

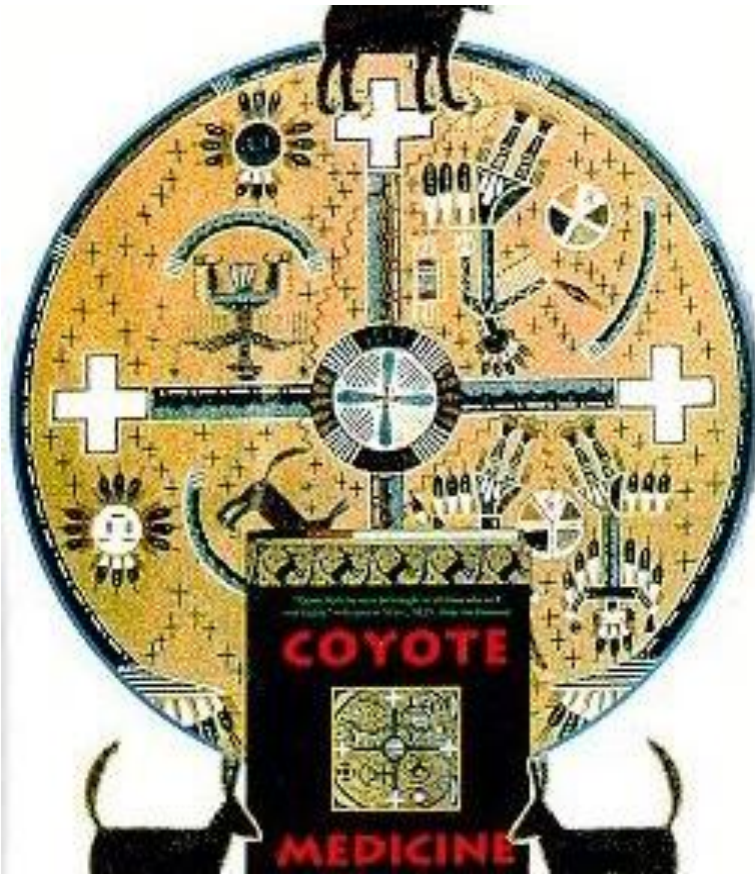


# Creative Approaches to Life with a Complicated Mind

**NAMI Vermont**

**May 17, 2016**

# + Coyote Institute



- For studies in change and transformation
- Teaching people to access their mechanisms of self-healing.

**COYOTE INSTITUTE**

[www.coyoteinstitute.us](http://www.coyoteinstitute.us)

# + Barbara Mainguy?

- Creative Arts Therapist
- Private practice with integrative psychiatrist who happens to be American Indian, Lewis Mehl-Madrona.
- Assumptions:
  - Radical Acceptance
  - Respect
  - Recovery
- Meditation
- Mindfulness
- Fitness
- Food is Medicine




# + Partner Lewis Mehl-Madrona






# We support ... Two-Eyed Seeing



Home	About the Institute	Themes	Guiding Principles	People	News	Articles & Presentations	Multimedia	Archives	Activities
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*Bringing together  
Indigenous ways of knowing and  
Western scientific knowledge*

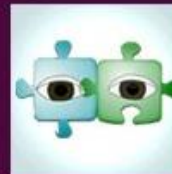


The acquisition of scientific knowledge is essential to human survival – it is a practical engagement with the real world – and the scientific pursuit of knowledge must, therefore, be as old as the consciousness of our human species.

The team at the Institute for Integrative Science & Health (IISH) defines "Integrative Science" as bringing together Indigenous and Western scientific knowledges and ways of knowing. And, **we view science in a broadened and culturally inclusive way** which is: science = dynamic, pattern-based knowledge shared through stories about our interactions with and within nature.

## Activities

### Two-Eyed Seeing



Two-Eyed Seeing is the main Guiding Principle for Integrative Science. It was brought forward by Mi'kmaw Elder Albert Marshall. *Read more about Two-Eyed Seeing and our other Guiding Principles.*

## Our Vision

# + Working to Recovery



- HOME
- ABOUT
- RON COLEMAN
- SHOP
- RECOVERY HAPPENS
- TESTIMONIALS
- WTR IN THE MEDIA
- TRAINING
- OTHER SERVICES
- RECOVERY HOUSE
- EVALUATIONS
- GALLERY
- EVENTS
- NEWS

## ABOUT WORKING TO RECOVERY



There are few people who provide training in the way that Ron, Karen and Associates do. This is why they have an international reputation, not only as trainers, but also as speakers and authors. [Read more](#)

## MENTAL HEALTH SUMMER RECOVERY CAMP 2015



We are putting on an International Mental Health Summer Recovery Camp in 2015. The Summer Camp will run from **Sunday 7 June 2015 to Friday 12 June 2015**.

The venue will be at Marthorn of Mabie, which is situated at the heart of the Mabie Forest, Dumfries and Galloway, Scotland.

## LATEST NEWS

We have some exciting new workshops and training coming up in Western Australia and New South Wales in November-December 2014 [Read more](#)

DSM-Zero is now in stock - DSM-Zero is a vision and dream for 2025 - it is merely a notebook [Read more](#)

Over the last few years Karen and I have been asked by a great many families and people with mental health problems if we could work with them on their recoveries...we have given this much thought and have now developed a 3-month recovery program which we will deliver online from January 2015 [Read more](#)



# Hearing Voices Network



[Home](#) [About HVN](#) [Voices & Visions](#) [Hearing Voices Groups](#) [Forum](#) [Resources](#) [News & Events](#) [Email Us](#)



## Welcome

### HVN LAUNCHES DEBATE ON DSM 5 & DIAGNOSES

People with lived experience of diagnosis must be at the heart of any discussions about alternatives to the current system - Jacqui Dillon, Chair

### GET YOUR VOICE HEARD



If you hear voices HVN can help – we are committed to helping people who hear voices. Our reputation is growing as the limitations of a solely medical approach to voices become better known. Psychiatry refers to hearing voices as 'auditory hallucinations' but our research shows that there are many explanations for hearing voices. Many people

## Welcome

Welcome to our new Hearing Voices Network Website. Over the coming weeks we will be adding lots more information about voices, visions and peer support groups. Please check back soon.

## Newsletter Sign Up



**HEARING VOICES NETWORK**  
[www.hearing-voices.org](http://www.hearing-voices.org)

**Email address:**

+ Mad Pride  
([Mindfreedom.org](http://Mindfreedom.org))



# + Recovery University

Mind Recovery College™



## Fostering a Healing Community

Exploring diverse ways communities have come together for healing

How does a community create a healing place that is safe enough, assessable, open and honours diverse expressions of realities and spirit. How can communities support the need to witness the injustices, pain and effects of trauma to heal individuals, and the community as a whole?

This workshop offers an opportunity to learn how different communities have come together in co-creating healing and celebration and look at how they have assisted people who have experienced trauma to move towards healing through creative expression, marking beginnings and endings in meaningful rituals, spirituality, community-based healing circles, sharing lived experiences, resources and learning. We ask the question can we learn from these communities ways of meeting the mental health challenges facing us today in our communities.

### Date and times

Sunday 5 June 10:00am – 4:00pm

### Location

Mind Recovery College Cheltenham  
Suite 13 & 14, Level 2,  
4-10 Jamieson Street, Cheltenham Vic 3192

### Cost

Cost by donation  
(suggested donation \$40 per person)  
Tea, coffee and herbal teas will be provided.  
Please bring your own lunch or you can buy something close by.

[recoverycollege.org.au](http://recoverycollege.org.au)

Mind Recovery College™ is supported by the generosity of iMind donors and the following funders.



2015 National Disability Awards Winner  
Excellence in Choice and Control in Service Delivery



### Course facilitator

Dr. Lewis Mehl-Madrona MD, PhD, MPhil

- Education Director for the Coyote Institute for Studies of Change and Transformation, Eastern Maine Medical Center and Acadia Hospital, Bangor.
- Associate Professor, Family Medicine, University of New England College of Osteopathic Medicine.
- Founder of Coyote Narrative Studies for Health Professionals to inform best practice.
- Author of Coyote Medicine, Coyote Healing, Coyote Wisdom, Narrative Medicine, Healing the Mind through the Power of Story and has just released Remapping the Mind (the transformation of Self Transformation through Story)

Lewis' ancestry includes both Cherokee and Lakota. He has run extensive workshops for people around the globe on self-healing, building community and strengthening one's own skill set towards transformation.

His training is offered within an indigenous inspired healing model and is experiential, encouraging community inclusive practice.

### Please register to attend by

Email - [recoverycollege@mindaustalia.org.au](mailto:recoverycollege@mindaustalia.org.au)  
or  
Phone - (03) 8698 4060 or 1300 286 463



# Mad in America (Mindfreedom.org)

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Science, Psychiatry and Community

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## In The News

### Jaakko Seikkula Writes on New Trends in Open Dialogue

May 16, 2016

Jaakko Seikkula writes, in the first blog on the new [International Open Dialogue website](#), about current trends in Open Dialogue; "After first opening the door to open dialogues in the mid 1980s the focus was almost entirely on the spoken dialogues, including the importance of responding. Lately, however, moving away from the psychiatric context has meant seeing the embodied quality of our polyphonic presence as more important than the narratives told in the sessions."

