THE COMPASS is an annual publication of New Directions Support Group for people with depression, bipolar disorder and their loved ones. We meet in Abington and Willow Grove, PA. Please view www.newdirectionssupport.org. Contact us at Compass123@comcast.net.
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EDITOR’S CORNER  
By Ruth Z. Deming, MGPGP,  
Founder/Director  
New Directions Support Group  

What an amazing year this has been. Highlights include “The Me-Too Movement,” started by a black female activist, and refers to a reaction against sexual harassment and sexual assault, especially in the workplace. I was shocked to learn about Charlie Rose and Tavis Smiley, both of whom I watched late at night. Turn on the TV and within five minutes you’ll see a commercial about “the opiate crisis.” Many of us know friends or relatives who, despite the advent of the reversal drug Naloxone, have recovered or fallen stone cold dead. Would you believe West Virginia leads the nation in drug overdoses? If you need help, call 800-662-HELP (4357).

Many people in New Directions, a nonprofit I founded in 1986, have been traumatized by various events. When my father died of brain cancer, in 1970, I was so traumatized I couldn’t laugh for five long years. In fact, on the day we learned his diagnosis, I went to play volleyball at Masons Mill Park. A strange thing happened. I felt oddly happy. The birds were singing and everything looked beautiful. Like a “drug trip,” you might think. But, no, it was my own brain see-sawing out of control. The start of my illness, Bipolar Disorder One. It’s important to know your diagnosis.

In my self-published book, “Yes I Can,” I detail what happened to me on February 14, 1984, when I was acting out of character, cursing like a truck driver, and making ridiculous phone calls at all hours day and night. The local police drove me to then-Building 16, on the grounds of Norristown (PA) State Hospital, where I was shot up with Haldol and my entire life changed. There I stayed for the three worst days of my life, stalked by an aide named Howard.

I founded New Directions Support Group, helped by my then psychiatrist Alex Glijanski, MD. Went to grad school at Hahnemann University, received my MGPGP degree – Master, Group Process and Group Psychotherapy – and life, which I thought had ended, began again with gusto.

A few thoughts about healing: Take your meds, get a good therapist, exercise, eat nutritious foods, get together with friends and family, and look at the stars at night – anybody out there? – to foster a sense of wonder and delight.

2018 was the unforgettable year when the Tree of Life Synagogue in Pittsburgh was attacked by a lone gunman, who is now in custody. This was the deadliest attack on the Jewish community in the United States.

Yes, terrible things happen. B.B. King, the late master of the blues, croons, “The Sky is Crying” and “There Must Be a Better World Somewhere.”

It’s up to us to make this a better world.

Activists abound. In fact, the 2019 Cultural Access Awards go to Theatre Horizon on April 6, 2019 during Art-Reach’s Annual Spring Brunch here in Philly on World Café Live, WXPN-FM. The group is live theater. Each year Art-Reach serves over 950 children through their drama classes and camps, and their pioneering autism drama program. Their classes encourage imagination, communications and interest in personal relationships for people on the autism spectrum. These offer a sense of self-worth and accomplishment. I wish my late brother, David, who was on the autism spectrum, had known about this.

Relationships are what life is about. At New Directions – through our daytime and evening meetings – our members are encouraged to become whole again – and do. Proud and honored can barely describe my feelings about our fantastic team of healers: Helen Kirschner of our Daytime Meetings (second and fourth Thursdays from 10 a.m. until noon at the Willow Grove Giant Superstore) – Ada Moss Fleisher and Carole and Greg Hodges (of our Loved Ones Group) at our Evening Meetings, from 7 p.m. until 9:15 p.m. the first and third Tuesdays of the month at Abington Presbyterian Church.

Ironically, my bipolar disorder “resolved” itself, vanished like a fast train speeding through town. Several other members no longer take meds, their illness too has vanished. Our Vince
meditates every morning in the basement near the washer and dryer. His bipolar disorder – kaput!

Stay on your meds! You don’t want to end up in Horsham Clinic, right Dave Mauermann, administrator?

This year we’ve added dozens of talented people to our meetings. Why is it that artists – from poets and painters, to musicians and sculptors – have the illness?

C’mon, Brain and Behavior Research Foundation, put on your thinking caps! And why have some of our brains healed?

“There are no extra pieces in the universe. Everyone is here because he or she has a place to fill, and every piece must fit itself into the big jigsaw puzzle,” writes philosopher Deepak Chopra.

Ada Moss Fleisher and I know the value of volunteering. She, with youngsters with autism, myself with the elderly. The elderly population, in fact, is now nearly 15 percent of the population. Do yourself a favor and watch an unforgettable TED Talk. Enter the name “Tony Luciana” on the search engine for a crash-course on joy and dementia.

As always, if you need a lift, call one of your New Directions buddies.

We understand. We care.

Just in! My friend Nick Breslin, our Monday and Wednesday telephone greeter, self-published a book. “Grand Canyon Sized Egos” is an absolute delight, filled with the wisdom and humor of his 85 years on earth. Published by Outskirts Press, Nick only publishes a book when someone requests a copy.

**ERIC, THE FUN FITNESS MAN**

*By Eric Dyke*

Helen writes: A part of my knee has a small fracture, which I am trying to heal by staying off that leg under an orthopedic surgeon’s care. How do I get adequate exercise for all of my body under these circumstances?

Right off I immediately think of swimming as a low impact, low risk way to get lots of good exercise through all ranges of motion. On land, my bet is that you’ll have a harder time staying safe with such an injury. It’s especially hard to give very specific workout exercises without talking in person and getting contraindications from your doctor.

A second intervention that works well is using the sauna. The heat stress actually helps to keep you more cardiovascularly fit and also prevents muscular atrophy. Another added benefit to the sauna is that it can really help you wind down and relax. I really enjoy it as an early-evening routine that helps me relax before dinner or bed.

Coming from my experience and studies in yoga I would highly recommend visualization exercises. There’s research that shows how people who visualize lifting heavy weights, exercising vigorously, and moving through various ranges of motion maintain more muscular size, strength, and nervous system activation when injured and immobilized. Visualization is also a great practice in and of itself and is a style of meditation some really enjoy.

I hope you find these suggestions practical and inspiring!

BERNICE is a 96-year-old woman who continues to live in her own home, with the help of several caregivers.

Three years ago she had a bad fall outdoors on the driveway and hasn’t fully recovered. She sees private physical therapists who have not been of much help.

She walks with a cane and a walker. She has a stall shower off her bedroom on the second floor. Any ideas on how Bernice can improve her walking?

ERIC: Walking takes a lot of work both physically and mentally. We often take such a seemingly simple movement for granted! When we are injured or disabled, we have to find ways to recover our normal walking patterns. This can be hard when we’re not accustomed to giving this activity a lot of conscious attention. Walking is no simple matter.

Walking with proper posture and alignment asks the large muscle groups of the legs, hips, back, torso, and so on to engage in specific rhythms to keep us stable. These areas need to be strong. But, none of that matters if our foundation--our feet and our ankles--is shaky. If our feet and ankles can’t communicate proper information upstream to the rest of our body or effectively execute the downstream commands from our brain, how can we expect to stay standing?

Now, to give more specific advice I would really
want to sit with Bernice, discuss her situation, and watch how she moves. I’d also be curious to know what the physical therapists were doing and why they couldn’t help. Most physical therapists are excellent at their jobs. Perhaps there’s a lot more to consider than recovering from acute injuries?

So while I can’t provide specifics, the following exercise can provide some insight into your own walking patterns and can be a good practice for anyone struggling with walking. It provides muscular and neurological stimulation that help strengthen our foundation and its connection to the rest of our body and brain.

Try this: Find a space in your home where you can comfortably walk barefoot. Now begin to walk, but go as slowly as you can. Feel all the sensations as your foot makes progressive contact with the floor. Do you notice how your foot rolls from back to front, most likely along the outside edge? Notice what each one of your toes is doing. Feel the ankle on the balancing, grounded leg engage and help stabilize you as you move forward in space.

Play around with this basic somatic movement practice. Feel free to use the support of a walker or cane. See if you can do it consistently, every day for a few minutes or even ten minutes. Just give it all your concentration. Make both the brain and body work!

Eric Dyke is a resident of Willow Grove, PA. An athlete throughout high school and a health-conscious gym-goer in his later years, Eric would love to see more people participate in greater self-care. He started practicing yoga in 2012 with the intention to balance his weight lifting routine that left him stiff and inflexible. In May of 2018, Eric completed training as a hatha yoga teacher training from the YogaLife Institute in King of Prussia, PA.

Eric also has a degree in electronics engineering from Drexel University. He previously worked for large design and manufacturing companies and is very familiar with health and wellness issues that arise in the workplace.

Changes, within Bounds

By David J. Robertson

For 30 years, my wife Mary and I lived at the headquarters of the Pennypack Ecological Restoration Trust where I served as the nonprofit environmental organization’s executive director. Although we resided in Huntingdon Valley, Pennsylvania, among the most densely developed suburbs surrounding the fifth largest city in the United States, we were blessed to live on 800 acres of open space permanently preserved by the Pennypack Trust. As such, we had access to both the natural world just outside our door as well as convenient shopping and entertainment a short drive away. When we decided to retire and move to the West (a dream we had harbored for decades), Mary and I sought similar circumstances. We’d been spoiled in Huntingdon Valley, so moving to an urban or suburban neighborhood would have represented a major upheaval in our lifestyle. In Livermore, Colorado, we found a compromise: we moved to a rural subdivision in the foothills of the Rocky Mountains that, in some ways, mirrored our lives in Huntingdon Valley. Our new home, while situated on only one acre, lies adjacent to hundreds of acres of permanently preserved open space. We revel in the panoramic “million dollar view” from our living room sweeping down the Gordon Creek valley to imposing Grayrock Mountain six miles in the distance. We see the Milky Way stretching across the sky nearly every night that’s clear, and that’s most nights. Yet, we have neighbors next door and across the street, and we walk with friends every evening along the gravel roads that thread through our community to enjoy views of prairies, mountains and spectacular sunsets. All the urban amenities are available in Fort Collins, 45 minutes to the southeast.

In some ways, Mary and I intentionally sought new living conditions that mirrored our fortunate situation in the Pennypack Preserve; we wanted to preserve that part of our lives. I also wanted a location that would continue to support my fundamental personality traits as well. My devotion to the natural world—my interest in natural history, my commitment to returning damaged natural
lack of human contact, and my interest in education—remain just as strong. I hadn’t been at our new house for two weeks before I was volunteering to help reduce the chance of wildfire in overgrown woodlands in the adjacent national forest—while I was still acclimating to the thin air at 7,000 feet. I’ve also become a member of our community’s Ecology Committee and I help with maintenance of the trails throughout the natural lands preserved in our development. In addition, I continue to review books for professional ecological journals and to write scientific papers for publication. Also unchanged is my dedication to hiking and walking. Colorado’s hiking trails have increased the length and difficulty of my hiking endeavors, but not diminished my enjoyment.

Of course, relocation from an East Coast suburb to a western mountain community has required some changes. Furthermore, the physical change in location has been compounded by changes related to my retirement. When I was working, I was surrounded by people all day—colleagues, visitors, and friends. Now that I have retired and moved to a more isolated (and isolating) situation, I find it necessary to engage intentionally with neighbors to maintain social ties that just “came with the territory” at work. Such interactions are important in rural Colorado where neighbors depend on one another’s help a great deal. They also allow me to glean information about community services. For example, unlike in Huntingdon Valley where an ambulance can whisk a person in distress to Abington Hospital’s Emergency Room in minutes, seriously injured residents in Livermore need to be medevac’d to the hospital in Fort Collins via helicopter. Our neighbors were quick to inform us that patients who haven’t purchased helicopter insurance in advance face a stunningly large bill for the helicopter airlift upon release from the hospital.

Some of the changes we’ve experienced have been disorienting, even if we anticipated them before we left Huntingdon Valley. We have to plan carefully, especially regarding meals, because we can’t just “run out to the store” if we’ve forgotten a recipe ingredient; the closest grocery store is 10 miles away, and the nearest full-service supermarket is a 30-mile drive. Winter comes on a bit earlier than we expected (though this year’s onset is even earlier and snowier than normal) and it’s likely that it will be colder than we expected, which may force us to be more homebound than we’d hoped. In addition, we had to replace our beloved 55 mpg Prius with a 35 mpg Subaru Forester because an all-wheel-drive vehicle is de rigueur in the mountains.

Other changes have been great. I am reading much more than I did when I was working; I’ve read 14 books so far this year, compared to four or five when I was working. I’ve also lost 10 pounds because I’m much more active hiking and volunteering, not chained to my desk all day. I indulge in sleeping longer, and I sleep better, than when I worked. In general, the skies are sunnier, are rarely completely overcast, and definitely help to elevate my mood; I’ve quickly come to feel “cheated” when it’s not sunny outside. Furthermore, the humidity is much lower; I can work outside or hike most any day in the summer without becoming soaked with sweat.

Mary and I intentionally sought change when we decided to retire. However, we tempered that desire by selecting a comfortably different scene that retained much that was familiar. Our new situation continues to support our core values and our lifelong interests. Sure, we’ve had to make adjustments, but we’re not so adventurous that we decided to move to a country with a different language or unfamiliar customs. The changes we’ve embraced fall within our comfort zone because we made deliberate and informed choices.

**Alex, Cinema’s Best Friend**

By Alex Grinberg

**CAT ZINGANO RELIGION OF SPORTS ALPHA AND OMEGA** find on YouTube. This is a documentary about a female mixed martial artist. This refers to a “no holds barred” fighter. Her name is Cat Zingano who is one of the top in the world, having defeated the legendary and hard-hitting current UFC champion Amanda Nunes. She started in wrestling and progressed into jiu-jitsu and Thai boxing. She married a Brazilian fighter and they were very happily in love. She was prescribed some Oxycontin after surgery and her husband used it. Then he took his own life.

This was a major setback for her – and their
young son - but like all fighters she started back where she left off and continued fighting, but more importantly, living her life to the fullest. The movie is very motivational especially if you like sports, particularly fighting sports.

