiality reasons, Carrie's last name has been withheld.

## RESOURCES

If you are in an abusive relationship, finding help and information is tantamount to protecting your safety.

**National Domestic Violence Hotline:**  
800-799-SAFE (7233)

**SafeNet, Domestic Violence Safety Network**

1702 French Street  
Erie, PA 16501  
Hotline  
814-454-8161  
Mainline  
814-455-1774  
[www.safeneterie.org](http://www.safeneterie.org)

**Crisis Services**  
814-456-2014  
(1-800-300-9558)

**EMERGENCY: 911**

**Crime Victim Center of Erie County**  
125 West 18th Street  
Erie, PA 16501  
Hotline  
1-800-352-7273  
[www.cvcerie.org](http://www.cvcerie.org)

**Safe Harbor Behavioral Health**  
1330 W. 26th Street  
Erie, PA 16508.  
Clinic Services:  
814-459-9300.  
[www.safeharborbh.org](http://www.safeharborbh.org)

**Stairways Behavioral Health**  
2185 W 8th Street  
Erie, PA 16505  
Counseling Center:  
914-452-8913  
Hotline:  
814-453-5806  
[www.StairwaysBH.org](http://www.StairwaysBH.org)

**Saint Vincent Behavioral Services**  
910 Sassafras Street  
Erie, PA 16502  
814-452-5555

# FINDING SANCTUARY

Trauma-Informed Care Model promotes healing by dealing with past abuse

By Lenore Skomal

When one of the boys at Harborcreek Youth Services (HBYS)—a psychiatric residential treatment facility for underage males with mental health, behavioral, and often times legal problems—acts out in anger or violence, the response is very different today from what it was 10 years ago.

“In the past, we would have put him in seclusion; maybe used physical restraints. The focus was a lot more authoritarian, with a lot less treatment. The problem is, you can punish someone all day long, and if you don’t provide them with alternative ways of behaving, it’s not going to do a thing,” says John Knouse, Ph.D., director of school-based support and assessment at HBYS, based in Erie County, Pa.

Thanks to a transformation in how treatment and care is packaged at human services organizations like HBYS, the approach and the results are changing. It’s got a name: trauma-informed care. “Basically, it’s a guide to the way we provide healing,” says Knouse, 54, who has been working with the Sanctuary Model of trauma-informed care for the past two years. “The boys we have are almost all witnesses—victims, which means they have been raised with trauma, either having been a witness to it or victim of it.”

The model, he says, is “to teach individuals and organizations the necessary skills for creating and sustaining nonviolent lives and to keep believing in the possibility of peace.”

The Sanctuary Model was developed by psychiatrist Sandra Bloom, M.D., in the late 1990s, based on her two decades of professional practice. It’s so successful, it’s being implemented at over 30 organizations in Pennsylvania to reframe the way they work with troubled youths.

“We have these beliefs in our culture that punishment is really effective, when the science and our practical experience says no, it isn’t,” said Bloom, 62, who is now teaching at Drexel University in Philadelphia. “Punishment doesn’t work very well, but it is still the dominant approach. These are children so punished already with what life has dished out to them, so how could it work?”

To create a healing alternative, Bloom and her team created Sanctuary: a trauma-informed care model that is based on understanding the components that make up the background of those in need of mental health services, including the neurological, biological, psychological, and social effects of trauma and violence from their past.

“Many of our boys have been in and around violence, neglect, abuse—especially sexual abuse—their entire lives,” Knouse says. “Most know friends or family who have been killed, some right in front of them. Many have symptoms of post traumatic stress disorder. Almost none of them feel safe, because of their past trauma.”

“One of the goals is to help them feel safe. When we talk about safety, it isn’t just physical,” Bloom adds. “We think there are four domains of safety: psychological, physical, social, and moral safety. If you don’t feel safe in any one of those, then you are not really safe. The model is designed to create a safe environment for both the kids and the staff. Everyone has to be physically safe. It has to be safe for individuals to be themselves and safe for them to be with each other.”