"Open Dialogues in the Present and the Future - New Developments" → [More →](#)

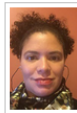
### PTSD Prevalent but Under-recognized by Inpatient Psychiatry

May 15, 2016

A team from the University of Texas Health Science Center in Houston presented their finding at the 2016 Annual Meeting of the American Psychiatric Association (APA), in Atlanta, Georgia, that the prevalence of PTSD in the

## Featured Blogs

### Mental Health in Black and White



Twilah Hiari

May 16, 2016

When I looked through my mountains of medical records, I saw that the providers who listed my race as black applied diagnoses like major depressive disorder and PTSD. The providers who saw me as white preferred diagnoses of panic disorder and borderline personality disorder. Of course, my experiences are just anecdotal. But if racial bias due to subjective experiences of practitioners can play such a large role in mental health diagnostics, how is this even considered a scientific discipline?

[Full Article →](#)

### Do We Really Need Mental Health Professionals?



Gary Sidley, PhD

May 16, 2016

Professionals across the Western world, from a range of disciplines, earn their livings by offering

## Sunshine Campaign

New on our drug info page:

### Antidepressants In Pregnancy: Risks to the Fetus and Child

This comprehensive review of the research literature reveals that antidepressant use in pregnancy poses considerable risks to the fetus and the long-term health of the child. These risks include preterm birth, birth defects, abnormal brain development, and behavioral abnormalities in early childhood.

## MIA Continuing Ed

NEW COURSE!

### Nutrition and Mental Health



Dr. Kaplan and Dr. Rucklidge provide critical research-based information on the role of nutrition in preventing and treating mental health challenges, augmenting their presentation with a brief review of changes in nutrition over the past several centuries and an

# + International Society for Psychological and Social Approaches to Psychosis



The screenshot displays the official website of the International Society for Psychological and Social Approaches to Psychosis (ISPS). The header features the ISPS logo, a globe icon, and the full name of the society. Below this, a navigation bar includes links to Home, About ISPS, Regional Groups, ISPS Membership, Conferences, Publications, Learning Resources, Collaborating Organizations, and Contact Us. A 'Membership Directory' link is also present. The main content area welcomes visitors and describes the society's mission to promote psychotherapy and psychological treatments for psychosis. It also highlights the 'ISPS Charter of Good Practice in Psychological Therapies for People Experiencing Psychosis'. A section for the 'ISPS Book Series' is featured, showing a photograph of several books on a table. To the right, there are social media links for Facebook and Twitter, a search bar, and a 'Join Us Today' button. A 'Membership' section encourages joining the society. At the bottom right, there is a link to 'Read about the ISPS Book series', 'Read about the ISPS Journal', and 'Order online'. The 'ISPS Journal' section is also visible, showing the cover of the journal 'Psychosis'.

**ISPS** THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

Formerly the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses

Membership Directory

Home About ISPS Regional Groups ISPS Membership Conferences Publications Learning Resources Collaborating Organizations Contact Us

You are here: Home

## Welcome to ISPS

ISPS is an international organization promoting psychotherapy and psychological treatments for persons with psychosis (a term which includes persons diagnosed with "schizophrenia"). We are committed to advancing education, training and knowledge of mental health professionals in the treatment and prevention of psychotic mental disorders. We seek to achieve the best possible outcomes for service user/survivors by engaging in meaningful partnership with health professionals, service user/survivors, families and carers.

**The ISPS Charter of Good Practice in Psychological Therapies for People Experiencing Psychosis**

**ISPS Book Series**  
www.isps.org/index.php/publications/book-series

**JOIN US TODAY** **Membership** of ISPS International

**Read about the ISPS Book series**

**Read about the ISPS Journal**

**Order online**

**ISPS Journal**

**Psychosis**  
Psychological, Social and Integrative Approaches

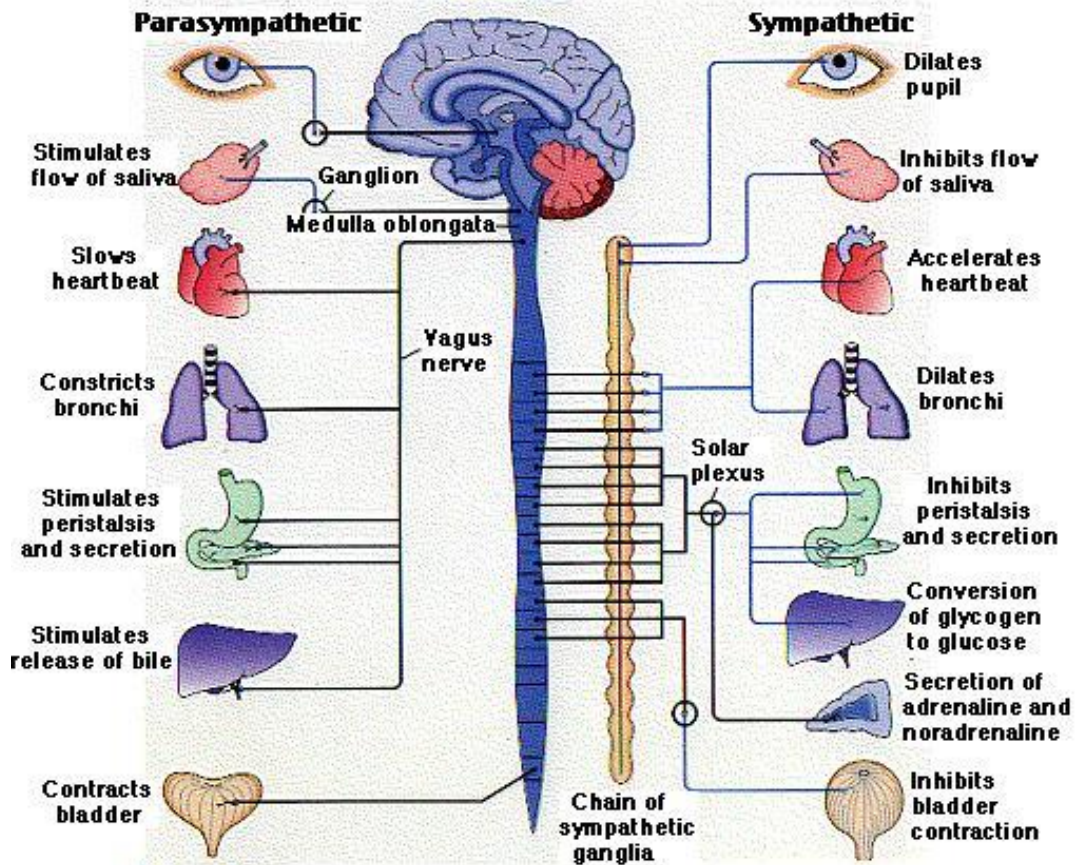
+ Irit Shimrat  
Grandmother Survivor





# BREATHE

- Medicines like:
  - Sleep
  - Breathing
  - Exercise
  - Nature
  - Community
  - Imagination
    - Imagining you
  - Listening
  - Storytelling

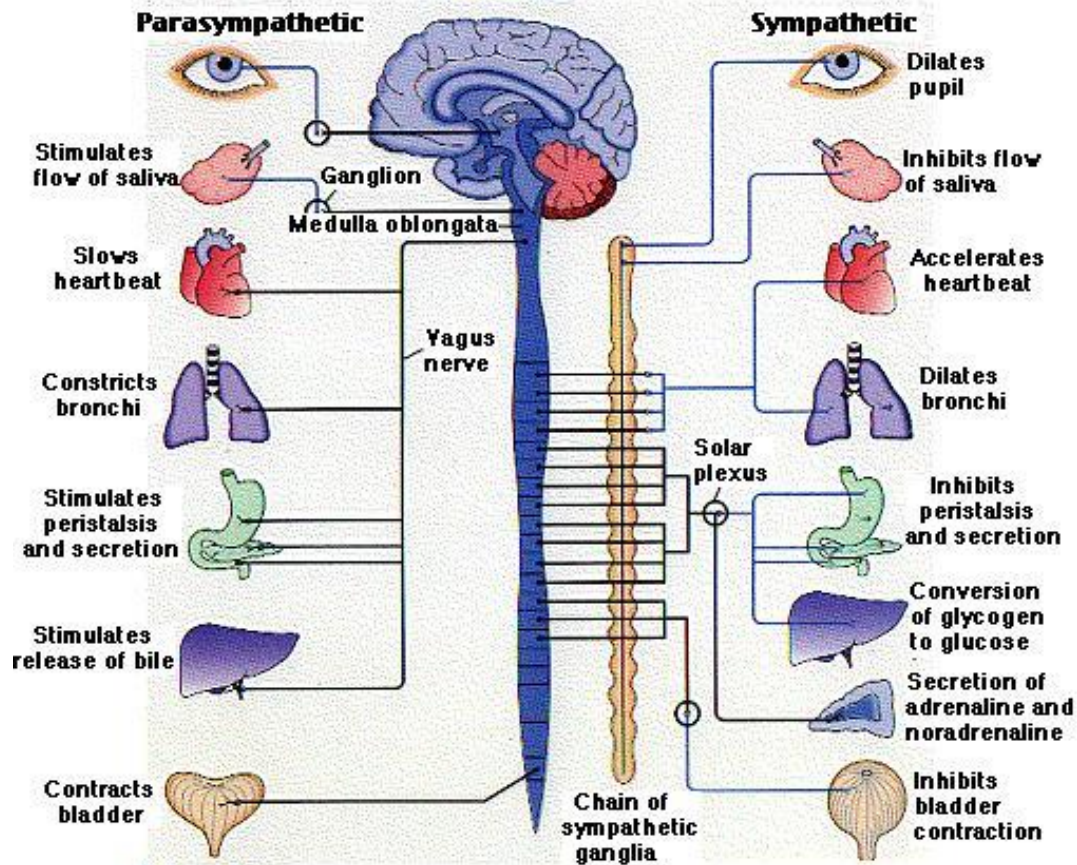


## + How we talk story

Beckman HB, Frankel RM. The effect of physician behavior on the collection of data. *Ann Intern Med.* 1984;101:692-696.