**TRAIN SPOTTING.** This movie was released in the mid-1990s. The timing would have been better if it were released nowadays, because of the thousands of heroin overdoses. The movie is about young adults who were abusing heroin and everything that goes along with it, such as neglect of the self, despair, constipation, violent diarrhea due to cessation of heroin, loss of sex drive, shoplifting and stealing, and selling drugs to make money to afford the heroin. Nothing sums up heroin use and addiction better than this movie. However, the main character of the movie is able to break the grip of heroin at the end of the movie and vows to live a stable, even boring life.

The soundtrack of the film has the statement: Choose Life, choose a job, choose a career, choose a family, choose a big television, choose a washing machine, choose a car, choose a disc player, choose good health, etc., except for choosing drugs or more specifically heroin.

**OSAMA.** This movie is about a girl in Afghanistan but her real name is not Osama. Women were not allowed to work at the time but the girl and her mother and her grandmother need to eat. Lowest common denominator: you need to eat. Her father was killed during the many wars the country has been through. So they cut her hair and pretend she's a boy so she can work, earn money, so she can feed herself, her mother and her grandmother.

While working she's involuntarily recruited by the Taliban to become a soldier. She's friends with a boy who becomes her protector. He gives her the fictitious name “Osama” and said she was named after the great warrior Osama bin Laden, so the other boys will respect her and not bother her. Eventually it is discovered she's a girl when she has her period.

As a result, she's sold off to an older Afghani.

**GI JANE.** A great underdog story, following in the tradition of Rocky and Rambo. “Jordan O’Neill,” played by Demi Moore, wants to become the first female Navy Seal, but she’s up against more than just the brutal physical and psychological training her male counterparts must go through. She has to battle sexism and discrimination in the Navy Seals, which proves to be tougher than the training. Despite the odds, she fights through it all and makes it.

She goes into battle in Libya and saves the day rescuing her instructor, who injures his leg during a gun battle with the enemy.

**WITNESS.** A classic about a good, clean-cut cop battling a rogue police department in none other than Philadelphia. He’s injured and escapes into Amish Country while looking after an Amish boy who was a witness to a murder, carried out by a Philadelphia police officer. The Philadelphia police want to get rid of the witness, but they have to go through the good cop played by Harrison Ford, who is no slouch. Ford kills a few cops and the remaining boss of the rogue cops gives up.

Alex Grinberg, movie buff, was born in the USSR. Living now in Huntingdon Valley, PA, he works in construction with his dad. Although his life is not as exciting as the movies he watches, he’s hoping to meet a nice girl to “spice up his life.”

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**A DAY WITH TOM AND SHIRLEY**

*By Ruth Z. Deming*

I was all ready when Tom pulled up at 11:15 a.m. to drive us to Dock Woods, a life care facility where his beloved wife, Shirley, lives. It was a good 45-minute drive in his black late model Taurus on this sunny but chilly day in December. A retired chemist from Rohm and Haas, which we passed along the road, Tom had everything planned out.

A green sign “Dock Woods” greeted us. Before we would see Shirley, we’d eat in “The Bistro,” Tom’s treat. He filled his tray with lasagna, a small salad, peach yogurt, and apple juice, while I had a grilled cheese sandwich with tomato and French fries. Since I knew it would be a long day I ordered a latte, with espresso and milk.

Everything was delicious. Tom is a fellow who loves to talk, though he's also a good listener. He seemed to know everyone who passed us by in this huge self-serve restaurant.

“Hey, Tom,” said a woman. “We’ve got another
Shirley coming in.” Many of the Shirleys were named after Shirley Temple. Our Shirley, though, was named after her aunt. All of them shared the same illness, which is why we were here. Three of the Shirleys live in personal care and have no memory problems. Our Shirley lives in Harmony House, the personal care memory unit.

“This is my friend, Ruth,” he told them. “She’s gonna spend the day here while I give her the grand tour.”

Off to the right was a stage where lectures were held for both residents and loved ones. The last one he heard was about how to avoid dementia, including an overview of symptoms and tips on how to interact with dementia patients.

“Four things may help avoid dementia,” I said, holding up four fingers.

“Eat right, exercise, socialize, and learn something new,” I said.

Tom said he was learning to play piano.

Run by Mennonites, the campus is enormous and features apartments, cottages, villas - $300,000 to get in plus maintenance fees – and assisted living facilities of all levels, including hospice, personal care and skilled nursing units, each unit with a memory care section.

“Like the Eagles’ song, Hotel California, once you start living here, you never get out,” I thought. I did feel claustrophobic but knew we would eventually drive home.

The place was a maze. One woman asked Tom how to “go home.” He hailed one of the aides who helped her.

“Home,” I said to Tom. “They call it home.”

Tom couldn’t wait to make it his home. He waited anxiously for his number to come up so he could move into a cottage.

He was getting his house in Willow Grove, PA, ready to sell. Scott and I had visited him a couple of times, went down into the basement and saw his enormous miniature train set his children and grandchildren loved.

It’s vanished, now, except for photos and a 14-minute video his son Mark had made.

After lunch, we got back into the car and drove over to Shirley’s place. The speed limit is 17 mph, with speed bumps to deter speeders. A few residents were outside walking, either unaided, or using walkers.

To see Shirley, you enter a sliding glass door and use the phone to be let inside. This is a high “escape area.” Tom needs to use the phone because he doesn’t have a pass card. The phone or a card help to monitor who enters the building.

No one answered the phone – “this has never happened before,” said Tom, with great frustration, but he spotted someone he knew and she let us in.

Tom visits Shirley about three days a week. What a lovely couple they make. Tom is handsome, with side-parted white hair, and Shirley is lovely with her mane of white hair. She visits the beauty salon every few weeks, where her hair is shampooed and blow dried.

Soft carpet lined all the floors. “We could never have afforded this place,” said Tom, “if we didn’t have long term disability insurance when Shirley was well.”

Shirley was sitting in a small dining area outside her room and nurse aide Sheila was feeding her.

“Thanks, Sheila,” said Tom, touching her shoulder. “I’ll take over from here.”

He kissed his wife hello on her cheek and finished feeding her.

Her head was down and she rarely looked up. Tom later told me that another woman’s head was usually down, as well. “We don’t know why.”

We walked Shirley to her room. Tom and I both held onto Shirley’s hands. Walking is very difficult. She clung tightly onto my hand.

“What I love about this place,” he said, “is there’s so much light, especially in the main hallways. It’s almost like being outdoors.”

All the rooms have double doors, an upper door and a lower door. At night, when residents are asleep, an aide opens the top door, and peers inside to make sure they’re okay.

We took Shirley inside to her home. Did she recognize this is where she lives? No way of knowing. She stood in the middle of the room and we guided her to a sofa they’d brought from home. We helped her sit down. She sometimes has trouble doing it herself.

She was helpless and, sadly, getting worse. She did, however, play “balloon volleyball” at activity time. She had no idea what she was doing but an aide helped her.

Every single aide I met was a gem. These aides are extremely dedicated, helping older
adults who have varying degrees of memory and dementia problems.

In Shirley’s room I was surprised there were no bedrails. Tom said she never falls out of bed. A big picture window showed snow-encrusted shrubs and a variety of flowers, including yellow chrysanthemums. Leaves continued to fall to the ground.

The window sill contained numerous photos, including one of Shirley’s face. The home had photographed her, as they do to every new resident. I was disappointed as I was going to ask Tom if I might bring it home and put it on the fridge, next to “Lou,” a favorite of mine at Second Home Elderly Daycare, whose Alzheimer’s got worse so his wife put him in a facility.

I first met Shirley three long years ago. The contrast between then and now is astonishing. It was spring and I was outside tending my garden. I saw a spritely white-haired woman crossing the street. I waved and we began to talk. Right away I knew there was something wrong with her. Something about her hesitant way of speaking. From that day onward, I visited Shirley and Tom upon occasion in their lovely photo-filled home.

Candidly, they told me Shirley had early-onset Alzheimer’s Disease. Her neurologist, Dave Weisman, put her on a trial drug made by Merck. The drug worked no better than a placebo. I drove over and visited occasionally. Scott went over to admire Tom’s trains in the basement. Scott told him how he’d always loved trains and now he worked at SEPTA – Southeastern Pennsylvania Transit Authority. While he and Tom talked trains, Shirley and I went upstairs. She had just made cookies and I helped myself to two peanut butter cookies. Later, she played the piano and we sang Christmas carols.

Every time I remembered her disease, my stomach churned. Dear God, how can they bear the horror? They found comfort in the Lord and Jesus Christ in particular.

Tom knew I was a Jewish nonbeliever who prayed every night, thanking whomever for allowing me to be alive.

Tom loved to kiss his wife. In fact, she did remember how to pucker up her lips. He could make her laugh by making silly noises near her ear. That made him supremely happy.

We said goodbye in her room. She sat on the blue love seat. I handed her a stuffed animal I’d brought for her: an owl, that made a sound if you squeezed it. She didn’t look at it. Tom told me to bring it eye-level, which I did. She acted as if it did not exist.

Did she exist?

Tom admits he “doesn’t know how much of Shirley is left inside her.”

I gave her a hug and Tom put Shirley’s arms around me. She was wearing jeans and a soft white sweater.

We drove home as the sun was setting.

We talked about her declining condition.

“Alzheimer’s is a terminal condition,” he told me. Her neurologist, Dave Weisman, thinks she has about five more years to live.

I shuddered.

“You must feel so sad when you leave her alone at Dock Woods,” I said.

He said he does, but he’s got so much work to do to get his house ready to sell. The realtor Bob Felte sold him the house 40 years ago. Now he’s using Bob, Jr., his son.

“I only hope she remembers I was there,” he said.

I had one last question for Tom.

“After Shirley passes, do you think you’d remarry?”

“For sure,” he said. “We talked about it and she wanted what was best for me.”

Afterward: In early January, 2019, I spoke to Tom. Shirley is now wheelchair-bound and will walk no more. His number finally came up so he will move into a small two-bedroom apartment when his house is ready to sell. “I’m really stressed,” he told me. Who can blame him? By spring, though, when the crocus push up through the cold ground, Tom will be in his new home, a three-minute walk from Shirley’s.
MANAGING FIBROMYALGIA

By Harriet Rellis

Diagnosed thirty years ago, I became one of a relatively small number of people to have this mystery ailment. At that time, it was (and still is, in many ways), a diagnosis of exclusion. Lupus, scleroderma, and ulcerative colitis were ruled out by diagnostic testing. At that time there were no medical treatment options, so I began a regimen of sleep improvement, walking and water exercise. Years later, obstructive sleep apnea and a CPAP machine were added to the mix.

As with depression and bipolar illness, I wished for a magic pill to make it go away. I started on medication: numerous types of non-steroidal and inflammatory drugs, with none working any better than the rest. My rheumatologist became my mentor and friend; most importantly, listening to what I was feeling in my personal and work lives. He celebrated my retirement and the birth of my granddaughter.

Working with my psychiatrist and internist, my doctor seeks the maximum improvement for me. Over the years I learned what helps me: walking, exercise, yoga and relaxation, deep breathing, stress removal, hot baths with Epsom salt, and talking with my therapist and friends. I feel better when I am warm enough, and I’m fortunate to be able to escape most of the harsh winter weather in Philadelphia.

I didn’t feel the need for a support group, but I became facilitator for the Doylestown Hospital group, as it was ready to disband. There are support groups throughout the world and there are blogs on-line, so one can find information and support without having to leave the house.

With the advent of Lyrica, the first medication approved for fibromyalgia, the advertisements for the medication have made fibromyalgia a household word. It’s no longer the mystery that it once was to the general public. Now called "myalgic encephalomyelitis," or ME, the name was changed to reflect the many physiologic effects of the syndrome.

Famous people with ME include: Morgan Freeman, American actor; Susan Flannery, American actress; Frances Winfield Bremer, American author; Janeane Garafalo, American actress and comedian; Jo Guest, English actress and TV host; Rosie Hamlin, American singer, and Michael James Hastings, American actor.

I feel fortunate that I’m able to manage my fibromyalgia now, as I’ve heard stories of people being bed- and house-bound for years. My suggestions are to find a reliable doctor that you can work with and that you comply with the suggestions, take medication, if it's appropriate for you, have a positive attitude, and, most of all to listen to your body! Remember that there can be exacerbations, called “flares,” in the future, so be aware daily of how you feel. This way you may be able to “get ahead” of a flare, before the symptoms become unmanageable.

Harriet Rellis, MSN, RN, CRNP is a retired Bucks County Department of Health Nursing Supervisor. An avid duplicate bridge player, she is now a bronze life master. An advocate for New Directions, she is a longtime member and relatively new writer for The Compass.

BARRY BUSH,
AN UPDATE ON HIS KIDNEY TRANSPLANT

It’s been two years and 3 weeks out from getting a life saving, life changing kidney transplant. I’m so very grateful and happy to be alive! I often think when experiencing some event or family get together, wow, I almost wasn’t here to experience this, to see and spend time with loved ones, do the things I enjoy doing, learn the things I’m learning. As long as I’m alive, there is the possibility of getting that plant I have been looking for, going to that concert, seeing my kids grow and being part of their lives, meeting old friends, making new ones, catching that big fish and so on. Yes feeling blessed to be alive. Life is sooo much better with a kidney than living via dialysis, which felt more like hanging on than living on. The blessings of life are not always the big things and that acknowledgement can come at odd times. I still marvel at being able to pee
naturally, to just roll out of bed and hit the head.

It’s not all smooth sailing, though, there are many potential problems, the least of which is the ever-present, possibility of a failure and rejection of the kidney and what that loss would mean. It is right there, always gnawing at your peace of mind, affecting what and how much you eat, sit, sleep and move. Ah, yes, movement is a true blessing after feeling so crappy on dialysis never feeling much like moving, it was such a huge effort, planning each and every step of the way to conserve energy and prevent injury.

So what’s the problem? I go to the gym, garden, and tend to household chores every day, just not so much of it every day, and get that nap! Of course, I’m not a young man anymore, so the age thing also comes into play when talking energy, but it seems to be the experience of the vast majority of transplant patients that the meds are a huge contributing factor to energy depletion. The meds for anti-rejection, blood pressure, etc., must be taken religiously at the prescribed times each morning and evening and restocked without fail.