Toward that end, when a boy acts out now, instead of exacerbating the trauma by punishing him, Knouse says a “red flag” meeting is called. Anyone can attend to discuss the situation that has arisen, and solutions are arrived at based on group input. The meeting is an outcropping of the principle of “shared governance,” one of the commitments of the model.

“The idea is that everyone shares in the communication and the decision making,” Knouse says. “It’s a real democracy, and the leadership is very much committed to it. Together, all decisions are made, including those about the boys’ treatment plans. They are totally involved, and so are their families.

They have to be. Everyone is also required to make a “safety plan,” which they carry with them.” [Please see Make a Safety Plan.]

“It’s basically three to five simple things you can do to manage your distress when you feel like you are on the verge of losing it—really simple things you can do to help you get control and keep you from going down the roller-coaster path. I carry mine in my wallet, and one of [my safety steps] is to breathe.”

With the shift away from punishment to understanding and taking action to heal, Knouse says the boys respond.

“The preliminary findings from 6- and 12-month assessments at HBYS indicate there are more boys with fewer symptoms of trauma, which proves to me that it’s not really about what’s wrong with you,” he said. “It’s about what happened to you.” **H**

© Judy Stainbrook



## { Make a Safety Plan }

A safety plan is a list of activities a person can choose to do when feeling overwhelmed so she or he can avoid engaging in unsafe behavior.

- Safety Plans keep people safe by helping to regulate emotions.
- You can do them yourself.
- They are relational tools.
- They can be done anytime anywhere. (Examples: breathing, counting backwards, massaging one’s hands, prayer) List five things you can do when feeling unsafe to maintain your own safety.
- The list should always include fail-safe items such as calling 911 or your therapist. They should be at the end of the list.
- Include things that can be done without much thought.
- Carry the list in your wallet, post it on your refrigerator or mirror, or keep it in your pocket.
- Show your list to your loved one, friend, therapist, or doctor.
- Start practicing it.

Source: Sarah Bloom, M.D.

## SOUND FAMILIAR?

Recognizing the signs of control and abuse

Mary Timashenka was involved with her abuser for 22 years. And it wasn't until after he died, that she recognized herself as a woman abused.

"I was listening to this beautiful young woman tell her story. She was as cool as a cucumber as she told how her husband threw her down the steps and threatened to kill her," says Timashenka, 50, as her eyes tear up. "I had to leave the room. I became so emotional and began bawling uncontrollably."

The shock of hearing another woman mirror her own experience in words prompted the Erie resident to contact SafeNet (814-455-1774) and seek what she terms "abuse-specific help."

"I just thought I had a difficult marriage," she laughs, recalling how she would shrug off concerns from those who knew her. "I didn't understand what abuse was. Once I started answering the questions, it took about thirty seconds for me to realize that what happened to me was abuse."

Now, more than three years later, Timashenka has nothing but love and praise for the healing, affirmation and support she received from SafeNet. The Erie-based, not-for-profit organization provides a wide array of services and programs—including but not limited to counseling, support groups, shelter, legal assistance and related resources—to help end domestic violence.

"I just want women to realize that this can happen to them. Especially younger women, who are early in their relationships and need to recognize the signals I didn't," she says. "I want women to know that the cycle is only broken with them."

Mary Timashenka, according to Centers of Disease Control statistics, is one of approximately 1.5 million women abused in the United States each year. But abuse is gender blind as the CDC statistics add there are 834,700 men who are also abused. SafeNet lists the following questions if you suspect you are being abused:

### DOES YOUR PARTNER

- ↳ Constantly check up on you?
- ↳ Put down your family and friends?
- ↳ Want you all to himself or herself?
- ↳ Humiliate you publicly?
- ↳ Tell you where to go and what to do?
- ↳ Harm or destroy your belongings?
- ↳ Tell you jealousy is a sign of love?
- ↳ Threaten pets, your family or you?
- ↳ Put down your hopes and fears?