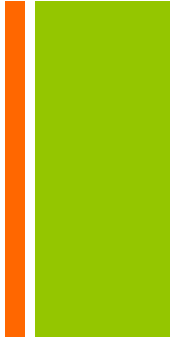
The average  
physician listens  
for 18 seconds.

# + BREATHE (Vagal Tone)





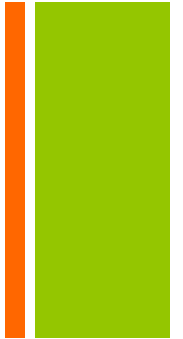
# What do I know?



- Coyote and the comets. (Forgive yourself for unfinished business)
- Perfect is the enemy of the good.
- Found Another Interesting Lesson Upon Review of the Experience (A better way to see failure).
- We could all probably eat more vegetables.
- “I’m fine when I’m by myself its when I’m with other people that the problems start.”

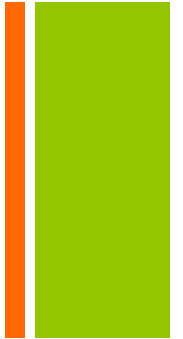


# + About our work: Complicated Minds



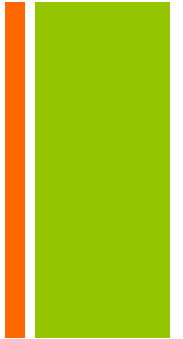
- We had a Chronic Pain Group to help people with chronic pain lower their dose of narcotics, find community and negotiate life with their pain. Research shows opioids work on the pain of social isolation more than physical pain.
  - **Opioids: From Physical Pain to the Pain of Social Isolation** *Dan J. Stein, MD, PhD, Jack van Honk, PhD, Jonathan Ipser, MA, Mark Solms, PhD, and Jaak Panksepp, PhD. CNS Spectr. 2007;12(9):669-674*
  - **The pain of social disconnection: examining the shared neural underpinnings of physical and social pain.** Naomi I. Eisenberger Nature Reviews Neuroscience 13, 421-434 (June 2012) | doi:10.1038/nrn3231
- We had a Complicated Minds group
- Art Group (If you felt too delicate for complicated minds).
  - Intention – early intervention, consistent contact.

# + Paradigm



- Social belonging is most powerful force. We often medicate community.
- (Narcotics and other addictions)
- Panksepp's ideas on emotion. (Affective Neuroscience, Jaak Panksepp, Oxford University Press, 1998).
- Flexibility
- Response to anxiety
- Problem-solving
- Metaphor
- Expression of something not yet fully understood

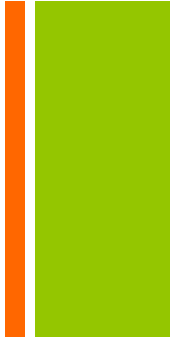
# + The Healing Paradigm



- Peaceful transactions with the world
  - (of course, sometimes emphasis is required).
- Feeling understood. (Most people find coaching helpful in Inter-Personal Communication)
- Belonging to a community that radically accepts, doesn't judge, and listen.
- "A job and a girl."
- Maslow.



# The Self-World Interface



- Assumptions

- (Peterson, J. Maps of Meaning, 1999). We create a safe (familiar) world around us. (One where our habits work) by telling stories about the world and how it works.
- When that is disturbed, we need to absorb the new information (adapt) and work to create safety once again. This is a journey.
- When we encounter a disturbance to our familiar environment, we enter into a state of anxiety – in fact, it can be seen as what defines anxiety.
- Our ability to manage that anxiety informed by many aspects.
- When our story is disturbed it creates anxiety and we need to find a new story that works for the new experiences in the world.

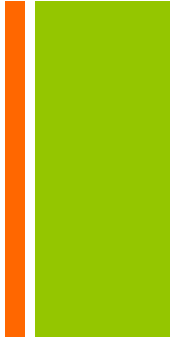
# + Premises



- Kintsugi (filling the cracks with gold). (We honour what is broken in someone because it brings wisdom).
- Maitri: *unconditional friendliness to oneself*. (We help people to find self-compassion and forgiveness).
- The journey includes struggle and hesitancy, limitations, frustrations.
- Awake dreaming.

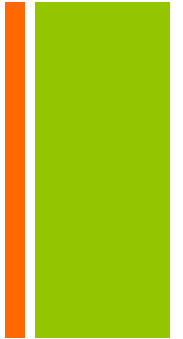


## Who came to see us?



- Well-informed critical consumer survivor recovery-oriented voice-hearer in a recovery-oriented, resource-poor rural environment.
- Confused, miserable, hopeless, angry, frightened, withdrawn, low-functioning, positive and negative symptoms.
- People who did not care to enter the medical system to negotiates their situation.

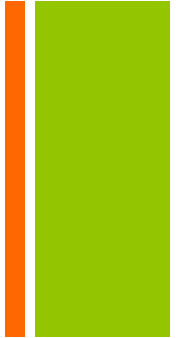
# + ISSUES



- Hard to get primary care
  - Untidy in the waiting room
  - Occasionally loud
  - Impatient
  - Vigilant against injustice.
- WE HAD RULES:
  - Do not be aggressive towards the schedulers and practice managers (“No yelling at the staff).
  - If you disrupt group you will be asked to leave.



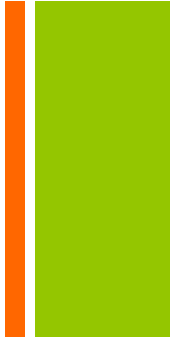
# Multi-Modal Care



- Group – facilitated by Psychiatrist/Family doctor (LMM), therapist, nurse. Occasionally we had an intern present e.g. psychiatric nurse practitioner intern.
- After Group
  - Needs-based one-on-one coaching and psychotherapy
  - Sometimes acupuncture, other physical treatments.
  - Telemedicine
  - WALKING <http://www.youtube.com/watch?v=aUaInS6HIGo>
- Limits of what medicare/medicaid will pay for.



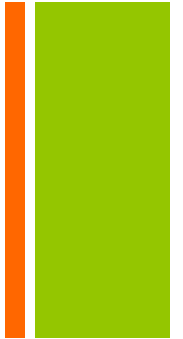
# Common Situations



- Social Determinants of Health
  - Poverty/disability pension
  - Homelessness
  - Couch surfing in often dangerous and provocative environment
  - Supportive housing without the support
  - Lack of mobility and independence
  - Lack of education or skills in interpersonal life.
  - Fear and stigmatization
  - Problems with medications.

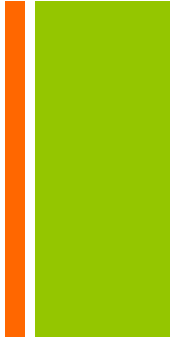


# Common Presenting Stories about the Self/World Interface



- Hard to regulate their emotions. Interpersonal communication difficulties
- External locus of control
- Misunderstandings
- Chaos in meaning-making and in tasks of daily living.
- Like to go to the floaty place. Marijuana and tobacco use/exposure
- May or may not hear voices but certainly experience intrapsychic turmoil.