This seems pretty routine, but that gnawing thought of potential rejection brings on anxiety on the rare occasions when I forgot to take them. Diet is key as those meds still impact blood sugar causing diabetes for myself and many others and of course, in general, good diet is always better for the kidney. Prioritizing yourself is not an option for a transplant patient, something that must bring a smile to all those therapists who must remind their patients to be good to themselves. So there is a positive in that you remember to keep yourself at the top of the priority list. And so far I’m still doing a pretty good job of that, eating right, sleeping right and taking good care of myself. It must be working as I’ve had good results at each check up. Next up though is a bunch of tests to ensure no other bodily problems caused by the required suppressed immune system, bleh, hate that, but it must be done. So manage I must and manage I will, not gonna endanger this precious gift.

COOKING WITH MAMA

By Martha Hunter

My mother’s mother came here from Holland in 1901. Her stepmother came down from Pennsylvania Dutch country in 1923. Between the Dutch and German recipes, the food of Mother’s childhood was rich with butter, eggs, whole milk, lard, brown and white sugar, scrap meat from the unmentionable parts of the animal and vegetables from the vendor who came around every morning in his horse and wagon, calling, “String beans! Tur-nips! Sweet, dark raisins! Penny a pound!” The ingredients would be turned into Shoo Fly Pie, Scrapple, Pot Pie, Chicken Stew, and Spetzle, all fried up with onions in leftover bacon grease.

Those were the foods of my childhood, as well. Comfort foods. Homemade noodles and noodle pie, dumplings, stuffed cabbage and beef stew with the meat tenderized by hours of long roasting, scrapple with maple syrup filling the house with the aroma that meant “home” to us.

Every summer, Dad would take Mother to the farmer’s market for bushel baskets of apples, peaches, beans and tomatoes. She and I would work together in the little kitchen to put up her specialties that would add the old country warmth to our home all through the long, cold days of winter. My favorite was tomatoes that we stewed, put in large mason jars and sealed in a boiling bath. Then up into the attic until we needed them. I remember as a child how Mother and I would work and talk about life. How to care for a home and family and how to live up to whatever potential God had planned.

Later in life, as a newlywed, I wanted my mother’s comfort as I struggled my way through the newness of living with another person. This was a world that didn’t value the home arts. I’d visit Mother and she would send me up the ladder to get down two jars of stewed tomatoes and a small one of sauerkraut.

Into the big Dutch oven went the ingredients, plus spices, a handful of rice and maybe some
diced chicken pieces. Lid on and stew for two hours on low.

At dinnertime, Dad came home, the table was set, as always, with a tablecloth and good china. A lesson from Mother - honor your family and the food with your best tableware.

Tomato Sauerkraut Soup would be ladled out into soup bowls, (not cereal bowls) and after Dad said the blessing, we would enjoy the warmth of our loving family. No matter what was going wrong out in the world, our kitchen radiated peace and love.

I still make soups. Beef Vegetable, Bean, Chicken. And dumplings, spetzle and pot pie. But my favorite is still the Tomato Sauerkraut soup. Perhaps it could become your favorite, too?

1 large can diced, stewed tomatoes.
1 cup sauerkraut
Spices - 1/4 cup rice - 1 cup diced, cooked chicken
Everything into the pot, cover and low cook for 40 minutes - add 1 small can chicken broth to finish. Croutons on top and Enjoy!

Best Wishes!
Mama Willow

Martha Hunter is a writer living and working in Willow Grove, PA. She is a retired childcare professional and pastoral counselor. She aspires to be as fine and kind a person as her mother and grandmother were and has published a collection of Mother’s recipes for her children.

**Family Fun in the Kitchen**

By Eve Maslin

Ever since I can remember, I “helped” my mother in the kitchen. When I was very young, I remember watching and tasting. When I was in high school, my mother went back to college for an advanced degree, and I got to cook. How? Well, she would get everything ready on the days that I would get home first, and she would leave me notes of what temperature to put the oven at, and for how long to cook the food. That way, we could all eat dinner together as usual, and at a reasonable hour. My mother did a lot of cooking! We had company over very frequently and she also cooked for events at the synagogue. I don’t remember how many hundred matzo balls she made one year, or how many kugels she made for my huge bat-mitzvah!! That’s how I grew up.

My kids had a very different experience. They also “helped” me in the kitchen from a very young age. We made cookies together. We made the traditional Hamantashen on the Jewish holiday of Purim. I believe that cooking is an art, so we did things “to taste” or as we pleased, not always following the recipe. We didn’t make Poppyseed Hamantashen, we made peanut butter and jelly ones, and chocolate ones. When I cooked, I rarely followed a recipe. It drove my former husband crazy. Sometimes things came out better than usual, and sometimes… not so good. Like the week that we had the “Brick” as we called it, Challah. In those early years of my marriage I made challah every week. Usually it was honey-sweet and delicious! The kids (four of them) helped me braid them before we would let them rise. I also did a lot of entertaining, with company over many weekends while I worked full-time and took care of four young children.

Here is when things got different for my children. My depression started when my children were pretty young. I did what I had to for years, but when they were a little older, they had to assume a lot more responsibility, like cooking for themselves. I think they could all make macaroni and cheese by the time they were in middle school. When they had to bring a treat to school, very often they would have to follow the directions on the brownie box either with me or with an older sibling. I always supervised, but I didn’t enjoy cooking any more, and I just didn’t have the energy. By the time I was divorced, my youngest, Ilana, was almost 13 years old. She and her three older brothers took a lot of instructions to make foods at my apartment, and made a lot of frozen foods. Somehow, I made the food for Ilana’s bat-mitzvah, but hers was very small.

Ilana went on to take a number of cooking classes and even attended culinary arts school for a while. She loves to cook! Her three older brothers all do the majority of the cooking in their households. One is brilliant at grilling meat, one has created so many ways to prepare fish, and the eldest has devoted himself to making pizza an art! They all have had conversations with...
me on the phone while cooking this or that. I’ve received phone calls from the grocery store asking what ingredients they need for something, or a phone call asking me what temperature the oven should be or for how long. Now with Google and smart phones, I don’t get as many calls.

Now that Ilana has moved back in to my house with me, temporarily, we cook together, and have a favorite meal that we both enjoy. Salmon Teriyaki, rice and broccoli. We steam broccoli in the microwave and make the rice in the rice cooker. The rice we make is ¾ long grain white rice, and ¼ sweet rice, typically found in an Asian market.

The salmon we marinade in the Teriyaki sauce for at least half an hour, overnight, in a Ziplock bag, if we remember. Then we cook it at 400 degrees for 20 minutes to half an hour, depending on how thick the piece of fish is. It cooks especially well in my cast iron pan with enamel finish. When I’m lucky, Ilana makes Tollhouse Marble Squares and I get one or two. That is a recipe that is originally non-dairy and comes from her other grandmother, who always follows recipes. Her food is always delicious. Ilana makes it with extra butter – very dairy! We like it better buttery!

When I’m not too depressed, I enjoy cooking. I enjoy cleaning up the mess because the warm, soapy water feels good on my hands. Cooking is like art. Every dish is a creation. I especially love watching people enjoy my food, like people enjoying art in the museum. When I’m alone, I rarely cook, but with someone to enjoy my food, or to cook with, I’ve been cooking more and eating much more healthfully. Now that I’m feeling better, I can start cooking more and inviting people over again. It’s a good feeling!

Eve Maslin has lived in Elkins Park, PA, for almost 12 years. She was born in Curacao, Netherlands Antilles, and has lived in six states in the U.S. She has four children, two local and two married ones out of state, and also has one adorable grandson. Her children, their significant others and her grandson are her life! She enjoys fusing glass and making mobiles out of the glass pieces, and making beaded jewelry. She recently rescued a dog who brings her great joy but needs to learn some manners. The most rewarding time in her week is when she volunteers at her local hospital.

**HELLO FROM MARK A. DAVIS: “THE CHAMP” HONORED FOR AIDS SURVIVAL**

I call Mark A. Davis, 62, “The Champ!” and have known him as long as there has been a New Directions. We last met at “This is My Brave” in December 2018, a video performance detailing how we survived our mental illness and/or drug addiction and other difficult conditions. Watch it on YouTube. There he was with his vibrant personality, aura of good cheer and dimples, his relatives once loved to pinch when he was a child. And maybe still do!

Founder of support group Pink & Blues – view Pinkandblues.info – the group is comprised of people who “identify as lesbian, gay, bisexual, transgender, intersex, two-spirit, questioning adults and our allies. It’s a safe space to explore our dualities, discover recovery opportunities and alternatives to suicide, self-abuse, trauma, loneliness, and more.”

The Pink & Blues meets every Wednesday from 7 until 9 pm at The Church of St. Luke and The Epiphany - Blue Room - 330 S. 13th St., Philadelphia, PA 19107.

Contact: Mark A. Davis at 215-627-0424 or madpride@ymail.com.

He writes: “I can claim sole ownership of mental illness, addiction, suicide attempts and am a prostate cancer survivor. I want to convey hope living with these conditions. I’m blessed to be one of an estimated 34,000 American long-term HIV/AIDS survivors, defined as those diagnosed before 1995.”

In 1987, Mark was elected the founding president of the Pennsylvania Mental Health Consumers’ Association. A year later, he was diagnosed HIV positive. In 2009, Mark was awarded a Consumer Leadership Voice Award by the prestigious Substance Abuse and Mental
Health Service Administration for his work in the mental health field, including advocating with survivors of suicide attempts.

Mark was also honored by POZ.com. The POZ 100 celebrated people 50 and over with HIV, making a difference in the fight against the virus.

POZ wrote to Mark, “We are thrilled to honor you and your work, Mark. Thanks again for all that you do in the fight against HIV/AIDS! As a gay man living with HIV,” continued POZ, “and struggling with mental illness and addiction, Mark wanted to help others living with such issues.”

Mark writes, “News of POZ 100 selection is a gift coming on the 30th anniversary of testing positive on Sept. 27, 1988. Blood drawn on Labor Day Tuesday took three weeks to discover I had the virus.”

Living with AIDS is a breeze, he says, although aging is a bitch and a blessing. For ancestors lost during this terrible epidemic, we strive to honor their memories. For those who are HIV-negative, it’s imperative to heed prevention messages and not put ourselves in harm’s way. No overdoses, please, or death by suicides.

Mark speaks highly of The Reunion Project. Founded in 2015 by long-term survivors of HIV, Matt Sharp and Jeff Berry, it recognized there is an entire group of individuals who had survived the epidemic, but in many ways have been left behind by the community they helped to build.

“The Reunion Project,” says the website, “provides a safe space for survivors of HIV to come together and honor the fact that even though they have weathered great adversity and tremendous loss, many have come through the experience with a certain degree of resilience. We feel these stories deserve to be told, and shared, to help those who may need help in finding their way back out of isolation, depression, or post-traumatic stress, a result of surviving the epidemic.

View https://www.tpan.com/


Mark Davis remains a tireless advocate for his cause and others. If you get on his mailing list, he’ll regale you with information including Philadelphia museums The Jewish Holocaust Museum and The National Constitution Center. You can bet that if he were around when Amendments to the Constitution were hammered out, the entire Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex folks would be counted!

He reminds us that The National Coalition for Mental Health Recovery will be held at Catholic University of America in Washington, DC, from July 7 through July 11, 2019. All aboard the bus!

BAD MEDICINE GONE GOOD

By Beatriz Moisset

Those of us who were alive in the 1960s remember nightmarish black-and-white pictures of babies born with tiny arms that resembled small flippers. Some of these poor children had normal legs, others had legs similarly deformed. It took several years for doctors to realize what was causing this tragic epidemic.

A drug given to pregnant women to control morning sickness, known as thalidomide, produced such birth defects on their babies. Doctors had considered thalidomide so safe that it had been sold over the counter. Needless to say, when the facts became known, the drug was banned immediately. By then, however, more than 10,000 babies had been born with these horrible conditions. Most of them were born in Germany, where thalidomide had been developed and was being produced.

Half the thalidomide babies didn’t live very long. Of the surviving ones, some managed to lead a somewhat normal life. Some got married and raised children of their own. One became an opera singer, another an athlete. One, Niko von Glasow, is a filmmaker. Among his works, he produced an award-winning, poignant documentary – NoBody’s Perfect - about the people who shared his plight.

The scientific community, however, did not give up entirely on thalidomide. If the drug prevented the normal growth of cells in the bones of fetuses, could it also prevent the abnormal cell growth of cancer cells? Cancer-related research on thalidomide continued for years.
Chemists, good at tinkering with molecules and making small changes in them, developed several similar drugs or analogs. One of them, lenalidomide, began to show promise in the treatment of some cancers, including multiple myeloma, a cancer of the bone marrow.

About ten years ago the new lenalidomide drug was approved for treatment of myeloma and also some types of leprosy. This drug also may be useful for other types of cancer and AIDS. Research continues on thalidomide analogs.

On a personal note, four years ago I was diagnosed with multiple myeloma, the bone marrow cancer. Various treatments worked well for a few months but then became ineffective. I couldn’t tolerate lenalidomide the first time the doctor prescribed it. My face swelled so much that my eyes were half closed. (This side effect happens in one out of 10,000 patients. Lucky me!)

A year ago, I was running out of treatment options. My doctor decided to try lenalidomide once more, this time combining it with Benadryl and steroids to counteract the itching and swelling. Luckily, this combination worked like a charm; the new treatment is controlling the cancer better than any of the previous meds have done.

Former NBC news anchor, Tom Brokaw was diagnosed with multiple myeloma a year before I was. He wrote a book about his experience. In his case, the treatment of choice from the beginning was lenalidomide alone or in combination with other treatments. The lenalidomide was effective enough that a year later he was free of symptoms and almost as strong as before his diagnosis. I have seen him on TV a couple of times, still doing what he does best even in his 70s.

Amazingly, this chemical descendant of thalidomide has helped keep me alive for more than a year. I’m 84 years old.

I constantly ponder about the mystery of how I became the beneficiary of something that was the source of so much human suffering decades ago.

Beatriz Moisset was born in Argentina and has been a resident of the United States for more than fifty years. She writes, “A biologist by profession, I developed an interest in writing after my retirement, when I wanted to share with the world the marvels of nature and science.