By Lenore Skomal

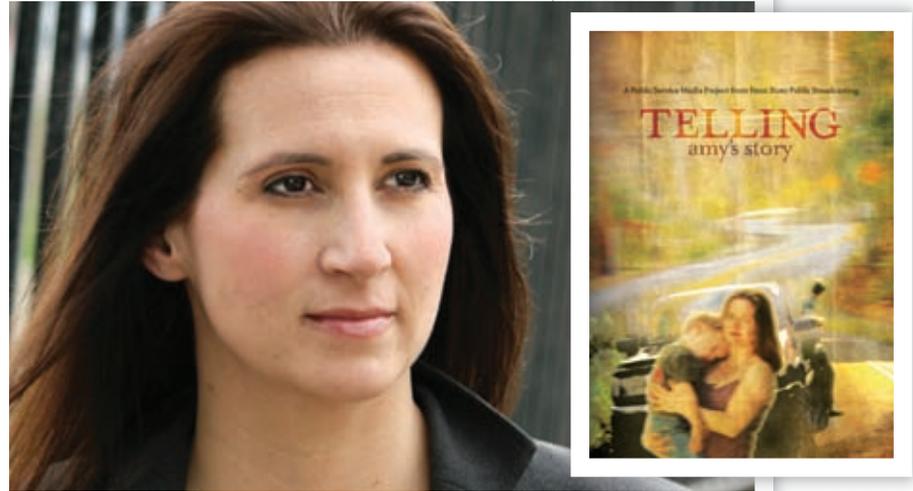
# TELLING AMY'S STORY

## An Anatomy of Domestic Violence

By Parris Baker

"How could all those things be going on and she (Amy) still die?" is one of many poignant and piercing queries proposed by Detective Deirdri Fishel. The documentary, "Telling Amy's Story," which will be aired on WQLN-TV in October, offers the viewer an inside perspective of the process and, tragically, the product of domestic violence. Detective Fishel retraces the life events of Amy Holman McGee; from how Amy met and married Vincent McGee; how she lost control of her life; the difficulties of concerned family and friends who attempted to help; and finally to the events that led to her death.

Domestic violence affects everyone; it can happen anywhere and to anyone. There is no demographic profile that provides a template to identify abusers. Violence is venerated in the United States and has become normative behavior and part of our social identity. Domestic violence-related morbidity and mortality is increasing at epidemic levels. It is estimated 85-95% of all domestic violence occurs against women. In the U.S., one-third of all women will be a victim of domestic violence sometime in their life. So pervasive is violence in our culture, portrayed in mass



As innocent bystanders who watch a horrific crime, confused and alarmed, concerned with personal safety, the narration of Detective Fishel crafts into our consciousness the paralyzing terror of the victim, the uncertainty and sense of helplessness experienced by family members and friends, and the bewilderment of the surrounding community. Somewhere in this process we quickly understand we are not so innocent and why we are repeatedly challenged by Detective Fishel to become part of the solution.

Domestic violence is not pleasant to watch, as a person who is experiencing it or in a documentary. Therefore, why should anyone watch "Telling Amy's Story"?

media as normal and a source of entertainment, we have become desensitized to all but the most heinous acts of violence.

Detective Fishel underscores the importance of all sectors of the community—law enforcement, judicial, medical, and social—to adopt a unified response, "not in my community". Throughout the documentary, various speakers discuss the difficulties with self-disclosure and offer strategies for a "coordinated community response" that is sensitive to the process of disclosure. Fishel wonders if we cannot guarantee the outcome of disclosure by the victim, then is it reasonable to expect the victim to willingly come forth? **H**

WQLN in partnership with SafeNet will have an early screening of the video in October. Contact the station if you are interested in attending at 814-864-3001.

# LEGACY OF LOVE

Stairways Behavioral Health Celebrates 50th Anniversary



In celebration of Stairways' 50th anniversary, HOPE takes a look back and honors the founding volunteers who gave generously of their time, resources and spirit.