# + Group



## ■ Structure:

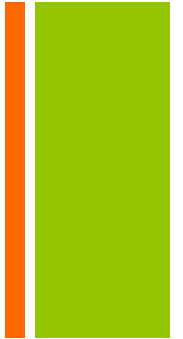
- Measurement/sign up for meds/drumming
- Check-in (listening)
- Psychoeducation (persuasion)
- Meditation (self-efficacy and empowerment)
- Body/mind exercise: movement (Tai Chi, Qi Gong, mindful stretching, breathing, imagined movement, dancing with pain, externalization, ceremony, role play). (return to embodiment)
- Focused intervention: interpersonal skills, nonviolent communication, emotion regulation, mind/mood connection
- General discussion.
- Guided Imagery – with story.
- Med Check (Describe)

# + Why Group?



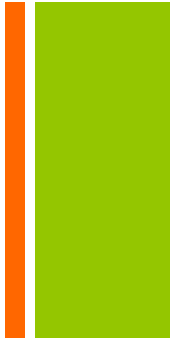
- Building community, place for social connection, mitigate loneliness.
- We build a relationship with our clients so we get to know their behavior.
- Group values such as outlined in Yalom: universality, altruism, instillation of hope, imparting information, corrective recapitulation of the primary family experience, development of socializing techniques, imitative behaviour, cohesiveness, existential factors, catharsis, interpersonal learning, self-understanding.
- Sharing stories, strategies, has been proven effective.
- Support through changing behaviour and approaching new situations.

# + Why Group



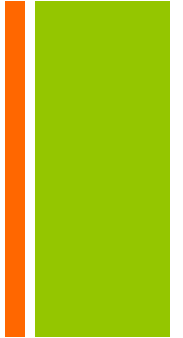
- Opportunity for intervention increases:
  - Involve other practitioners
  - Working within clients metaphor
  - Weekly connection
  - Crisis prevention (hotline to sleep)
  - Reduce hospital stays

# + Group Message



- Sleep
- Nutrition
- Exercise
- Interpersonal communication – managing difficult relationships
- Managing the self/world interface
- ADL and follow through.

# + Client



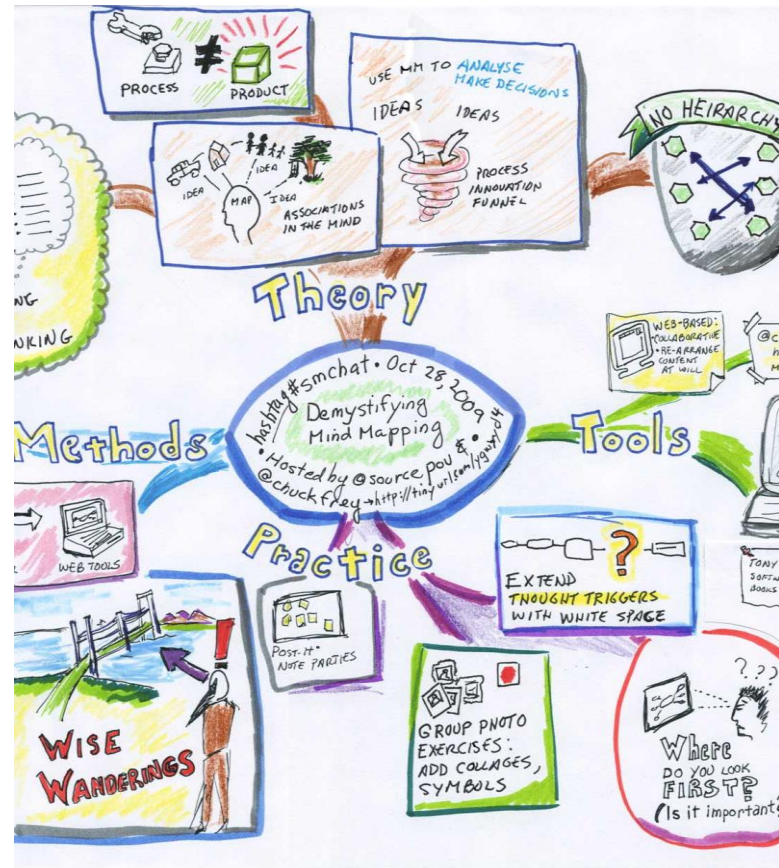
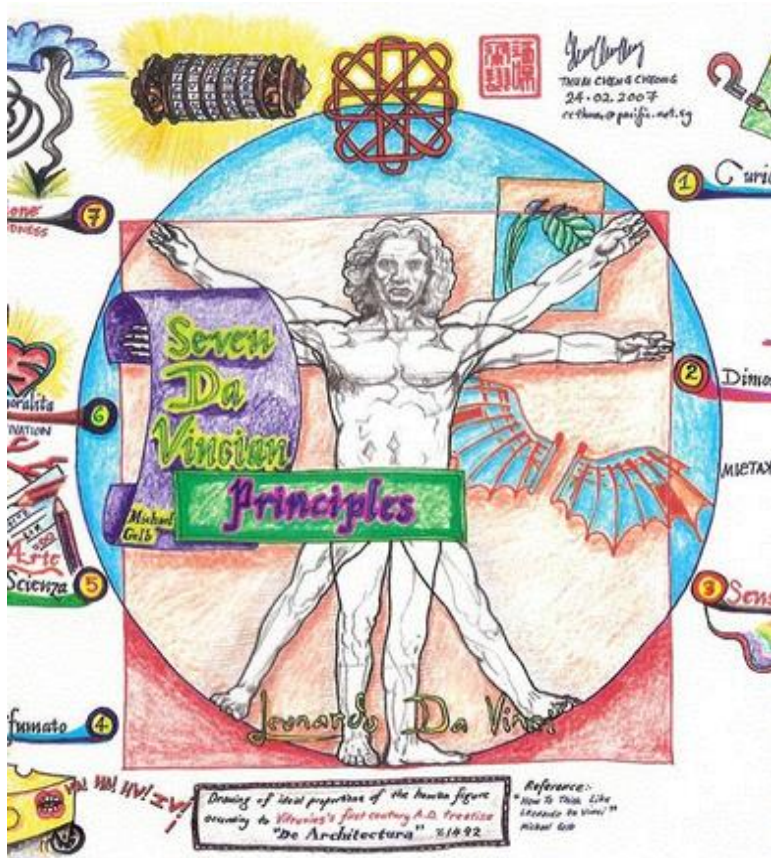
- Respect
- Helping to negotiate trauma and past experiences
- Structure, scaffolding, encouragement, coaching, management of anxiety.
- Encouraging holistic perspective on self and wellness
- Found Another Interesting Lesson Upon Review of the Experience
- Create small successes
- *Wakiksuyape* – memorial people. Holding memories as stories.
- Encourage community, belonging, meaning and purpose, sense of self-efficacy, agency, internal locus of control.

# + EXAMPLE: DAILY LIFE PERFORMANCE

- Using the puppets and other group members create a tableau that shows us what it is like to be you. You may use any other objects in the room as well.
- E.G. client used puppets to build a wall of voices.
- Began to speak with the 'bricks' in the wall.
- Another client demonstrated problems with driving in rush hour.

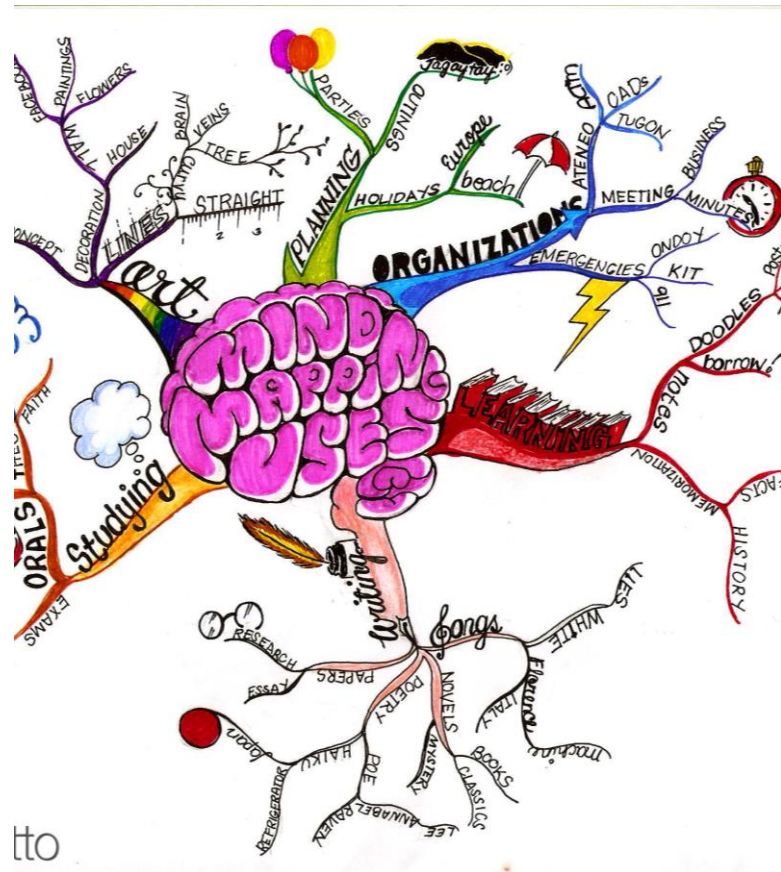
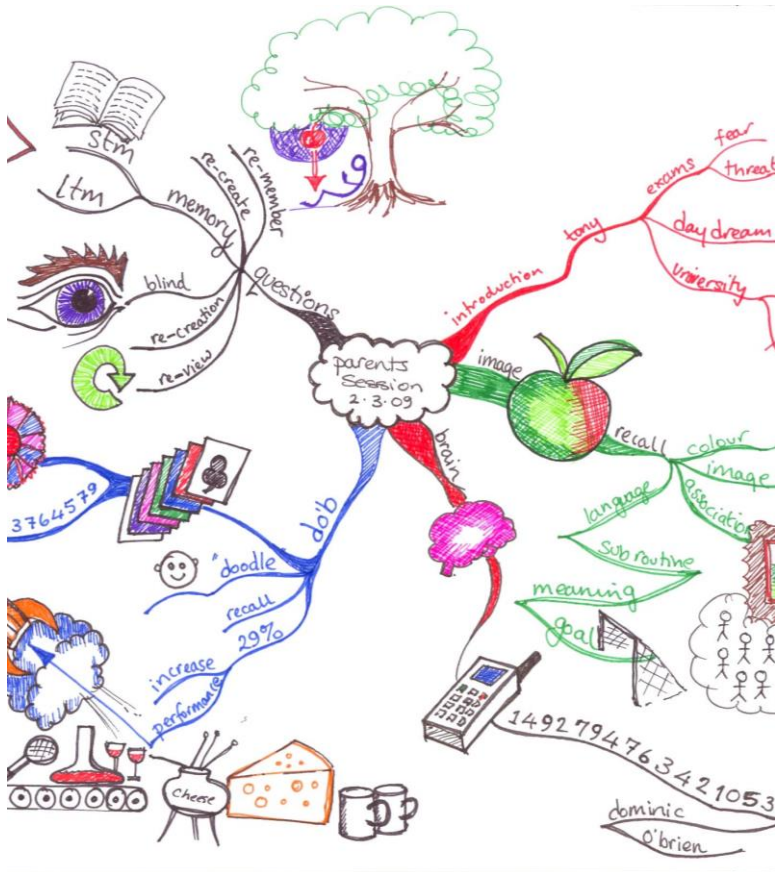