“I try to follow on the steps of some notable popularizers of science. Bill Bryson is absolutely incredible because he shows a superb command of the subject matter, considering that he is no scientist, and makes it accessible, even funny, to the general public. Edward O. Wilson and Karl Zimmer are also great popularizers of science.”

Beatriz hosts writers at her Abington Condo, called The Beehive, to honor her.

The Privilege and Advantages of Being an Elder

By Freda Rose Samuels

Becoming an elder – really elder – like 93! – does have some compensations for the challenges that occur as we age.

We grow up. We accept the fact that “what we see is what we’ve got!” – so we learn that “pity-parties” are neither fun nor productive.

We soften. We become less critical, less judgmental of those around us – and realize we cannot know the burdens that others bear.

We are not burdened by the expectations of others.

We have the gift of time, time to do whatever we are capable of – to read when we want to, to spend time on our iPhones and iPads to learn all sorts of interesting things, whether on Google, Facebook, or Wikipedia, and importantly, to nap whenever we please.

We can eat a little more carelessly than we did when looking our very best was so important. That said, my husband Bernie, also 93, and I had a wonderful breakfast of fresh-squeezed orange juice, oatmeal with fruit, and a few almonds for dessert.

People open doors for you. They give you their seats. We find that it is easier to say “No.”

Although we are dog lovers, we don’t feel right about getting another dog at our age. Our standard poodles - Oliver and then Lucy - were great joys and our guests also got attached to them.

Memories are what life is made of. At 89, memories were bursting inside me and yearning to get out. I decided to write a book. What a wonderful process it was. I wrote it for myself.
I learned so much when writing the book. You put your guts in it. It was like giving birth to a child and watching her grow up. The way people reacted to it was a real study of human nature.

After I mailed each individual the book, I awaited his or her reactions.

Most people wrote with the most wonderful glowing statements.

I was surprised that so many people didn’t really know me. That includes my dear friend who was executive director of our hospital – Temple in Philadelphia – and reported to me prior to his promotion from chief of a major clinical department. He did not even know that I had been responsible for opening one of the first dialysis units in Philadelphia.

A retirement party was held for me at Sugar Loaf Conference Center near Chestnut Hill College. It was so well attended that we were unable to accommodate everyone wishing to help me celebrate.

Interestingly, the speakers spoke very lovingly about me, how nice I was, but not one word about my accomplishments.

Years later I realized this was because they were never published or discussed. The person I reported to took credit for all of my contributions to enhance our hospital’s services and their quality. He later became my secret adversary because I would not hire his girlfriend.

A regular Peyton Place, or in today’s world, Grey’s Anatomy.

My book, with its smooth burgundy cover and a smiling photo of myself, was sent to 100 people. It staggers my mind that a few people were so unfeeling that they never responded. I couldn’t believe that people who appear gracious in social situations, could not take the time to acknowledge the gift I had given to them.

I feel sorry for them. They didn’t have the sensitivity to understand

Grateful is a word I frequently use. After all, how many people reach 93 in good health, surrounded by people I love.

I’m grateful about my only child, Sharon Tevelson. What a wonderful caring human being she is. And sensitive!

I’m writing this on January 24, my ninety-third birthday. There are 68 birthday messages on Facebook, which I’ll answer later this evening.

First, though, a delicious nap on my marvelously comfortable bed on the first floor of my house. As soon as my head hits the pillow, I’m gone.

**MY WUTHERING HEIGHTS OBSESSION**

*By Remington Murphy*

There I sat, on a relatively warm September afternoon, sipping a Diet Coke and listening to one of my favorite radio stations, KL-FM. Situated in Norfolk, England, KL-FM specialized in British chart hits of the 1970’s.

So there I was, innocently grooving to the music, and not suspecting anything paranormal or mysterious.

And then it happened. I heard the strangest song. A female vocalist, whom I didn’t recognize, began singing in an ethereal high register. And if that wasn’t enough, the lyrics were passing strange. She sang -- the actual words -- “Heathcliff, it’s me, I’m Cathy,/ I’ve come home, I’m so cold,/ Let me in through your window.”

Say what?

I marveled to myself. What was this crazy woman singing about? What did it all mean?

So, I did a little research on the Internet, and discovered that the song with the bizarre lyrics was, in fact, “Wuthering Heights,” by Kate Bush. Of course, it never charted on this side of the Atlantic. But in the U.K., where it spent four weeks at number one in the spring of 1978, the song is considered a classic hit.

At this point I was hooked. For two days I lived in front of the computer screen, repeatedly watching all three versions of the Kate Bush video on You Tube. When that wasn’t enough, I downloaded the song on iTunes and listened to it another twenty times.

My obsession led inevitably to Barnes and Nobel. I plunked down five dollars and walked away with a cheap-o paperback edition of Emily Bronte’s “Wuthering Heights.” I figured I had heard enough from Kate Bush. And now I needed to consult the source.

I was marginally familiar with the Emily Bronte
novel, having read it once before, way back in the early Paleozoic days of 1982. I was in grad school then, and those were very hectic times for me. So, I didn’t have the opportunity to savor the book. In fact, I hardly remembered it at all. I seemed to recollect it vaguely as something about love and misty cliffs. Not that I did much savoring this time around. Truthfully, I devoured the book in two days and three nights.

All at once the Kate Bush song started to make sense. In her song, Kate plays the part of Catherine, and she’s coming back from the dead to unite with her one true love, Heathcliff. Never mind that this scenario is not in the Emily Bronte novel. In the book Catherine’s ghost raps on the window of Mr. Lockwood, who happens to be the measly narrator. However, in some of the movie versions, she’s trying to get into Heathcliff’s room, which is a lot more visually satisfying, I have to admit.

Despite being condemned by the critics, “Wuthering Heights” nevertheless inspired a wide and impassioned readership, and influenced the development of the romance novel, among other things. Originally published in 1847, it has NEVER gone out of print.

So obviously, “Wuthering Heights” touches a nerve. Which is amazing in a way, because none of the characters are very likable, which incidentally was one of the critical complaints. Heathcliff is abusive and violent, Catherine is greedy, the nurse Nelly will “dime you out” at the drop of a hat, and Edgar Linton, who marries Catherine, is a sickeningly upper crusty goody two shoes.

But all of these disagreeable people give the story an edge.

And the story sucks you in. Heathcliff, the outsider, appears out of nowhere, having been liberated from the streets of Liverpool by Catherine’s father, the kind-hearted Mr. Earnshaw. Horribly abused by his foster brother, Hindley Earnshaw, and by the community at large, who consider him nothing more than a “gypsy bastard,” the adopted Heathcliff grows up isolated, mean, and ornery. He also gravitates toward Catherine, and over time a romantic relationship develops.

So, everything turns out happily ever after, right?

Well, no. This isn’t a romance novel. First, Catherine betrays Heathcliff by running for the money and marrying the vile Edgar Linton. And then Heathcliff pays her back in coin by marrying Edgar’s sister, whom Catherine despises.

Meanwhile, Hindley Earnshaw, addicted to alcohol and gambling, becomes financially indebted to Heathcliff, who would like nothing better than revenge for all the wrongs of his childhood. Inevitably, Wuthering Heights falls under the clutches of the mysterious orphan from the streets of Liverpool, who it seemed to me could actually be Mr. Earnshaw’s illegitimate son, and in reality Catherine’s half-brother.

The setting of the novel, in northern England’s rainy, foggy moors, contributes greatly to the universal appeal of the novel. I felt constrained to drink a hot cup of tea as I read along, because quite frankly the book made me shiver. Nature was a big deal during the English Romantic movement of the early 19th century, and Heathcliff could be considered a man of the moors—moody, instinctual, almost a beast. He is a particular breed of Romantic anti-hero. Actually, he was a good example of what became known as a “Byronic hero,” after the poet Lord Byron, a Heathcliff of sorts. And speaking of edgy, at least for the 19th century, I should add that Catherine and Heathcliff sometimes meet at Penistone Crags, which I was surprised to learn was an actual geographic place.

In the early 19th century, it must’ve been great, just being young and alive. Freed from the constraints of the rational Enlightenment, with its dreary architecture and tedious Alexandrine couplets, young people in Europe and America abandoned themselves to their sensibilities. Keats and Shelley scribbled ambitious, inventive poems, Wordsworth and Coleridge engaged in walking tours, or just simply stood back and marveled at the wonders of Nature, while folks like Byron involved themselves in adventurous pastimes, such as national wars of liberation. Goethe’s Mephistopheles summarized the whole shebang, when he quipped, “Emotion is everything.”

It was a time not unlike the 1970’s. And certainly, a lot of Romantic behavior tended to be self-destructive. On a positive note, women
emerged and played a major part. Along with Emily Bronte you had her sister Charlotte, as well as Jane Austen, Mary Shelley, George Sand (actually, Ms. Amantine Lucile Aurore Dupin), and George Eliot (otherwise known as Mary Anne Evans).

Sadly, Emily Bronte died from tuberculosis, at the age of 30. Compared to many of her Romantic contemporaries, this could actually be considered living to a ripe old age. As for Kate Bush, who started the whole thing, I was pleased to learn that we shared some similarities. She’s half Irish, like me, and was raised Catholic, as I was, and we were born in the same year—1958 (as were Madonna and Michael Jackson, incidentally). And amazingly, when her very wonderful interpretation of Wuthering Heights rode the top of the charts, she was only nineteen. Which was roughly the same age as Mary Shelley, when she wrote “Frankenstein.”

Ah, yes, the imagination as a destructive force. But that, my friend, is a subject for quite another obsession.

Remington Murphy grew up in Roslyn, PA, and as a teenager he wanted to be a Top 40 DJ. He went to Catholic school for twelve years, wound up studying English at Temple, which you can’t do anymore, because for some cockamamie reason the English Department has been eliminated, and he received a B.A. and an M.A., obviously a very long time ago. He’s worked for the Abington post office since 1986, a job which he enjoys, and that’s where he met his late wife Valerie, who was the joy of his life. Currently he works at the Roslyn branch office, where he sells stamps, offers advice on how to mail things, and tells himself jokes, which makes him laugh.

**A SCRAPPLE TALE,**
**FEB. 28, 2008**

*By Tony Salvatore*

It is said that two things that you don’t want to see being made are laws and sausages because both involve the unpalatable processing of offensive ingredients. I think that Scrapple is also something that you probably don’t really want to know too much about. Seems like all the parts of the pig that aren’t fit for sausage end up in Scrapple, but we won’t go there.

Scrapple is haute Philly cuisine along with the soft pretzel, water ice, cheese steaks, hoagies, hot roast pork sandwiches, pepper pot soup, Tastykakes, and Goldenberg’s Peanut Chews. Taylor Pork Roll, though from Trenton, should also be included. Virtually everyone born and raised in the Delaware Valley acquires a lifelong affinity for at least one or two of these treats.

I like them all, but signs of withdrawal arise whenever I go too long without Scrapple. Such an episode arose early in my marriage when my wife, Roberta, and I, and our then nine-month old son, Paul, were living in the boonies of northeastern Connecticut, about half way between UConn and the City of Providence.

One Sunday morning, Roberta awoke with a craving for Scrapple. This followed our attempt the previous evening to adjust to southern New England culture by downing a couple of six packs of Narragansett Beer and several bags of Cape Cod Potato Chips. We should have just piled into the ’64 Chevy Malibu Super Sport and drove down to Philly.

Instead we went looking for Scrapple in the frozen wastes of rural Connecticut and adjoining areas of Massachusetts and Rhode Island.

Many fruitless hours later we stopped at a little store near Killingly, CT, a few miles from the border with Rhode Island, to buy some apple juice for our nearly dehydrated child. Just for the heck of it I asked the proprietor if he had any Scrapple. My words seemed to almost knock him off his feet and he didn’t say anything for a bit. It seems that there was not much call for this delicacy up there. When he regained his composure he said: “Back wall, bottom shelf, right side.” The Holy Grail -- ten red and yellow Spam-type cans of Oscar Mayer Scrapple! We tenderly took one up to the counter and asked “How Much?” He looked at the three of us like we were from another planet and said “If you take them all, they’re yours.” We stuffed them in Paul’s diaper bag and hastily departed. As we exited, he cautioned “They been there a real long while, so best be careful.”

Careful? We never checked the expiration date. Never even considered it. We were beyond caring about food poisoning (well, duh, can pulverized hog gristle go bad?). We needed a Philly fix and we had it. So we downed a couple of cans for dinner that night with the rest of the

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Scrapple is haute Philly cuisine along with the soft pretzel, water ice, cheese steaks, hoagies,
‘Gansett, and ate the others over the following week. Talk about heaven.

Well, it is 2008 and how things change. Nobody but me likes Scrapple anymore. Actually, my three kids never really got into it. I’m only allowed to cook it when Roberta’s out of the house. Then me, the three cats, and Max, the world’s largest and loudest Beagle, relive The Salvatores’ Scrapple Trek.

And that little store in Killingly? It is now a Cumberland Farms Store and they don’t sell Scrapple.

Tony Salvatore has worked at Montgomery County Emergency Services (MCES) in Norristown, PA, for nearly 20 years. MCES offers classes, which can be found on their website MCES.org. Tony is an expert on suicide. If you are thinking of taking your own life, call 610-279-6100 or 911.

A CALLING TO WORK WITH THE ELDERLY

By Kim Salerno, RN

I don’t remember an exact moment or situation in my life when I knew that I wanted to work with the elderly. It is something that I had a soft spot for since I was a kid. I do remember when I would be out with my parents and if I saw elderly people eating alone, it would make me sad.

I remember my childhood neighbor was a 90-year-old widow, who lived alone and took care of herself and her house as much as she could. I would visit with her often and did as much as I could or she would allow me to do for her.

There was a 30-year age gap between my parents. All of Dad’s siblings were in their 80’s and I was always concerned about their wellbeing. I guess all of these situations played a factor in grooming me for my true passion in life. I work at 2nd Home Adult Day Care and my job is to take care of the older generation in a daycare setting. They come to us for the day so their family/caretakers can go to work, run some errands or just have a break.