## A LOOK BACK Eta & Dave Howell

By Judy Stainbrook

It was a simple mission in Eta Howell's mind.

"The idea was for the volunteers to just climb those steps and smile and say, 'Hey! Hi. How are you today? Do you want to play a game? Do you want to help me do this? Do you want to help me with the refreshments? Ah, let's do something. Let's be silly. Let's laugh,'" recalls Howell in a recent interview from her Erie home.

The 78-year-old former Stairways volunteer remembers the early days when volunteering translated into spending time with clients and having fun. Looking back to the organization's roots in 1961, she recalls climbing the steep staircase to a room above Nobil Shoe Store on State Street with 22 other volunteers every Thursday to offer friendship to individuals recently released from Warren State Hospital. Together, they would putter at crafts, play card games, share refreshments. Nothing complicated.

"We treated them normally," she says. "We just accepted them....we spent hours during the week just listening."

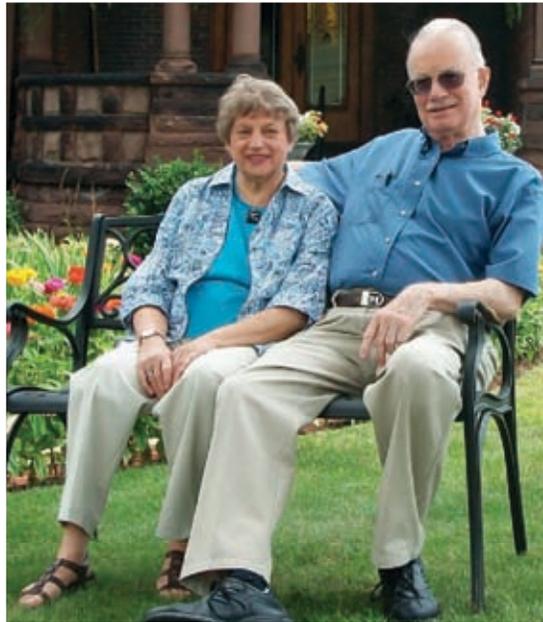
"That's basically what we did when we climbed those stairs," adds her husband of 54 years, Dave Howell, 77. "We played a lot of games with them. Things like Old Maid, Bingo, Crazy Eights, War, Fish, Canasta, Gin Rummy, that sort of thing."

To Eta, it was a mission based in understanding, where being nonjudgmental was crucial.

"Some people looked down upon them. But I was very upbeat because of my degree work in sociology, and I like working with people and helping them," she says. "That's why I continued working as a volunteer with Stairways."

At the time, the Howells were enthusiastic young newlyweds and recent graduates from Pennsylvania State University in State College, where they met. Eta and Dave had earned bachelor's degrees in sociology. Her husband continued his studies to earn a master's in education.

As a stay-at-home mother in Erie, Eta applied her education as a volunteer at Stairways, while Dave, originally from New Jersey, taught math at an inner city school. He socialized with male clients and was a driver when volunteers needed to travel to Warren State Hospital for training, which both recall being an eye-opening experi-



© Becky Debelak

ence. By touring the facility and speaking with the professionals there, the Howells gained insight into the background and experience their clients had just left.

"We were there the entire day. We learned a lot," Eta recalls. "I can still picture the one patient we were allowed to visit—a lady I imagine maybe in her 50s, all dressed up with a beautiful hat and with a suitcase alongside. She was standing on the bed ready to go home. And I thought—cause I

to a family situation. All former patients were welcomed and accepted.

By offering a gentle link to social reintegration, the volunteers at Stairways provided an invaluable "stepping stone" between life in a mental ward and life in a normal community.

Eta enjoyed practicing her social work training and appreciated the opportunity to make a difference. To raise money, she vividly recalls making candy Christmas wreaths.

"We had these little candies. Twisted, heart candies. They were colorful and we would make these Christmas wreaths with our fingers. And I'm going to tell you, there were many times my fingers were cramped and they hurt, but it was such a good cause. We sold them, and that's how part of the monies came about for Stairways, and I'll never forget that. They were beautiful."