# + We Encouraged MIND-MAPPING for people to understand their lives.





# MIND-MAPPING



# + VOICE/Intra-psychic-MAPPING

- Getting to know the landscape allows empowerment
- Gaining mastery over the voices allows empowerment
- We do not try to eliminate voices.
- Rather, we work with people to negotiate better terms with their voices.

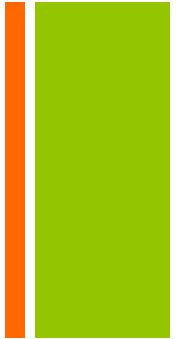


# + VOICE/Intra-psychic-MAPPING

- History of the thought:
  - How did you come to be taught that thought?
  - Or, how did the voice come to learn that way of being?
  - Does the voice remind you of anyone in life?



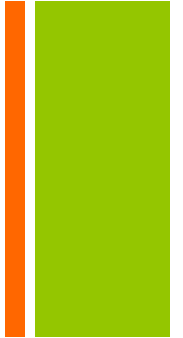
# + VOICE/Intra-psychic-MAPPING



- What is the volume like on the commentary in your mind?
- Look at your map. How many comments are soft and how many loud. Can you categorize the soft and loud ones?
- I wonder if some of the more encouraging voices could get a bit louder.



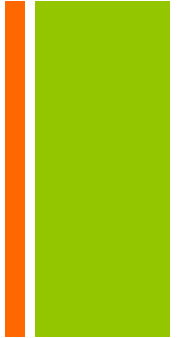
# If no access to voice origin



- Can you describe your voices?
  - What do they wear?
  - Can they take on a form or are they nebulous?
  - Do they have concrete characteristics or are they vague or vaporous
  - Where do they live (what does their place look like?)
- History of the idea:
  - How did you come to be taught that thought?
  - Or, how did the voice come to learn that way of being?
  - Does the voice remind you of anyone in life?



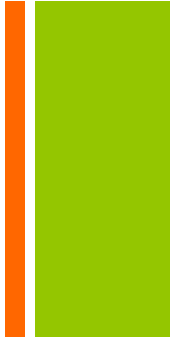
# Creating a Story with the intra-psychic elements



- Heroic Story (Quest narrative)
- Empowered and Effective
  - Allows someone to reconsider their feeling of agency in the process.
  - Works with accommodating change and encountering 'the new'.
- We look at Relationship Continua to person and to other voices/intra-psychic elements:
  - Controlling to hands-off
  - Weak to strong
  - Visible to invisible
  - Named to unnamed
  - Gentle to rough in tone
  - Supportive to abusive
  - Critical to accepting
  - Suggesting punishment to suggesting reward



# Defining Narrative



- Basic elements of story:
  - Setting
  - Agent (the hero)
  - Goal (e.g., “to get the girl”)
  - Obstacles (e.g. the presence of a rival)
  - Facilitators (a sudden boost in status)
  - Events (plot)
  - Other characters (villains and helpers).

*(Oatley, 1992; Peterson, 1999).*



# The Six-Part Story (Getting the Story)

1. A main character in some setting
2. A task for the main character
3. Obstacles in the main character's way
4. Things that help the main character  
[4.5 Attitude of the character]
5. The climax or main action of the story
6. The consequences or aftermath of the story [The next scene.]

Lahad, M., & Ayalon, O. (1993). *BASIC Ph-The story of coping resources. Community stress prevention: Vol. II*, (Vol. II, Kiryat Shmona, Israel: Community Stress Prevention Centre.

## + Six Part Story

- The hero finds self-agency and self-efficacy.
- The hero surmounts the obstacles.
- The hero tolerates and passes through the “dark nights of the soul”.
- Good stories teach us how he/she does this.

# + Defining Narrative



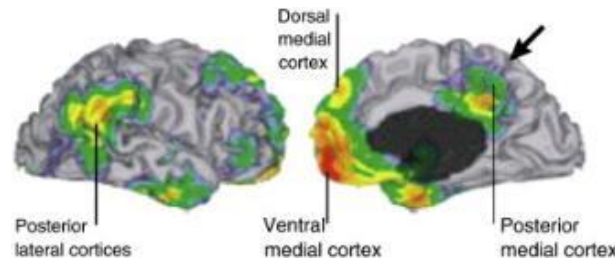
## ■ Narrative Competence

- Requires the inference of intentions and goals through interpretation of the objects and episodes selected by the author.



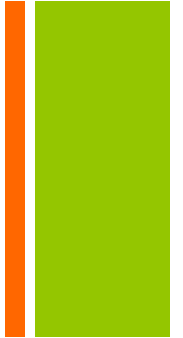
# Default Mode...

- This turns out to be the default mode of the brain, the mode that burns the least glucose and uses the least oxygen. (Gusnard D.A. and Raichle M.E.: Searching for a baseline: functional imaging and the resting human brain. Nat Rev Neurosci 2 (10): 685-694, 2001. Gusnard and Raichle, 2001)



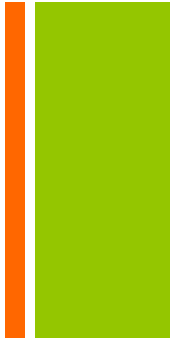
- Fig. 2. The emergence of the default network into the scientific mainstream. Raichle, Gusnard and colleagues drew attention to the default network and set a conceptual framework that has stimulated an extraordinary amount of future research. The figure above comes from [Gusnard and Raichle \(2001\)](#) and illustrates a surface projection of [Shulman et al.'s \(1997b\)](#) original data. By titling their first paper “A default mode of brain function,” [Raichle et al. \(2001\)](#) gave the default network its name.

# + Default Mode Network



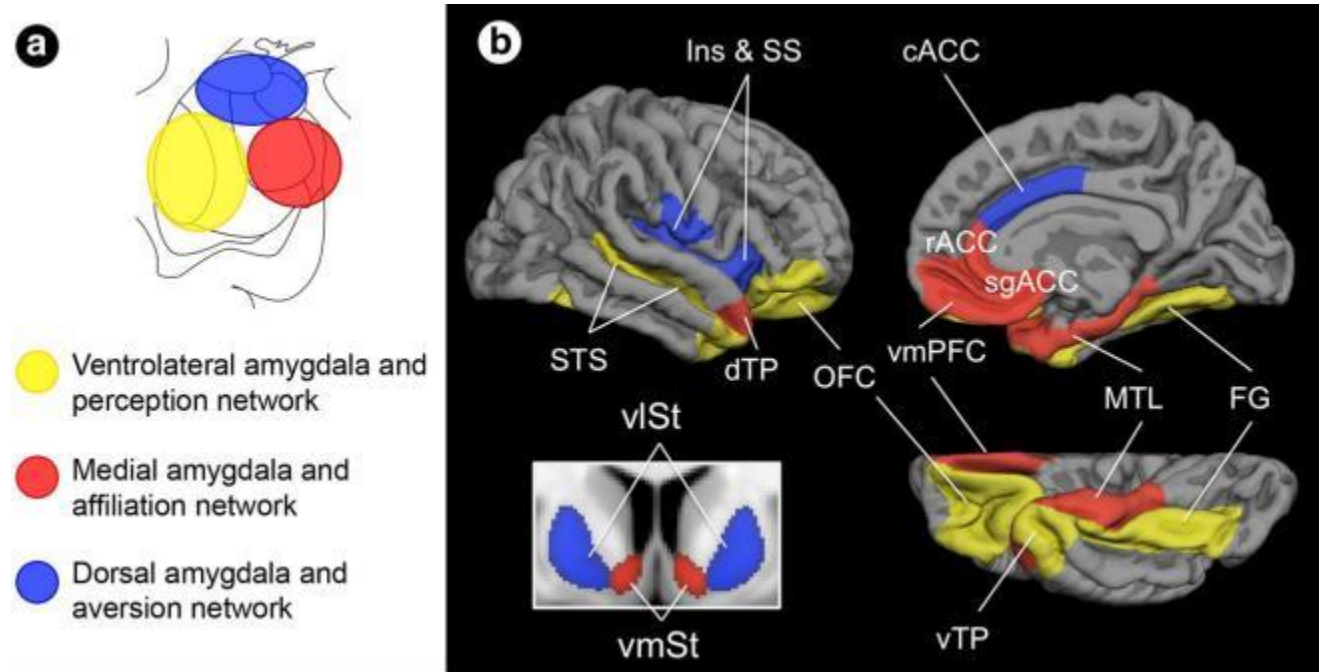
- Buckner: The medial temporal lobe subsystem provides information from prior experiences in the form of memories and associations that are the building blocks of mental simulation.
- The medial prefrontal subsystem facilitates the flexible use of this information during the construction of **self-relevant mental simulations.**
- These two sub- systems converge on important nodes of integration including the posterior cingulate cortex.
- Pathologized: too much activity,