We are called 2nd Home because we like to make our clients feel like they are a part of our family. Some of my clients are more independent and want to socialize, some need constant supervision, but all of them want a place where they can have dignity and purpose. To not be seen or treated as a burden to their family but rather as a valued contributor. We try our hardest to make them comfortable, happy, and to feel like they belong; make them laugh and have a good time. Each one of my clients is an individual person who has wants and needs that are different than the person that they sit next to. Myself and my co-workers excel at making sure that each of our clients is treated as the individual person that they are.

Afterward: Several weeks ago, Second Home got a new client. Jane Barrett, 88, is a friend of Ruth Deming. Ruth, a volunteer on Mondays, had commented how wonderful Second Home is. Jane agrees. “The people there are really nice. I sat with some women and we talked. The food was delicious. I’m looking forward to going back next Thursday and wish I could go more often.”

Kim Salerno, RN, of Philadelphia, is a wife and mother of four children. Second Home clients are drawn to her easy-going nature which brings them peace and security. Second Home is at 1614 Old York Road, Abington, PA. To contact her, call 215-366-5955.

LETTING GO

By Judy Kroll

“Hey Max,” I yelled outside of his bedroom through the closed door. “Have you started working on your supplemental college essays yet? The deadline is coming up.”

“C’mon Mom, leave me alone! I have five AP classes with a ton of homework to do for each one. I’ll do it when I get around to it. I don’t need you nagging me about it. It’ll get done on time whether you keep bothering me about it or not. It’s my future!”

“Yes, but your parents are paying for it. Now get them done!” I snapped annoyingly.

Was it true that my son no longer needed me in his life to remind him of deadlines and act as his personal assistant and appointment scheduler? Seventeen years passed by in the
The days of his growing up had been long, sometimes never-ending, and I had wished for a respite from them. Little did I know, however, that the years would fly by so quickly. I didn’t really know how to be a good mom. Like I said, the days were tedious. I never had that maternal instinct. Nothing about being a mom came naturally to me. I seriously struggled putting his needs before mine. But then, we got into a routine. I got used to arranging playdates for him and scheduling his activities. Driving him to piano, Hebrew School and baseball were all just part of my role. Helping him do classroom projects and acting as his guide and safety net became the norm. Then when he started driving, my purpose as his mom had shifted. Sure I still made sure he was fed, packed his lunch, woke him up in the morning, and did his laundry, just because his schedule of classes, music lessons, club memberships and extra-curricular activities was so tight and his grades were so good. Admittedly, he was self-motivated. From middle school on, I let him do his own thing academically. But I still wanted to nurture him and ease his burden. After all, wasn’t that my role as his mom?

So when he left one of his essays lying around, I figured that I could finally help. I was a writer. I couldn’t help him with Physics, Calculus, Spanish or Biology, so I rewrote his essay to make it great! I incorporated all of his ideas and then some! Many parents help their kids in any way they can. I texted him at school that I rewrote his essay and sent it to him. I prided myself that this would be one less thing he had to worry about. In fact, if he gave me some of his other essay prompts, I could write them for him too!

I couldn’t have been more wrong! He came home furious. “Are you really going to be one of those moms? The essay that you wrote doesn’t even sound like my voice. How could you? If I can’t write my own essay to get into college then I don’t deserve to go.”

Shwew! The backlash was relentless. “I didn’t send it in. You don’t have to take my suggestions.”

My son was actually hindered by my attempts to help him. That night we were both so upset that I suggested we go to our family therapist. The advice I received about my son’s college process was clear. I was told “stay out of it.” No looking over his shoulder or even reading his essays. I was excommunicated. How was I supposed to be part of my son’s life now? I had to let go of what I initially had trouble holding on to.

One week passed and he wrote a bunch of other supplemental essays which he had proofed by his college advisor. Then he ran out to do an activity and he left them lying haphazardly on the kitchen table. The temptation was too much to bear. I read them, but made no marks or comments.

Later that evening, after dinner, I asked him, “Do you know where you left your essays? Did you do it on purpose so that I would read them?”

“No, it was an accident. I was in a rush. Did you read them?”

“Sorry, but I just couldn’t help myself…”

“So what’d ya think?” he asked in a slightly approval-seeking way.

“I wouldn’t change a thing.”

“Thanks, Mom,” he said as he trudged upstairs. He still needed me after all.

Initially, I didn’t really know how to be a good mom to my son. And now I don’t know how I’m ever going to let him go.

Judy Kroll is the proud mom of a 17-year-old son, Max. She has been married for 20 years and resides in Holland, PA. She was diagnosed, and has been successfully managing bipolar disorder since 1985. She never let the illness stop her from being a good mom or pursuing her dreams!
Bipolar: Loud And Clear
By Judy Kroll

Names and situations have been changed.

“Hi, it’s David, right?” I exclaimed, when I arrived at the Halloween party dressed up like a smiley face emoji. “I’m your step-mom’s friend, Judy, and I hear that we have something extraordinary in common!”

“Did you graduate with a degree in mathematics from MIT, too?”

“No, we both have bipolar disorder. Your step-mom told me that you were recently diagnosed. I have lived successfully with it since 1985. It really is a gift. It’s the “genius disease.”

I guess my reading of social cues was somewhat off, as I went on discussing the benefits of the disorder with him. I wanted to let him know that it was common and nothing to be afraid of. I didn’t want him to face society’s stigma or be ashamed. I was PROUD. My life was normal and fantastic. I had been married for twenty years, raised a child and for the most part, remained episode free. All I had to do was take my meds, keep a regular schedule, exercise and not self-medicate with drugs or alcohol. And get plenty of consistent sleep – go to bed around the same time every night and get up the same time every morning! I was thrilled to be offering advice to a younger protégé! I told him that he could always come to me for help or advice about the disorder.

Unfortunately, I then approached his biological mom to whom I also offered a plethora of information. I wanted to help. I wanted to be a mental health advocate. I wanted to speak openly about our experiences. His mom asked me not to mention to him that I knew that he had bipolar disorder because David wasn’t comfortable with anyone knowing and he was embarrassed about it. Uh-oh. I didn’t have the courage to tell her that I had already approached him by the snack table. It never occurred to me that the subject was private and taboo to him. I told him that he could always come to me for help or advice about the disorder.

Later, a week or so after the party, I was told that David was actually trying to get away from me, but that I kept accosting him. He was so freaked out that someone else knew about his private mental diagnosis, that he disappeared from the party for the rest of the night and hid in a room upstairs. He was humiliated. It was explained to me that he was just a young man and his story was his to reveal to whom he chose. A party was neither the time nor place to talk about such things. I intruded on his personal space and created a very awkward situation in the process. After getting over my shock and dismay, I likened what I had done to going up to someone and saying, “Hey we have something in common. I hear that you are a drug addict in recovery and so am I. Aren’t the Twelve Steps great?” Sometimes I forget that not everyone is as open and self-disclosing as I am. It had never dawned on me that that I was being intrusive.

When I was diagnosed in 1985, it wasn’t called bipolar disorder. It was “manic depression.” It was not the household word that it is today. I was a pioneer. At age nineteen, I was 302ed (committed to a psychiatric hospital against my will for six weeks.) When I was released I searched for information. I longed for someone with bipolar to mentor me, to discuss how they were dealing with their diagnosis, but to no avail. Sure, I had heard the song “Manic Depression” by Jimi Hendrix and how it was a “frustrating mess.” And I knew that he was a gifted musician who wound up self-medicating and had eventually flown too high, and was dead by age twenty-seven after overdosing. But I did not know of anyone living successfully with it. There was a fine line between genius and insanity. I was an anomaly. I read everything I could get my hands on regarding my illness. I felt ashamed and embarrassed by all the havoc I had wreaked on my friends and family. “Woe is me” is the attitude I adopted. Why did this happen to me? Was I a bad person? What did I do to cause this?

The lithium I was taking caused scarring – scars on my body - and weight gain. I plodded along like a prisoner with a life sentence with no chance of parole. Then in 1989, Gloria Hochman wrote a piece in the Philadelphia Inquirer magazine about the disorder entitled “A Brilliant Madness.” The article connected the creative gene with the disorder and mentioned many high achieving “sufferers.” According to the article prominent psychologist Kay Redfield
Jamison who has this disorder says:

*Manic-depression is the only mental illness she can think of that has a positive side… And having extremes of emotion is a gift – the capacity to be passionately involved in life, to care deeply about things, to feel hurt… a lot of people don’t have that. And it is the transition in and out of the highs and lows, the constant contrast that can foster creativity.*

She goes on to state that it is a chemical imbalance in the brain. Not only did I not cause it to happen to me through some defect or weakness, but I was not alone. Other people were living with it, too.

Then a few years later I went to the Free Library of Philadelphia to hear Dr. Kay Redfield Jamison speak about her book, “A Quiet Madness.” When I went up to her to have a copy of my book signed, I told her that I had one manic episode that changed my life forever and caused me great despair. She replied astutely, “One manic episode? Look around you. The people in here have been in and out of hospitals, and off and on different medications their whole lives. You have it under control. YOU ARE 1 IN A MILLION!!”

Voila, she changed my perspective from Self-pity to Pride in that one instant.

I just wanted the opportunity to do that magic trick for someone else, to change someone else’s perspective. But I guess, ultimately, they need to be open about coming to terms with their diagnosis and accepting it as part of their lives. And they must be bravely willing to share their story so they can heal, as I so freely share mine today. They need to learn how to be loud and proud about having bipolar disorder. Until then, the stigma, shame and embarrassment will continue. If only my friend’s stepson, David, could see that. Hopefully, in time, he will.

**THE INDEFATIGABLE NANCY WOLEN**

Nancy Wolen and Ruth Deming are childhood friends from Shaker Heights, Ohio. We’ve always kept in touch. Her late mother, Elsa, encouraged her interest in art. In fact, in her mom’s obituary, she mentioned how proud she was of her daughter Nancy.

While in her twenties, Nancy’s mosaic Blue Fantasy was accepted in the “May Show” of the Cleveland Museum of Art.

Nancy, an award-winning artist, now lives in Columbus, Ohio. She teaches various mediums to older adults. “Think of it as a quilt circle,” she writes. Her craft pieces bring joy to many people, as the “process is grounding, easy, and the students have something to show for their two hours of class.”

Watercolor is another story, she continues. It is extremely challenging. Once you put the colors on the paper, it is impossible to change them. This is also the case with sculpture and oil or acrylic paints. It takes a lot of practice to feel satisfied with your work.

On the other hand, using buttons, lace, beads and other easily available objects, including famous quotations, turn out to be a positive experience for students. Working with these materials means there is less chance to make mistakes.

Try making these at home!

For the Compass, we have chosen three pieces. View them on the back cover.

“Gilda” – “Buttons in a Jar of Olive Oil” – and “Nancy Holding Papier Mache in a Drawer.”

If her work excites you, as it does me, take an art course in your area. I learned to work with acrylics at Abington PA Adult Evening School.

**NEWS ROUNDPUP**

**Using Technology to Improve Therapeutic Outcomes**

Christopher Molaro, a West Point grad and former Army officer, a student at Wharton Business School, partnered with Adam Pardes, a bioengineering doctoral student at the University of Pennsylvania to develop NeuroFlow, which brings technology to behavioral health treatment and compliance. Its cloud-based platform enables health care providers to track, assess, and encourage patients – for instance, to complete between-session assignments, such as journaling, deep-breathing exercises, or rating their level of depression or anxiety – with the
goal of increasing their therapy engagement and compliance. Evidence based therapy, such as CBT (cognitive behavioral therapy), is proven to be effective, but, only if the patient is compliant and engaged in the process. He/she has to do the “homework” – and this program is a tool to be used to improve the effectiveness of the therapy.

The company, launched in April, 2016, and initially funded with winnings from a business competition, has continued to grow and the platform is now in use in more than 100 clinics and hospitals. Behavioral health is a “big market” – estimated at $6.5 billion annually in the U.S. Major depression alone affects more than nine million commercially insured people, according to Blue Cross Blue Shield, and it is estimated that more than 40 million people struggle with anxiety disorders.

(Phil.a Inquirer, August, 2018)

The Murky Perils of Quitting Antidepressants After Years of Use

Long-term use of antidepressants is surging in the United States, with some 15.5 million Americans having taken them for at least five years. The rate has almost doubled since 2010, and more than tripled since 2000. A little history can help explain the tremendous growth in long-term prescriptions.

The medications were initially approved for short-term use, following studies lasting about two months. When some later studies suggested that “maintenance therapy “could prevent recurrence of depression, the era of indefinite or open-ended prescribing began.

At around the same time, marketers and some researchers promoted the “chemical imbalance” theory of depression: that antidepressants corrected deficits in brain levels of serotonin. That theory has never been proven. No one knows the underlying biology of depression or of any mood disorder. Nevertheless, that shift in thinking, along with the federal government allowing drug makers to advertise directly to consumers beginning in 1997, led to a surge in long-term prescription rates.

Millions of people have taken antidepressants since the 1950s. Yet there is little data – either positive or negative – of taking them long term.

[We do know from people taking lithium long-term, that the kidneys may be affected, leading to titrating off lithium, death, dialysis or transplants. Make sure you get regular lab tests if you are on lithium.] Those on antidepressants have certainly been helped, but a distressing problem has arisen. Many who have tried to quit are unable to due to withdrawal symptoms. These include irritability, dizziness, fatigue, nausea, balance problems, insomnia, headache and electric shock sensations – “zaps” – in the brain.

The medical profession has no good answer for those who attempt to stop taking the drugs.

In the meantime, people are finding help online, with a community of lay people supporting each other. Some are turning to a method called “microtapering” - making tiny reductions over a long term – as much as one to two years. Laura Delano, who herself had severe symptoms while trying to stop several psychiatric drugs, has created a website, The Withdrawal Project, with resources and a guide for tapering off.

With government funding, Dr. Anthony Kendrick, a University professor of primary care in Britain, is developing online and telephone support for practitioners and patients. And, there may finally be some answers about antidepressant withdrawal as the first rigorous, long-term trial of withdrawal has recently been completed by researchers in New Zealand. Their findings will be published in the coming months.