For her husband, the experience helped shape the teacher he would become. "It helped me in many ways because I was a beginning teacher, right about 1958. At the time I was a shy, withdrawn guy, which was a disadvantage," he explains. "Going into social work that is a disadvantage. So this was like the other side of the coin, and I learned something about how to relate to people."

In addition, the experience created a richer perspective for him in his classroom work. He considered the type of lives his students had after they left his classroom. Most importantly, he became concerned with building students'

By offering a gentle link to social reintegration, the volunteers at Stairways provided an invaluable "stepping stone" between life in a mental ward and life in a normal community.

was not knowledgeable enough—that she was going home. And I was very happy for her, and I started talking to her.

"Then the nurse came in, and I said, 'I guess this young lady is going home, and I'm so happy.' The nurse looked at me and said, 'No, she's always going home, and this is what she does.'"

For Dave, Stairways' focus on post-treatment, helping the former mental patients readjust back into community, was perhaps more important than research into mental illness. In this place and for these people, he says, it didn't matter if an illness was genetic, environmental or related

self-esteem and avoiding corporal punishment, which was acceptable in public schools during his early teaching tenure.

Throughout his teaching career, Howell strove to prevent the emotional or mental injuries he had witnessed during his time. Both are quick to point out that the Stairways program was a group effort, masterfully led by women like Laura Wallerstein and Rachel Zacks-Gage. The combined efforts of the individual volunteers, organized by the Erie Section of the National Council of Jewish Woman, enabled this bold idea to take root—and to grow into what it is today. **H**



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— Lee Steadman, Director, Center City Arts

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- Music
- Printmaking
- Fused Glass
- Gourd and Nature Crafts
- Quilting



### FLOWER POT

Jeff Villela, Erie, Pa.

Jeff Villela is a self-taught painter who is influenced by Cezanne and Van Gogh. He enjoys reading novels when he's not painting. He has been attending the Stairways for the Arts & Humanities program for the past year.



### COMMUNITY GARDEN

Each week Stairways clients and community members meet to learn gardening skills and work in a lush vegetable garden north of the CCA studio. Rows of swiss chard, cherry and paste tomatoes, peppers, cucumbers, eggplant, squash, corn, beans, radishes, greens and more await harvesting. Beginning August 20, from noon to 2 p.m., CCA offers a Farmer's Market on Fridays, 2185 West 8th St., at the 8th Street entry.



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## CENTER CITY ARTS 7th ANNUAL HOLIDAY ART SHOW & SALE Friday, December 3, 7 - 10 p.m.

Stairways Old Main, 138 East 26th St., Erie, Pa.



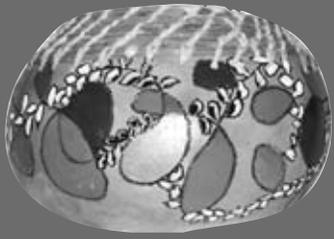
KICK OFF YOUR HOLIDAY SHOPPING EARLY while supporting Stairways' Center City Arts program. Enjoy delicious refreshments, one-of-a-kind art, and the ambiance of our stunning new space at Old Main in the former Rose Curtze mansion.

Affordable, client-made art, including paintings, glass ornaments, jewelry, hand-woven purses, painted gourds, and much more will be for sale at the most unique venue in town.

All proceeds benefit the Center City Arts studio and clients. Cash, checks and all major credit cards accepted.

Contact 814-878-2027 for more information.





## DON'T MISS IT!!

Join us for our 7th Holiday Art Show, which will be part of Erie Art Museum's Gallery Night this year.

Entertainment, food, great art, holiday cheer, and happy people. What more could you ask for?

**FRIDAY, DECEMBER 3**  
**7 - 10 p.m.**

Center City Arts  
Stairways Old Main  
138 East 26th Street  
Erie, PA 16504



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