# + Story and Mindfulness

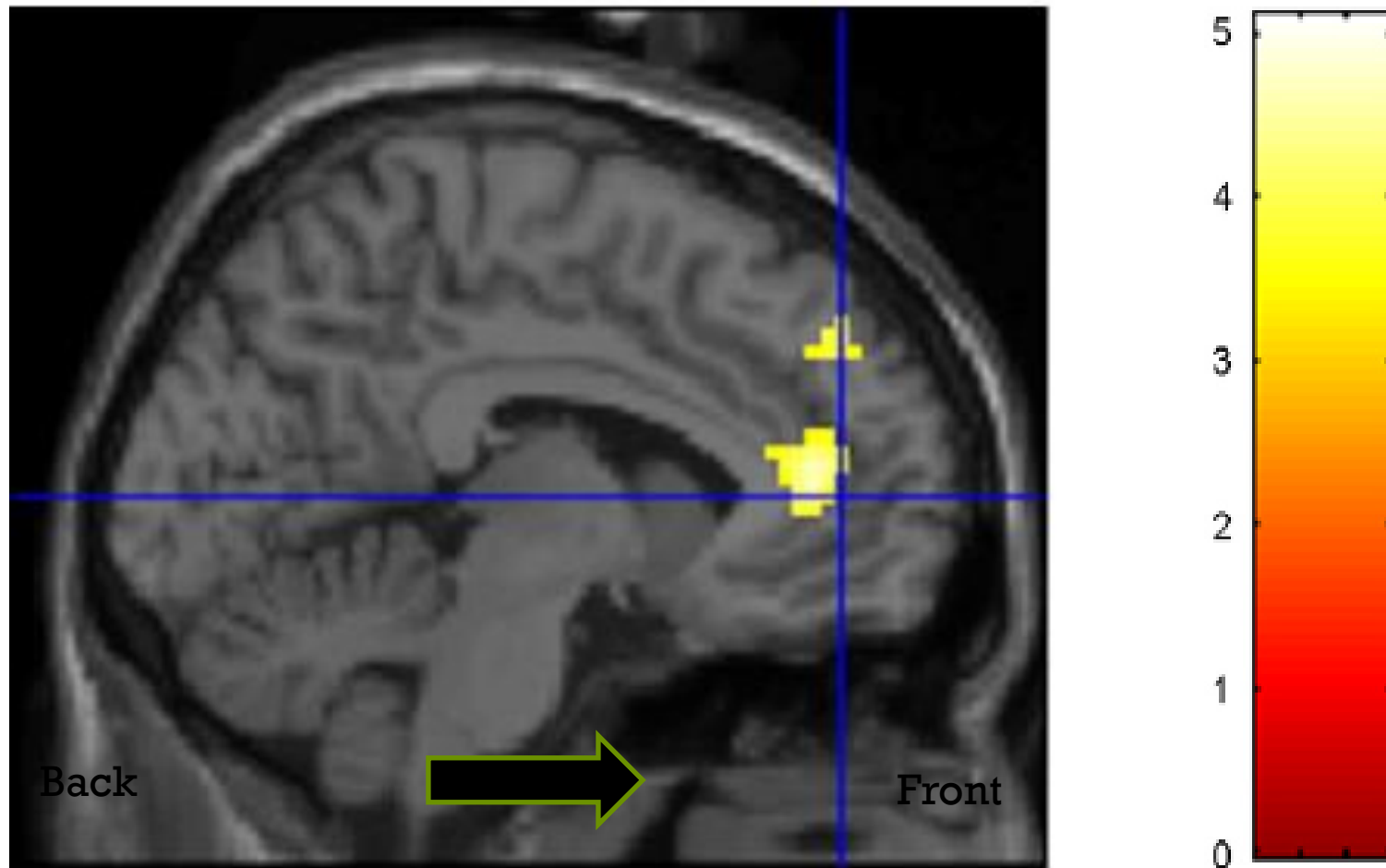


- Farb, N., Segal, Z., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. (2007). *Attending to the present: Mindfulness meditation reveals distinct neural modes of self-reference*.
  - Study compared Narrative Focus (NF) and Experiential Focus (EF)
  - Narrative Focus - monitoring of enduring traits (temporally distant, stimulus independent thought (SIT) (Smallwood and Schooler, 2006). NF calls for cognitive elaboration of mental events, reducing attention towards other temporally proximal sensory objects.
  - Means that our brains reference sensory information with memories and stored information about the world, in order to provide context, create narratives, make meaning of the information they are receiving. Canvassing thoughts, feelings and physical sensations without selecting any one sensory object.
  - EF – monitoring momentary experience.

# + Narrative Circuitry



- Two areas of the brain that are important in retrieving self-knowledge are the medial prefrontal cortex and the medial posterior parietal cortex.
- The posterior cingulate cortex, the anterior cingulate cortex and medial prefrontal cortex are thought to combine to provide humans with the ability to self-reflect.
- The insular cortex is also thought to be involved in the process of self-reference.

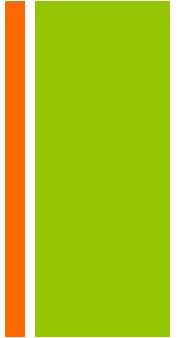


Stronger activation of the rostral anterior cingulate gyrus (lower) (autonomic functions, such as regulating blood pressure and heart rate. It is also involved in certain higher-level functions, such as reward anticipation, decision-making, impulse control, and emotion and the medial Prefrontal cortex (extinction, memory consolidation, social knowledge, courage) during meditation.

Holzel, et al., 2007



# Narrative Neuroscience



- Story evolved as the most efficient way for the brain to store and recall the massive amounts of information we must juggle to negotiate our being in the world.
- A story holds meaning and purpose, a point, a message, values, important instructions, and/or definitions.
- *(Graesser, Hauff-Smith, Cohen, and Pyles, 1980).*
- Stories Evolved to:
  - make our world more predictable,
  - make some things seem more certain,
  - reduce the number of possible choices.
- Reasoning proceeds by creating a story (theory) and testing its plausibility.

# + Neuroscience of Narrative

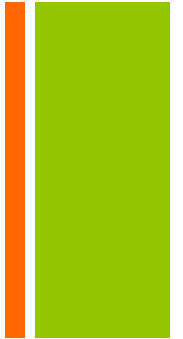


Speer, N., Zacks, J., Reynolds, J. (2007). *Human Brain Activity Time – Locked to Narrative Event Boundaries*. Association for Psychological Science. 18(5). <http://dcl.wustl.edu/pubs/SpeerPsychSci07.pdf>

## Methodology:

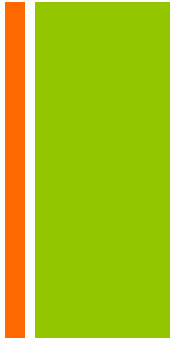
- Subjects read brief narratives describing every day activities while brain activity was recorded with fMRI.
- Subjects later read the stories again, this time asked to divide them into large and small events.

# + Neuroscience of Narrative




- Initial reading – people were given no advice
- Subsequent reading – asked to attend to changes including:
  - Temporal reference,
  - spatial change,
  - relation to object,
  - subject of a clause (change in character),
  - causal change (new action),
  - goal change.
  - terminal and nonterminal punctuation.
- Results: overlap between the initial reading and the second reading where the participants noted changes.
- This indicated that brain activity that happened on changes, happened on changes in narrative.