(New York Times, April 8, 2018; April 17, 2018)

On the Net
https://secure2.convio.net/dabsa/site/SPageServer/?pagename=peer_life_unlimited
DBSA members share their stories
Resources for a Good Death
View
DeathCafe.com
TheConversationProject.org
PrepareforYourCare.org
CompassionAndChoices.org
Inelda.org
Nhpc.org
Law, aging, and your rights
https://www.americanbar.org/groups/law_aging/
Prescription: Nature

Doctors in Shetland, Scotland, are now authorized to prescribe nature to their patients. It’s believed that this holistic program is the first of its kind in the United Kingdom which seeks to reduce blood pressure, anxiety, and increase happiness for those with diabetes, a mental health condition, stress, heart disease, and more, according to “Big Think.”

If you spend 90 minutes of your day outside in a wooded area, continues the article, there will be a decrease of activity in the part of your brain typically associated with depression. Spending time in nature not only reduces blood pressure, anxiety, and increases happiness, but it reduces aggression... ADHD symptoms... and improves pain control, and the immune system.

To read more, view BigThink.com, which originates from New York.

Area College Students and Faculty Focus on Mental Health

A number of recent articles in the Philadelphia Inquirer have reported on efforts of students and faculty at many area colleges to help those struggling with emotional disorders.

After losing their son Dan, 18, to suicide, Laurie Burstein-Maxwell and Lee Maxwell of Bryn Mawr, started the DMAX Foundation to create student-led clubs on college campuses, including Temple and Penn State, to help address and destigmatize mental health issues. The clubs do not provide therapy, but offer support and guides to professional resources if needed.

Students have a safe place to talk and deal with stress. Statistics provided by the American College Health Association in 2017 reveal the need for such efforts: 39 percent of students surveyed felt so depressed it was difficult to function; 62 percent felt lonely and 87 percent felt overwhelmed; 10 percent had seriously considered suicide; 1.5 percent had attempted suicide. (Phila. Inquirer, April 3, 2018)

Training that prepares college students to recognize and respond to signs of mental distress among peers is found at hundreds of colleges across the nation. As the demand for mental health services has surged, resources at many university counseling centers are stretched thin. Fellow students can be a kind of “early warning system.” The “I Care” program, training students, faculty and staff, was started after several suicides in 2013 and 2014 at the University of Pennsylvania.

St. Joseph’s University has run a similar program for the last 10 years. Penn also has a peer counseling network, “the Penn Benjamins,” consisting of 45 trained student volunteers who have themselves gone through many of the same struggles.

Drexel offers an anonymous and confidential peer-counseling helpline staffed by volunteer students. Though these programs do not take the place of professional counselors, recent studies have shown the positive effect of such programs on campus. A study of “Active Minds,” a mental health awareness organization started at Penn in 2003, which has grown to include more than 450 college chapters, found the organizations can improve awareness of mental health issues, reduce stigma, and increase the number of students providing support and connecting peers to services. (Phila. Inquirer, July 15, 2018)

After the suicide of a member and former president of Penn’s Sigma Alpha Mu fraternity in 2017, Greek life leaders of Penn’s fraternities and sororities have worked to teach students to foster conversations about mental health and enrolled in workshops on how to identify at-risk students.

They have sought training on “active listening” from CogWell, a campus club that promotes students supporting one another through open dialogue. As there are more than 3,000 members in Penn’s 49 Greek life organizations, they can have a significant impact on campus. The Panhellenic Council, which governs sororities at Penn, has put a strong focus on mental health and wellness, including requirements that each sorority choose a wellness chair who runs monthly workshops and requiring representatives to take suicide prevention training offered by the school’s counseling center. (Phila. Inquirer, Dec. 18, 2018)

On a Friday in December, a dozen administrators, professors and campus safety
officials gathered in a classroom at La Salle University to learn QPR – a national curriculum on suicide prevention, built on three steps: question, persuade, refer. The training is part of a 3 year suicide prevention federal grant received in 2017, after five students died by suicide or overdose and the university saw an increase in students taken to a nearby crisis response center in the preceding three years.

There is a great need to deal with emotional disorders among students. Over the last decade, the percentage of college students seeking mental health care has nearly doubled and the proportion of students with a diagnosed mental-health condition jumped from 22 percent in 2007 to 36 percent in 2017 (according to a Boston University study).

Yet, many faculty don’t feel prepared to recognize a student in distress or to approach at risk students. That is why many universities like La Salle are training faculty to talk about suicide, the second-leading cause of death for college students, after accidental injuries. A prominent component of the training is to get people comfortable asking about suicide. Some worry that asking will give the person the idea, but research has debunked that. Though studies have shown that training increases the knowledge and skills of attendees, evidence is still limited on how well it decreases the rates of suicide.

(Phila. Inquirer, Dec. 2, 2018)

Two New Books: One about an early American who looked kindly on mental illness; the other a dad’s story about sister’s suicide

By his early 30’s, Benjamin Rush, a blacksmith’s son, had been Benjamin Franklin’s protégé, Thomas Paine’s editor in “Common Sense,” one of the youngest signers of the Declaration of Independence, and a surgeon general in George Washington’s army.

Known as the “American Hippocrates,” Rush’s most lasting contribution to medicine was to revolutionize the perception and treatment of mental illness and addiction. In an excerpt from Stephen Fried's new biography, “Rush: Revolution, Madness and the Visionary Doctor Who Became a Founding Father,” we learn how Rush sought to better understand and help the “maniacs” who were held in locked cells in the basement of Pennsylvania Hospital.

Most people viewed their behaviors as the result of immorality or lack of self-control. They were “damned” or “possessed.” As early as 1783, Rush began talking about them in the language of medicine, calling melancholia, or depression, “a disease of the body as well as the mind’ and seeing mania as a “disease of the brain”.

He began to appreciate the importance of talking to and listening to these people; to seeing them as patients and to trying to understand their delusions and behaviors as symptoms, in the hope of trying to heal them. This was truly the beginning of a revolution in medicine.

(Philadelphia Inquirer, September 2, 2018)

Adam Cayton-Holland, a writer, actor and comedian, talked about his new book, “Tragedy Plus Time: A Tragi-Comic Memoir” -- how and why he came to write about his younger sister Lydia’s depression and suicide. Though at first he didn’t want to talk about the tragedy of her loss, he realized that, as a creative person, he needed to process and deal with it through writing. The book is an honest look at mental illness, depression and death; yet, there is humor and joy in the family relationships. Cayton-Holland concludes “that it’s still O.K. to laugh.”

(New York Times, August 27, 2018)

Now Mental Health Patients Can Specify Their Care Before Hallucinations and Voices Overwhelm Them

Psychiatric advance directives allow patients with serious mental illness to specify the treatment they want if they become too sick to say so.

Steve Singer, who has bipolar and borderline personality disorders, knows when he’s on the verge of a mental health crisis. The female voice he hears incessantly in his head suddenly shuts up, and the hula hoop he gyrates while walking to the grocery store stops easing his anxieties.

That’s when he gets to a hospital. Usually,
talking briefly with a nurse or social worker calms him enough to return home. But this year a hospital placed him on a locked ward, took his phone, and had an armed guard watch him for 20 hours before a social worker spoke with him and released him.

“I get the heebie-jeebies thinking about it,” said Mr. Singer, 60. “They didn’t help me, they hurt me.”

Deeply upset, he turned to something he’d never known existed: He completed a psychiatric advance directive, a legal document declaring what treatment he does and doesn’t want. Increasingly, patients, advocates and doctors believe such directives (called PADs) could help transform the mental health system by allowing patients to shape their care even when they lose touch with reality. Hospitals must put them in patients’ medical records and doctors are expected to follow them unless they document that specific preferences aren’t in the patients’ best medical interest.

As the pendulum has swung from institutionalization to outpatient care, psychiatric directives also offer a middle path by allowing patients to designate family members to speak for them when they’re too sick to do so themselves.

But some doctors and hospitals are wary that the documents could tie their hands and discourage treatment they consider warranted. Some worry the directives won’t be updated to reflect medical advances. Others question whether people with serious psychiatric conditions are ever capable of lucidly completing such directives.

“A decision based on erroneous information on a PAD, that can happen,” said a forensic psychiatrist at Duke. “This is not a cookbook.”

Still, early research and experience suggest that PADs, authorized by law in 27 states and possibly in others as part of conventional medical advance directives, could help some of the millions of people with serious mental illness cope better and guide doctors treating them.

Mr. Singer has bipolar and borderline personality disorders, and as a coping mechanism, he draws his feelings in a sketchbook. “You’ve heard of catastrophic thinking? That’s for amateurs,” he said. “I have apocalyptic thinking.”

Now, there are growing efforts to train counselors to help patients complete PADs and urge hospitals to honor them. The federal Centers for Medicare and Medicaid Services has strengthened requirements that hospitals ask if patients have advance directives, including psychiatric ones. The federal Substance Abuse and Mental Health Services Administration is considering ways to encourage directives… and PAD-completion clinics are emerging in Texas, North Carolina and elsewhere.

In the documents, patients specify treatments they like or despise; whether their crises involve suicidal feelings or hallucinations; even how to treat their service dogs and what doctors should say to penetrate their psychoses. Some patients carry copies, share them with relatives and their regular psychiatrists, and, when possible, register them in state databases.

Mr. Singer’s lists his preferred hospital, five psychiatric medications he’ll accept and two he won’t because they make him excitable. It says he rejects electroconvulsive shock therapy and refuses to be on a locked ward unless he or a trusted person says he intends to harm himself or others.

Victor Armstrong, who runs a 66-bed psychiatric center in Charlotte, N.C., cautioned that psychiatric advanced directives would not override the judgment of psychiatric staff or ease their worries about lawsuits.

Dr. Marvin Swartz, a Duke psychiatry professor, said simply writing a directive increases some patients’ engagement in treatment, reducing setbacks with medication and therapy. After he and colleagues offered 239 patients the opportunity to complete PADs, they found the 147 who did so had fewer crises that led to being involuntarily hospitalized, medicated or restrained.

A tragic and gruesome case involved Ms. Wolf, a 13-year-old young woman who began cutting herself with razor blades. When psychotic she had attempted to remove her appendix. At 17, during months of psychiatric hospitalization, she completed a directive, allowing her parents to participate in her care after she turned 18.

That helped save her, she said. Her parents communicated her directive’s preferences,
including objections to electroconvulsive therapy and antipsychotic medications. Before having the document, she believes doctors sometimes considered her obstinate and forced treatment on her.

Even skeptics of PADs value that they let patients pre-authorize involvement of family or friends. In crises, patients might be too unstable or paranoid to give permission, said Victor Armstrong, a vice president for Atrium Health who runs Behavioral Health Charlotte, a 66-bed psychiatric facility.

Ms. Wolf, now a mental health peer support specialist, said she no longer self-harms, but needs occasional hospitalization when experiencing symptoms like speaking in rhymes or hallucinating that light is stabbing her. Her recently revised directive indicates her parents aren’t needed as medical guardians but should be contacted. Its additional details include: “I have a history of experiencing mania/hypomania in or around March, August, and sometimes November.”

For PADs to become widespread, major logistical hurdles remain. Although hospitals are technically required to ask whether patients have advance directives, psychiatric directives aren’t yet common enough for hospitals to routinely embrace them. Until then, some patients won’t complete them, “a chicken and egg problem,” Dr. Swartz said.

Mr. Armstrong called PADs “a wonderful notion” that his hospital would try to follow, although they wouldn’t supersede doctors’ judgment or “override their fear of being sued.”

Many patients need extensive help writing directives, but proponents say psychiatrists and relatives shouldn’t assume that role because patients may suspect they just want to make hospitalization easier.

PADs can be Rosetta stones to a patient’s inner life. “Sometimes I hear voices that seem to come from another person’s brain,” Andrew, a 29-year-old military veteran from Houston, wrote in his directive’s 18 remarkably frank pages. “I may find it helpful to think about obscure movies other people have probably not seen.”

He listed 15 things that help deter him from quieting his demons with illegal drugs, including origami and playing catch. Conversation is good, wrote Andrew. “But,” he cautioned, “it is very important that the attempt to converse does not include good-natured jesting, joking or hazing.”

“Sometimes I think that people are not who they say they are,” he advised. “Please let me know you are real by saying things like: ‘We drove here. We did not walk here.’”

Laurie Hallmark, managing attorney for mental health programs at Texas RioGrande Legal Aid, who helped Andrew draft his directive, said that recently, when he was hospitalized and completely inside psychosis,” a nurse followed his PAD, essentially saying “‘Oh wow! I recognize these behaviors.’”

Andrew’s directive includes small steps to defuse big crises.

“Things that may help me to not want to kill myself,” Andrew listed. Among them: drinking Yogi tea and discussing a concept called “infinite replay” — although he added, “I understand that other people may not find this topic fascinating.”

In emergencies, before hospitals use medications, seclusion or restraint, Andrew implores them to try other approaches.

“Please,” he wrote, describing one, “say ‘It’s going to be ok.’”

Do you have a clutter problem?

If you have to move things around in order to accomplish a task in your home or at your office or you feel overwhelmed by all your “things,” it’s a strong signal that clutter has prevailed. And it might be stressing you out more than you realize.

“Clutter is an overabundance of possessions that collectively create chaotic and disorderly living spaces,” said Dr. Ferrari at DePaul University in Chicago, who studies the causes of clutter and its impact on emotional well-being. And a cluttered home, researchers are learning, can be a stressful home.

Dr. Ferrari was part of a research team that questioned three groups of adults about clutter and life satisfaction: college students; young adults in their 20s and 30s; and older adults, mostly in their 50s.
The researchers also measured participants’
general well-being in relation to how clutter
might be affecting their lives, asking them to
answer questions such as “the clutter in my home
upsets me” and “I have to move things in order
to accomplish tasks in my home.”

The study, published in Current Psychology,
found a substantial link between procrastination
and clutter problems in all the age groups.
Frustration with clutter tended to increase with
age. Among older adults, clutter problems were
also associated with life dissatisfaction.

The findings add to a growing body of
evidence that clutter can negatively impact
mental well-being, particularly among women.
Clutter can also induce a physiological response,
including increased levels of cortisol, a stress
hormone.

In the nearly 600 comments, a typical one
read, “@JM, trust me. They don’t want (your
stuff.) When we sold our home of 30 years
recently, our son declined to take anything. “It’s
your stuff, not mine.”


Jane Brody’s NY Times Column on Damaging
Loud Noises Which May Bring on Dementia

Jane Brody has written of the terrible hazards
caused by loud noises in New York City. Read
excerpts below, which are condensed and
rewritten for clarity.

The ear-splitting sound of ambulance sirens in
New York City is surely hastening the day when
I and many others repeatedly subjected to such
noise will be forced to get hearing aids. I just
hope this doesn’t happen before 2021 or so
when these devices become available over-the-
counter and are far less expensive and perhaps
more effective than they are now.

Currently, hearing aids and accompanying
services are typically not covered by medical
insurance, Medicare included. Such coverage
was specifically excluded when the Medicare law
was passed in 1965, a time when hearing loss
was not generally recognized as a medical issue
and hearing aids were not very effective, says a
hearing specialist.

Now a growing body of research is linking
untreated hearing loss to several costly ills, and
the time has come for hearing protection and
treatment of hearing loss to be taken much more
seriously.

Not only is poor hearing annoying and
inconvenient for millions of people, especially
the elderly. It is also an unmistakable health
hazard, threatening mind, life and limb, that
could cost Medicare much more than it would to
provide hearing aids and services for every older
American with hearing loss.

Currently, 38 million Americans aged 12 or
older have hearing loss, a problem that becomes
increasingly common and more severe with
age. More than half of people in their 70s and
more than 80 percent in their 80s have mild to
moderate hearing loss or worse, according to
experts.

Two huge new studies have demonstrated a
clear association between untreated hearing loss
and an increased risk of dementia, depression,
falls and even cardiovascular diseases. In a
significant number of people, the studies
indicate, uncorrected hearing loss itself appears
to be the cause of the associated health problem.

In one of the studies that covered 155,000
adults 50 and older who had health insurance
claims, researchers found that untreated hearing
loss increased the risk of developing dementia
by 50 percent and depression by 40 percent in
just five years when compared to those without
hearing loss.

About 85 percent of those with hearing loss
are untreated.

“Unrealistic expectations are a big part of this
problem,” said one expert. “It’s not like putting
on a pair of glasses that immediately enables
you to see clearly,” he said. “Hearing loss is not
fixed as easily as eyesight. The brain needs time
— a good month or two — to adjust to hearing
aids. After the earlier hearing loss is treated, the
easier it is for the brain to adapt.”

In addition, when information is not heard
clearly, it impedes memory. A good clear auditory
signal is more easily remembered. The key to
memory is paying attention. The brain can’t stay
focused on the words when it is working overtime
to decode the signal.

There’s good news for New York City
residents, among whom noise pollution is the
leading municipal complaint. By 2011, all of the
more than 10,000 police department vehicles
were switched to lower-frequency “rumbler”
sirens, which are 10 decibels quieter, and the fire
department has begun using them too.

Jane Brody is the Personal Health columnist, a position she
has held since 1976. She has written more than a dozen
books including the best sellers “Jane Brody’s Nutrition
Book” and “Jane Brody’s Good Food Book.”

New York Times, Dec. 31, 2018

Philadelphia bravely finds creative ways to
address mental health

The Philadelphia area has seen a growing
number of creative endeavors that are bringing
awareness to mental health. Most of these
programs – from theater performances to local
art shows – aim to create awareness and reduce
stigma about mental illness. But for the creators
and performers, the process is also a path to
healing.

Research shows that engaging in creative-arts
therapy, which involves a trained professional
therapist, (and includes visual arts, dance, theater,
and poetry), can reduce pain and anxiety, help
people with depression and trauma, and aid in
treatment for addiction.

Though these therapies have been shown to
improve mood and even lower stress hormones,
researchers are still trying to figure out just how
that happens. Some studies suggest that creating
art allows people to communicate feelings they
can’t express in words. Others note art’s ability to
distract from negative thoughts. New research
is focusing on how creative work improves
connections in the brain – neuroplasticity.

Though not the same as creative-arts therapy,
engaging in creative work on one’s own can be
helpful and even transformative, as evidenced by
the stories of local citizens. Photography didn’t
cure her post-partum depression, but it started
Danielle Hark on a journey of recovery. She
has used theater, poetry and mixed-media art –
along with medication and therapy – to deal with
depression, anxiety, bipolar disorder and PTSD.

Hark founded a web-site for photographers
affected by mental illness, hoping to raise
awareness and encourage others. Philadelphia
flutist Susanna Loewy co-founded Ellipses
Ensemble, a mental health –focused concert
series, in the hopes that music may be a path for
recovery for some, as it has been for her.

A performance of “This is My Brave” is a
national non-profit that coordinates performances
around the country in which people with mental
illness share their stories.

In October, two members of New Directions
shared their stories. Ed Quinn directed the
“Brave” production, at Gratz College in Elkins
Park, PA, in which he shared his struggles with
depression and alcoholism. He believed that
performing his story allowed him to stop hiding
his mental illness from others.

The other performers, through poetry, essays,
and song, told their stories.

Ruth Deming, founder and executive director
of New Directions, performed her struggles with
depression and bipolar disorder. (Author inserted)

To watch This is My Brave, go to YouTube and
enter the title into the search engine.

Philadelphia Inquirer, November 5, 2018

Bringing Psychedelics Into
The Mental Health Mainstream

The New York Times magazine cover story
on May 20, 2018, an excerpt from Michael
Pollan’s new book, “How To Change Your Mind:
What the New Science of Psychedelics Teaches
Us About Consciousness, Dying, Addiction,
Depression, and Transcendence,” painted a very
positive picture of how psychedelic drugs may
someday be of great help to people suffering
from depression.

Previously Pollan was known as the man who
preached, “Eat Food. Mostly plants.”

In the 1950’s and 1960’s there were more
than 1,000 published studies of research on
psychedelic drugs like psilocybin and LSD, which
were regarded by the mental health community
as breakthroughs in psychopharmacology.
Psychiatrists were using the drugs to treat
alcoholism, depression, personality disorders
and the fear and anxiety of patients with life-
threatening illnesses.

However, in 1971, after Timothy Leary, the
Harvard psychologist, began encouraging kids to
“turn on, tune in and drop out,” these drugs fell into the embrace of a rising counterculture. The Controlled Substances Act was passed, making their possession or sale a federal crime. Funding for research dried up and the legal practice of psychedelic therapy stopped.

However, there have continued to be an unknown number of therapists working “underground” administering psychedelics in guided sessions with patients. And, there is now a revival of research “aboveground” at institutions like Johns Hopkins, New York University and UCLA which has yielded very promising results.

A recent study published in the Journal of Psychopharmacology reported that 80 percent of cancer patients had clinically significant reductions in depression and anxiety which continued for at least six months. Other smaller studies of psilocybin with alcoholics and smokers had far better results than any of the best treatments currently available.

All involved agree that the role of the “guide” is crucial to the treatment. In this “psychedelic-assisted psychotherapy,” treatment sessions are always with trained guides. These therapist-guides derive the treatment from ancient shamans who made use of psychedelic plants and fungi in their healing ceremonies for thousands of years.

How does the therapy work? Many researchers believe that the experience of “ego dissolution” that occurs during the psychedelic experience can disrupt destructive patterns of thought and behavior and open us up to new perspectives in which to view death or addiction or depression. Buddhists and serious meditators would apparently understand the experiences described. The findings of neuroscientists now imaging the brains of people on psilocybin or LSD are consistent with the reported experiences of the patients.

Clinical trials of MDMA-assisted psychotherapy for the treatment of PTSD is to begin at 16 sites in the US, Canada and Israel. Pending FDA approval, trials of psilocybin – one for major depression and one for “psychospiritual distress” in cancer patients – will get underway at Hopkins, NYU and other sites around the country. Because there is not a lot of money to be made, big pharmaceutical companies are not interested; however, there is a lot of private money backing research.

There is one British corporation, Compass Pathways, that aims to become the world’s first psychedelic pharmaceutical company. They hope to develop a complete treatment package – the medicine itself plus a training program for therapists. It will begin trials across Europe on its first therapeutic target: treatment resistant depression. Though drug trials take years before FDA approval, patients might gain access to some of these drugs - MDMA as soon as 2020 - even before trials are completed, through “compassionate use” programs that allow therapies deemed still experimental.

New York Times Magazine, May 20, 2018
KATHY POWERS

Remember, a house becomes a home when you can write “I love you” on the furniture....

DUST IF YOU MUST

Dust if you must but wouldn’t it be better
To paint a picture or write a letter,
Bake a cake or plant a seed.
Ponder the difference between want and need.

Dust if you must but there’s not much time,
With rivers to swim and mountains to climb!
Music to hear and books to read,
Friends to cherish and life to lead.

Dust if you must but the world’s out there
With sun in your eyes, and wind in your hair,
A flutter of snow, a shower of rain;
This day will not come around again.

Dust if you must and bear in mind,
Old age will come and it is not kind.
And when you go, and go you must,
You, at last, become the dust.

Kathy Powers lives in Chicago.

LINDA BARRETT

TO RUTH

You had your manic episode
in the 1980’s, a mother of two children
your mind in a complete overload
committed to Norristown back then
held down in restraints, a tragic 302
gained weight on the lithium drug
struggled with ups and downs but you
weren’t the kind to lie there on the rug
fought yourself back to impressive sanity
used your experience to form a support group
wrote to congressmen, involved the community
delivered so many out of mental illness’ black loop
After thirty years, there’s lots of proof
you’ve changed our lives, beloved Ruth!

ALVERTHORPE PARK

Go down the street
During spring and summer
Pass Jenkintown’s backside
To see an unusual retreat
Far from the suburban sprawl
Between two small towns
Of McKinley and Rydal, Pa.
The guard in the little house
By the gate nods as you
Show off your license as a resident.
Park to play golf or its miniature form
Let the little ones swing around
On Alverthorpe’s amusements
Watch improvised basketball games
At the court or tennis matches
Held between other Abington residents
As if they played their own French Open.
Walk along the forest trail
Submerge yourself into another world
Where birds sing their unique songs
From the mere one note chirp
To the cardinal’s intricate melody.
At the pond with its fountain,
An armada of Canada geese
Sail up to the beach
Waddle their way to the grass
Grazing upon the golf course
You may see an occasional deer
Raising its open ears and widened eyes
Yet, it’s sad to see
It all wrapped up
Within the bars
Of black iron.
April in Winter

She came into my life
When she opened the door
To brighten the darkness
Of my small, crowded bookstore
Her long auburn hair
Flowed independent of gravity
Large, dark eyes
With wide open pupils
Looked directly into mine
Revealing my lifelong loneliness
April didn’t look like any earthly woman
In fact,
I don’t think she was born here
They say aliens are
Small, silver gray beings
But April descended from above
In a form which she
Assumed to study our world
She learned the passionate ballet
Of human mating practices
I gave her flowers and kisses
Which she began to enjoy
Even when I kissed her pinkies
The ones which endearingly
Twisted into odd angles
She gave me secrets from her world
To alter my thinking about mine
None of my earthly lovers
Craved my touch as April did.
With her otherworldly powers,
She brought a new understanding
Of visual and language art
To my beautiful but cruel planet
Before she could bring forth
Our alien and human child,
She died, her gravity transcending
Willowy body
Turning red and dissolving
Into a chasm
On my living room rug
leaving a perpetual crater
Upon the surface of
my human heart.

Linda Barrett spends more time writing than anything else in her life. She lives in Abington, a suburb of Philadelphia with her elderly but still lively mother. Her work is featured in a variety of on-line and print publications including a church newsletter.

I Sat Still

I sat still so the dog could sleep
The dog slept because I sat still
Because I sat still, I noticed things
Things were noticed so I sat still
Cutout hearts taped to the window
Created a shadow on the pantry
The sun shifted until it was gone
The timer sprung, moving me
Out of my chair to turn off the oven
And notify the hungry one
Back into my chair I noisily sank
Shifting the dog in his sleep
Because I couldn’t sit still
FRANCES

The box that had once likely carried twenty-four soda cans now held a limp, lifeless lump.

My father yelled, “Get back in the yard!” But we were close enough to see what he didn’t want us to know.

We were mom’s runners, my older brother and I, tasked to help load the car for the annual parish school picnic.

Carnival rides, a packed playground and pick-up games of softball, horseshoes and darts were awaiting us.

I never considered, until now, that it could’ve been us who gave Frances an escape route, through the doors of the garage. To this day, I don’t know the details, because my father didn’t place blame.

Maybe she had been nestled beside one of the comatose cartoon-watchers, but then curious of the noise caused by the constant motion of the back-screen door, she stirred and then slipped through its swinging.

Mom would’ve been packing the diaper bag or carrying out some other task, the total allowing us to transport the house for a day.

Like tearing packets of cherry Kool-Aid powder to taint the water in the ten-gallon round jug, which would later mustache our upper lips.

My father was probably loading the car with the sports equipment and lawn chairs, keeping the people door closed but the door with the pulley open for light.

“Get back in the yard!” he said again because our feet were glued in place, shackled by the understanding that our dog was dead.

Forty years later at this writing, tears still flow. My first dog, the first one my parents had a real responsibility for but didn’t have the stamina to enforce the rules. Thank God!

Because of that, we kids made Frances our constant companion. We hid her small, curly haired soft body in bed next to our side-lying trunks. We also did things like put her in the galvanized swimming pool with us, lifting her out only when she got weary, because she was part of our pack.

She was our dog, our Frances. What made her run up the alley, past eight houses each side, past the nursery to cross Hampton Avenue that day? Maybe the park on the other side of the four-lane road, maybe the opportunity to run without a leash?

My dad said a bus had hit her, so he must’ve seen it happen, or a garden shopper had relayed the information.

Either way, he was the one to lift her body into the box. My tears come again now, this time thinking of my dad’s walk back down the alley.

Marie Higgins is an author from Willow Grove, PA. Her first book, Sprouting Spiritual Growth, is a guide to spiritual journaling and a collection of poems created upon looking back at old gratitude lists within her journals. Her latest poems, including the two here, come during small spaces of sitting still, as much as you can, that is, with an active puppy, Tucker, that doesn’t want to sleep for fear of missing out.
MARTHA HUNTER

APRES BLACK FRIDAY

I knew it would happen sooner or later. I had hoped for later, much later but this is the year when my Black Friday crawl buddy has other plans. Home from college, missed by her mother, The younger Hunter women are on the move. And maybe just as well. Grammy’s legs get tired easily. Trips to Walmart’s ladies room aren’t as fun as they sound. No one to buy for anyway. They’re too old, too far away, Can’t use any more ‘stuff’ And this Senior Citizen is way out of touch with trends and fads.