# + Neuroscience of Narrative



- Our brains appear to be registering change on a number of levels, tracking changes in situation and coding and recoding the situation as it changes.
- We then reconstruct our story to incorporate the change in a way that makes coherent meaning of it.
- Story processing involves extensive right hemisphere regions, in keeping with other roles of the right hemisphere in language processing:
  - processing prosody
  - comprehending irony and metaphor, and
  - processing particularly abstract and/or difficult words or sentences.




**Houston, T., Allison, J., Sussman, M., Horn, W., Holt, C., Trobaugh, J., Salas, M., Pisu, M., Cuffee, Y., Larkin, D., Person, S., Barton, B., Kiefe, C., Hullett, S. (2011). Culturally appropriate storytelling to improve blood pressure. Ann Intern Med. 154: 77-84**

**Background:** Storytelling is emerging as a powerful tool for health promotion in vulnerable populations. However, these interventions remain largely untested in rigorous studies.

**Objective:** To test an interactive storytelling intervention involving DVDs.

**Design:** Randomized, controlled trial in which comparison patients received an attention control DVD. Separate random assignments were performed for patients with controlled or uncontrolled hypertension.

(ClinicalTrials.gov registration number: NCT00875225)




**Houston, T., Allison, J., Sussman, M., Horn, W., Holt, C., Trobaugh, J., Salas, M., Pisu, M., Cuffee, Y., Larkin, D., Person, S., Barton, B., Kiefe, C., Hullett, S. (2011). Culturally appropriate storytelling to improve blood pressure. *Ann Intern Med.* 154: 77-84**

**Setting:** An inner-city safety-net clinic in the southern United States.

**Patients:** 230 African Americans with hypertension.

**Intervention:** 3 DVDs that contained patient stories. Storytellers were drawn from the patient population.

**Measurements:** The outcomes were differential change in blood pressure for patients in the intervention versus the comparison group at baseline, 3 months, and 6 to 9 months.



**Houston, T., Allison, J., Sussman, M., Horn, W., Holt, C., Trobaugh, J., Salas, M., Pisu, M., Cuffee, Y., Larkin, D., Person, S., Barton, B., Kiefe, C., Hullett, S. (2011). Culturally appropriate storytelling to improve blood pressure. *Ann Intern Med.* 154: 77-84**

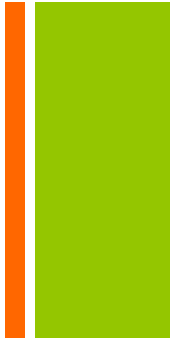
**Results:** 299 African American patients were randomly assigned between December 2007 and May 2008 and 76.9% were retained throughout the study. Most patients (71.4%) were women, and the mean age was 53.7 years. Baseline mean systolic and diastolic pressures were similar in both groups. Among patients with baseline uncontrolled hypertension, reduction favored the intervention group at 3 months for both systolic (11.21 mm Hg [95% CI, 2.51 to 19.9 mm Hg];  $P$  0.012) and diastolic (6.43 mm Hg [CI, 1.49 to 11.45 mm Hg];  $P$  0.012) blood pressures. Patients with baseline controlled hypertension did not significantly differ over time between study groups. Blood pressure subsequently increased for both groups, but between-group differences remained relatively constant.



# Narrative

## Neuropsychology

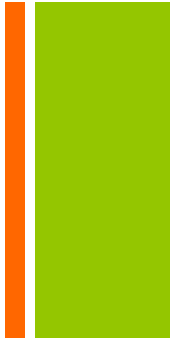
- Future-oriented and distinctly non-traumatic personal narratives are associated with advantages for improved health. (King, 2001).





# Narrative

## Neuropsychology

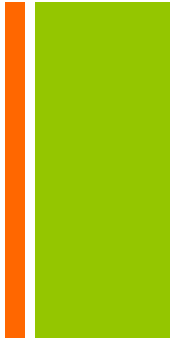


- People who wrote for a short time (20 minutes) for a few days in a row, expressing themselves about things that bothered them, in a way that created meaning:
  - Measurably boosted their immune systems including improved lung and liver function and reduced blood pressure;
  - Improved working memory;
  - Improved sporting performance;
  - Decreased the effect of stress on their bodies;
  - Reduced symptoms including of arthritis and asthma;
  - Improved the effects of supplements and drugs on their system;
  - Created a drop in viral load for HIV;
  - Were re-hired more quickly after job loss.
  - Improved mood and feeling of greater psychological well-being,



# Narrative

## Neuropsychology



- People who wrote for 15-20 minutes 4 days in a row on accomplishing future goals had a much greater likelihood of achieving their goals! Students in one research project saw their grades climb an average of 20%.
- Morisano, D., Hirsh, J., Peterson, J., Pihl, R., Shore, B. (2010) Setting, elaborating and reflecting on personal goals improves academic performance. *Journal of Applied Psychology*, 95(2), 255-264.
- Those who wrote for 15 minutes about gratitude found that they were able to sleep better.
- Digdon, N., Koble, A., (2011). Effects of constructive worry, imagery distraction and gratitude interventions on sleep quality: A pilot trial. *Applied psychology, health and well-being*. 3(2). 193-206.



# Narrative

## Neuropsychology



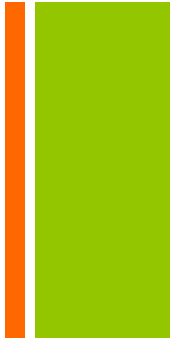
- More coherent and organized accounts of past traumas are associated with greater healing potential
- (Pennebaker & Graybeal, 2001; Pennebaker & Seagal, 1999; Smyth, 1998).



# Narrative

# Neuropsychology

- Creating a coherent story of a traumatic event and incorporating it into one's self-representation is fundamental for the successful treatment of post-traumatic stress disorder.
- (Brewin, Dalgleish, & Joseph, 1996; Herman, 1992; van der Kolk & Fisler, 1995).



# Narrative Meaning Making Is Associated With Sudden Gains in Psychotherapy Clients' Mental Health Under Routine Clinical Conditions

Jonathan M. Adler

Luke H. Harmeling

Ilana Walder-Biesanz

Journal of Consulting and Clinical Psychology  
2013, Vol. 81, No. 5, 839–845.

Different ways of narrating one's experiences differentially relate to mental health, above and beyond the impact of other variables such as demographics and personality traits.

(e.g., Adler, 2012; Adler et al., 2008; Lodi-Smith, Geise, Roberts, & Robins, 2009).

Clients' meaning making evolves over the course of psychotherapy and is associated with well-being.

(Adler, 2012; A. M. Hayes, Feldman, & Goldfried, 2006).

The association between depth of processing of negative events in life narratives and positive mental health has been demonstrated empirically (Pals,2006).

Disengagement from active meaning making inhibits the ameliorative effects of processing and has been empirically associated with poorer mental health (e.g., Pals, 2006)

There is a vast body of research on the negative role of avoidance in clinical improvement (e.g., S.C. Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

Increased avoidance in personal narratives has been associated with poor treatment response (e.g., A. M. Hayes et al., 2005).

The extent to which individuals craft a coherent story about their experiences is regarded as a foundational element of narratives, one intimately associated with their ability to support well-being (e.g., Adler et al., 2008; Habermas & Bluck, 2000).

The coherence of personal narratives has been empirically linked to improvement (e.g., Lysaker, Davis, Hunter, Nees, & Wickett, 2005).

Personal narratives describe not only the past and the present but also the future. Hope and hopelessness have been identified as being associated with psychotherapy outcome (e.g., Irving et al., 2004).

Narratives perspectives on the self-as-product point to the overall positive and negative tone of self, the theme of agency, and hope and hopelessness as key variables that may be associated with sudden gains in mental health.

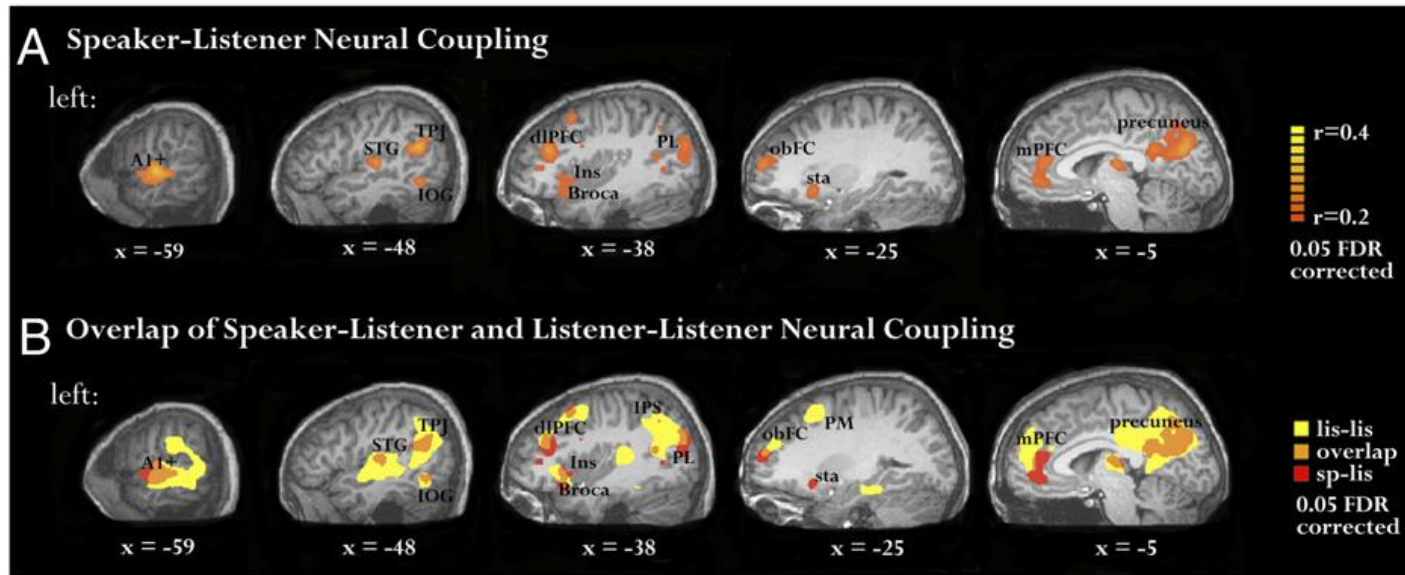
The extent to which an individual portrays his or her self as being able to affect the course of life, as opposed to being subject to external determinants, has been proposed as a fundamental element of narrative identity, captured by the theme of personal agency (e.g., Bandura, 2006).