Do the teenage grandkids still like Light-up sneakers? Slime-making machines? A rock tumbler? Art supplies? It’s all gift cards these days. What a disappointing gift from one’s grandmother - The Christmas box arrives and they Tear into it to find - Gift cards.

That’s like underwear or socks from your elderly aunt, Like the two dollars she sends you for your birthday. And... enough of that bunny trail.

So tomorrow, I’ll take the hubby out for breakfast to Panera Where the kid and I usually eat our Black Friday bagels, And we’ll make those lame comments To young mothers with cranky babies From too much Black Friday shopping, “I have a grandchild just this age!” (don’t touch the baby, even to chuck her under the chin).

And wisdom from someone who’s been there - “Savor these moments. They go by so fast.” The moms, living in the Thick of it, don’t see how That can possibly be true. But it is. Before you know it They’re in college And your legs are sore And you need the bathroom every ten minutes, And crowds bother you And you don’t know what anybody wants anymore.

So it’s hubby and me because his hips are sore, And he needs the bathroom every twenty minutes And crowds bother him Etc. Etc. We’ve been building up to this for forty-seven Christmases. So Happy Black Friday From the ancients!
Black Friday Ritual, 2014

Since the first sonograms showed me a granddaughter
I started planning -
Trips to Michael's,
Burger King and
Sunday school.
And so it was,
Cheerful baby in the cart
through chores and fun.
Crazy grandma and toddler B
Rising at five to stand in the
Black Friday line at Walmart,
Pushing through crowds,
Purchasing nothing but
Enjoying the excitement,
A couple of ADD brains
out on the town.
And then to Panera
for hot chocolate and pastry,
Warming our hands
and making Christmas plans
for gifts we’ll buy for our loved ones.
Gloves for PopPop, perfume for Mom,
And in some odd thought pattern -
Deodorant for step dad.
Whatever.
Sadly, the day has come,
The pre-teen can’t rouse herself so early,
and truth be told,
neither can Grandma.
But we soldier on,
Bleary-eyed and holding to tradition,
Munching graham crackers and soda for energy.
The Ipod comes, along with rolling eyes
and heavy sighs.
We buy little but plan a lot
Mostly for her.
Can’t finish the bagels and
take the hot chocolate
back to our respective homes
And to bed.
And Grammy wonders,
Is this the end?
Has she grown too old?
Has the wonder of dawn shopping worn thin
with her grandmother’s lame conversation
and lack of funds?

Are we making a memory or
just marking time?
I feel my mortality
And would like to think
I’ve made a mark on a
Beloved young life
But as of yet,
No signs of remembrance or tradition.
Perhaps history needs to roll by
For decades more,
She needs to see the sonogram
And make plans
And load the kid up in the cart
For Black Friday dawn exercise.
I’ll be with them, I know.
in spirit, from my lofty Home above,
Watching along with the mother
who made such memories with me,
And rejoicing in the wonder of
Christmas and children....

Never mind.
She called.
BLACK FRIDAY CRAWL WITH MY GRANDDAUGHTER'S MOTHER

My baby, the ‘Bip’
Now a mother,
Brings her little Bip
on our Black Friday redeux.
We missed the early morning crawl
of the day after Thanksgiving and
decided to make up for
lost opportunity.
Baby snug in his fancy stroller that
does everything except cook dinner,
Rides along,
Blissfully unaware of
crowds, finances and the
drama of the holiday.
We hit the big box store
where crowds hustle to
get those early holiday bargains
And jazzed up carols play
on endless loop.
Emme is patient while
Mother dithers over the
size and quality of
twenty dollar trees.
Then to lunch at
everybody’s favorite haunt,
Panera Bread.
Alas,
o no bread for us
would-be healthy eaters.
Gigantic salads with a
wonderland of ingredients,
Turning down the prized 99c pastry
that comes with the meal.
We talk like normal grown ups
About normal things,
Without the awkwardness of
parent and child
Because she is a grown up
And now my friend -
Mostly.
Baby, in his high chair,
Grins at passersby
And gums a chunk of bread,
Accepting accolades and tender smiles
as if it's his due.
My breath hitches as I
See this little look-a-like that
Brings up memories of my little girl.
Emme and I,
We solve the problems of the
world in one short hour.
Then,
real life intrudes.
Baby is tired and becoming restive.
His mama has wife/mother/job
things to do.
We say goodbye and
tuck the memory away
’till next year.

Martha Hunter is a retired preschool teacher and pastoral
counselor. She writes historical fiction about Biblical
women and romances. She is now a “resource manager”
for her home, husband and grandchildren.

RUTH DEMING

MY TURQUOISE BUDDHA

On my front lawn
The Buddha
sits conferring
wisdom to all who pass.
I spray-painted him in the backyard
my ears getting bigger
my belly swelling.
Miracles occur every day
Ask and they will come
in their own time.
Even after we pass.
COFFEE
Might we compare coffee to a song?
Georgia on My Mind, by the late Ray Charles?
Or how about a symphony?
The First by Charles Ives in its welter of confusion?
Ah, Sibelius, there’s our man.
His sublime Violin Concerto Finished only moments before the first performance was a flop.

He revised it in 1905. But who had the fingers and ear to play the violin? A maestro from beyond the deep, as Richard Strauss led the Berlin Philharmonic.

Sip Starbucks Peppermint Coffee as we cherish every note. WE are only here for a little while, but music is forever.

SAFETY PIN AND PAPER CLIP
Simple configurations of wire, no bigger than your thumb

Let them rest one at a time in the palm of your hand

Admire them a little while feel their simplicity and their weaponry

Then set them free.

Ruth Zali Deming of Willow Grove, PA, is a member of The Beehive Writers’ Group. She won a Leeway Grant for Emerging Artists in 1998. To keep her mind supple, she writes several postcards a day before Mailman Dante arrives. She was delighted to discover a new publishing venue – Adelaide Review – in addition to Mad Swirl, Literary Yard, and Scarlet Leaf Review. She loves writing her grandchildren, Grace, 8, and Max, 5. She is founder/director of New Directions Support Group for people with depression, bipolar disorder and their loved ones. View NewDirectionsSupport.org. She advises writers that if you haven’t succeeded in publishing a story, go to “Short-story.net” where you can publish for free.
BOB McGLINSEY

THE HOLIDAYS

Thanksgiving reminds me of hearth and home,
Juicy brown turkey
Surrounded by aromatic, savory side dishes,
Copious desserts that tempt sweet teeth,
Precious family members
laughing and chatting at the table
TV football on low volume in the background.
Sports not your thing?
Too bad! It’s tradition.
Saying grace before the meal,
Also tradition.
Thanking God for what we have,
Something we should always do
The other 364 days.

December arrives
Decorating, shopping and Christmas cards.
Most of us have full time jobs. How are we ever going to get this all done?
The 25th is here.
The fragrant Douglas Fir
Festooned in colorful, twinkling lights
Tinsel and sparkling Christmas balls
Neatly wrapped presents with glittery bows
Surrounds the tree
Pine-scented wreathes and garlands on the walls,
Christmas carols playing softly in the background,
Once again celebrating
the birth of our Lord and Savior
Reminding us of what Christmas is really all about.

AUTUMN SENSATIONS

There’s nothing like biting into a crisp,
Sweet, tangy apple,
The juices flowing freely down your face.
Pumpkin pie with all the fall spices
Lingering on your palate

The sound of giggling hobgoblins and ghosts
Running up and down the street,
The ever-growing sweet bounty on Halloween

Seeing red, yellow and brown leaves being
Pushed around in small circles
By chilling gusts of winds,
And the crunchy sound they make as you walk on them

Corn mazes, hayrides and shopping for that
Perfect pumpkin to adorn your front step
Plus, colorful mums that let us know
That the season has certainly changed!
Hot or cold cider and ginger snaps
All add to the fall fun

Cold mornings and warm afternoons
That dominate the weather
This time of year.
November isn’t far behind us with its
Plunging temperatures and early sunsets.

So, let’s enjoy the fall while we can,
Before the winter’s snow and ice arrive
Sooner than we think!

Bob McGlinsey of Northeast Philadelphia is part of The Beehive Writing Group. He writes suspenseful short stories and vivid poetry.
DONNA KRAUSE

MY UNFORESEEN FUTURE

The gerbil runs faster
On the wheel of my life
Numbers
Never ending
Outcomes lurch
From
Each page
Profuse sweat
Overflows down my
Brow
I call the nurses
Prior to my previous
Appointment
So
There are no surprises
In the lab results
For my visit to
The good witch of Oz
My Kidney specialist
Dr. Gupta, the
The world stops
As
I ask
If the levels
Of
God given organs
My kidney
Have
Met the
Requirements
Of
Dialysis At
This stage of time
“No
Donna you are not
Near this stage
She
Blurts out!”
Then Dr. Gupta
Discusses
How the numbers
Fluctuate
And a medication review
Thus far my potassium level
Is
Great, I must be following
The diet, I’m proud
As if I passed my midterm exam!

In three fleeting months
The rodent runs to eat
The
Cheese faster and faster
In my mind
Another lab test
And Dr. Gupta’s decisions

God
Decides my fate
Dr. Gupta says
It
Is understandable that
I am terrified
To
Go see her
As I enter her office
Three agonizing months

The rodent runs to
Eat the cheese
Faster and faster
In my mind
Another lab test
And the sweet witch’s decisions
She
Tells me that it is understandable
To see her once again
THE GREAT ESCAPE

Dirty sweat seeping
Out of my pores
Locked up for eternity?
What will be my fate?
Years of pacing
In this confined box
Alone with the cockroaches
Brought them food
From my dinner
A sign of life
Cell full of stench
Strong and mean
Human waste
Breathing through my mouth
Night time bringing distorted
Demons
Hard to shake
Morning came with a message
Feeling a cold chill
Pumping through my frail body
Warden coming to relay
I’d be executed
In one month’s time
Death row looked pretty to me now
Asking God to forgive me of my crime
Killing my wife’s lover
Full of rage and betrayal
Time was going
Like green mold
Running rapid in my cell
Picking out my last meal
Steak, potatoes and cheesecake
For dessert
Stuffing me longing to puke
Got me ready for the high voltage chair
Priest quoted scripture
As I was led to my demise
People witnessing my death
Including my wife
Strapped down like an animal
The great escape

PEARL

A true descendent of “WOODSTOCK.”
Long flowing hair braided up tight
Rolled up with joints
Ready to be smoked
Savored by her clan
A weekend warrior
Choosing the right fix
Cocaine detached her from reality
While fuzzy mushrooms
Took her for a wild
Mystical ride
Pearl never dreamed
It could have cost her demise
Left the drug scene behind
To get hitched
Surrounded by her three children, now
Each healthy, an unspoken relief
Pearl works the soil
Magic garden so tall and plush
A burst of colors
Sweet violet, rose petal pink, sunny yellow
And eye -popping red
One floated away from the natural perfume
Pearl gave those gifts to the earth
Birds that soared above her soothed her
As she named each one
They sang to her sweetly, out back
On her porch
Pearl’s generosity abounds
Brought food for the sick
And a dose of laughter
Our friendship so deep
What a fun companion!
Knew how to party
Got high on life
My gift was receiving some of her strength
To carry on in this life…

Donna Krause of Willow Grove, PA is part of the Beehive Writers Group. Diagnosed with bipolar disorder at 22, she has three children. She earned a BA in Sociology at Gwynedd Mercy University. She has been published in Idea Gems, Pure Slush and Twisted Sister.
“My ideas come from my own experiences and the way I see the world, my faith in God and the afterlife. I also base my ideas on my compassion for the plights of other people.”
LORI WIDMER

DIVIDING

No further appeal or demand made  we conclude
resignation with a
Capital  and Period  antagonisms filed
faults categorized  no need to
presume what is  the dividing begins
we navigate the depths of what
was
excavating memories creating
new resentments  unity undone
pivoting away from We to face
relief and dread of
Alone.

Lori lives in Phoenixville, PA, with her husband Mark.
She is one of the Valley Forge poets.

BLANCHE MILTON

MINUTE MAID

It only takes a minute
To give a little tenderness
A smile, like a cold,
Can be contagious,
Although, sadly, it may
Not be returned.
I call Mother every morning
And night – to comfort and cheer.
I write birthday, get well, holiday, and
Thank you cards.
In sadness, I call others to see
If they’re all right.
Giving out, not giving in.
Each day a question –
Who may I help now?
At times, I may ask:
“How young are you?”
I may ask, “Are you married?”
If yes, I say, they are love birds.
If not, I commiserate.
If someone helps me,
I say “Thank you. You are an angel.”
If mistakes are made, I give apology.
It only takes a minute to give
A little tenderness.

Blanche Milton lives in Rockledge, PA, and
volunteers at Holy Redeemer Hospital
“Gilda,” pastel on sandpaper. I like the colors and the calmness expressed in “Gilda.” Most of the time, I do not like my artwork. Well, I like this one. I like the round forms and think Gilda’s hair looks sort of like flowers. I enjoy the shapes that come together in the composition. Gilda was our model. She had a small art business where she made artwork, used toxic chemicals with dangerous fumes, had a lung condition and died, I believe, when she was in her late 30s. It was very kind of her to model for us, as she certainly did not need the money. At this time, I feel sad when I see it, because she died. I sold this, last weekend, January 2019, and am happy that “Gilda” has a beautiful place to live.

Here I am with a papier mache face in a drawer. Yes, a dresser drawer. The drawer makes things turn out most of the time. The work is filled with massive amounts of glitter, buttons and other shiny things. It’s covered with clear jell media and clear nail polish. It was lots of fun. Took quite a bit of time making the face. It’s a happy piece. I find papier mache challenging, however I did enjoy making this. I am not teaching this media as it’s way too difficult.

Button bouquet, vintage buttons and wire and beads. Relatively easy to make, takes about 3 hours to complete. I had wanted to do a workshop in just button bouquets. However, I found out that many senior citizens cannot twist the wire around the “stems” and I had to come up with some other form of artwork with a button theme.