Shifts in agency have been observed to precede clinical improvement over the course of psychotherapy (Adler, 2012).

# Narrative and Empathy

- Speaker-Listener neural coupling
  - Stephens, G., Silbert, L. and Hasson, U. (2010) Speaker- Listener neural coupling underlies successful communication. Proceedings of the National Academy of Sciences, August 10. 107(32) 14425-14430.
  - "Using fMRI, we recorded the brain activity of a speaker telling an unrehearsed real-life story and the brain activity of a listener listening to a recording of the story.
  - "Our findings document the ongoing interaction between two brains during the course of natural communication, and reveal a surprisingly widespread neural coupling between the two, a priori independent processes.

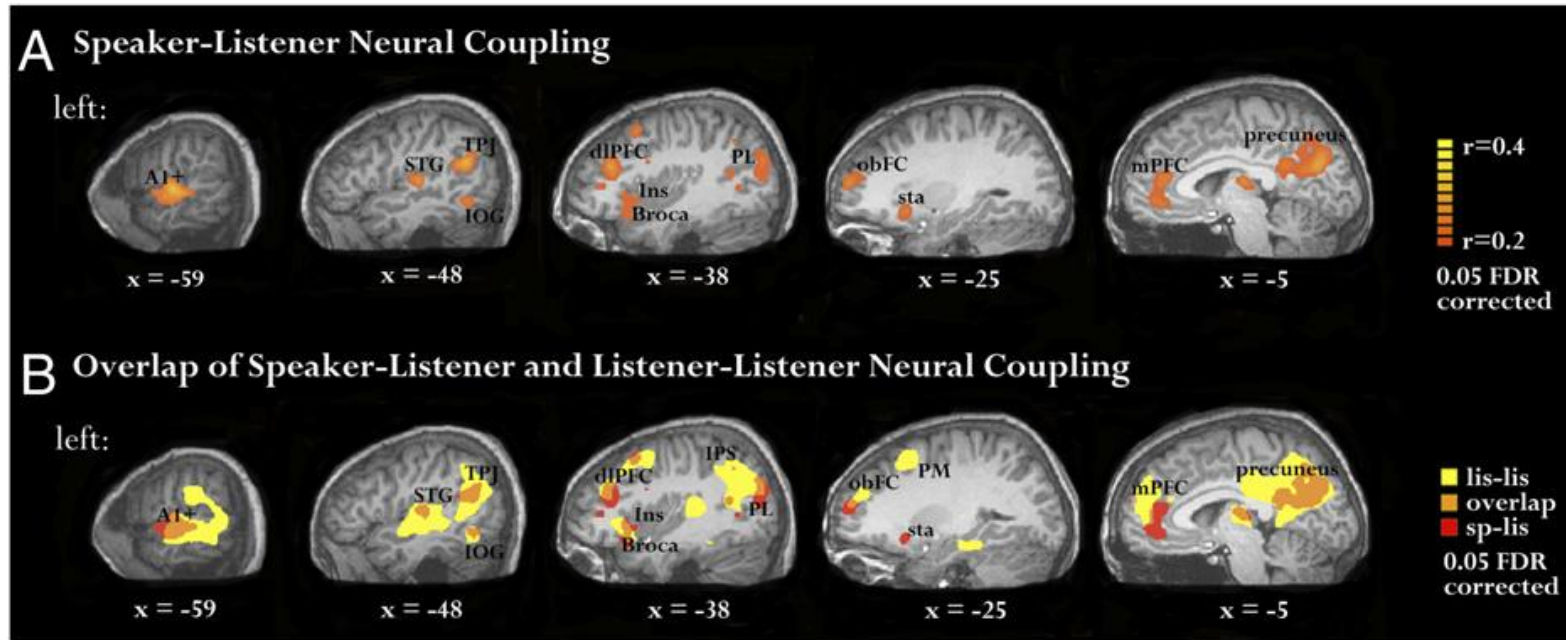
# Narrative and Empathy



Speaker-listener neural coupling is widespread.

- A) Areas in which the activity during speech production is coupled to the activity during speech comprehension.
- B) The overlap (orange) between areas that exhibit reliable activity across all listeners (listener-listener coupling) and speaker-listener coupling (red). Widespread overall between areas of listener comprehension and speakers same-time descriptions.

# Narrative and Empathy



- Where present, indicated good communication. Where not present, indicated obstacles to communication, such as language. Did not show overlap when speaker spoke Russian and listener had no Russian language comprehension.
- The effect has been likened to linguistic mirror neurons.

# Default Mode and Flow

- Those with higher default network activity during rest are more creative.
- Default mode is associated with the flow.
- Art helps us gain access to the flow.
  - February 27, 2011 by [Scott Barry Kaufman, Ph.D.](#) in [Beautiful Minds](#)
  - Mason, M., Norton, M., Van Horn, J., Wegner, D., Grafton, S., Macrae, C. (2007). **Wandering Minds: The Default Network and Stimulus-Independent Thought.** *Science* 19 January 2007: Vol. 315 no. 5810 pp. 393-395 DOI: 10.1126/science.1131295
- Working memory and the default network work together to tell us when things are fantasy and when reality.

# Task-related and default mode networks:



- Default mode network activity has also been implicated in the genesis of creativity (Buckner et al. 2008).
- Normally, during task-related activity, default mode activity is inhibited.
- In psychosis, inhibition is reduced, and this is thought to allow thoughts into consciousness that would usually be suppressed along with psychotic symptoms (Anticevic et al., 2012; Whitfield-Gabrieli et al. 2009).

(art work by Michele McAllister)

# Narrative Neuropsychology

- Bailie, K., Wilhelm, K., (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11: 338-346.
- Marlo, H. & Wagner, M.K. (1999). Expression of negative and positive events through writing: Implications for psychotherapy and health. *Psychology and Health*, 14(2) 193- 215.
- Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3) 162- 166.
- Petrie, K.J., Fontanilla, I., Thomas, M.G., Booth, R.J., Pennebaker, J.W. (2004). Effect of written emotional expression on immune function in patients with human immunodeficiency virus infection: a randomized trial. *Psychosomatic Medicine*, Mar-Apr. 66(2): 272-5.
- Petrie, K.J., Booth, R.J., & Pennebaker, J.W. (1998). The immunological effects of thought suppression. *Journal of Personality and Social Psychology*, 75(5) 1261-1272.
- Spera, S. P., Buhrfeind, E. D. & Pennebaker, J. W. (1994) Expressive writing and coping with job loss. *Academy of Management Journal*, 37, 722–733.
- Smyth, J., & Lepore, S.J. (2002). *The writing cure: How expressive writing promotes health and emotional well-being*. Washington, D.C.: American Psychological Association.





# Premises

- Meaning of Life
  - Poet: What did you suffer most from down here?
  - Agnes: (Daughter of Vedic God Indra): "From  
– Existing. From feeling my sight made weak by an eye, my hearing dulled by an ear, and my thought, my thought bound by the labyrinthine fatty convulsions of the brain..." (Strindberg: A Dream Play)

## Plot for Global Domination in a Busy English City



# Plot for Global Domination in a Busy English City

Plot for Global Domination in a Busy English City

Project Library

- Plot for Global Domination...
- Master Catalog (12)
- Sketch
- Ending
- Various Scenes
- Day In The Life
- Taking Over
- Foiling The Plan
- Enemy Base
- Our Hero Is Taken Over

Ending Sketch Various S... Day In Th... Master C... Taking O... Enemy Ba... Foiling T... Our Hero...

+ Add x Remove Export Catalog...

Name	Category	Description
Bertzilla	Character	Ally - Has non-verbal understanding with our hero, can semi-fly, like huge jumps, has laser eye-sight.
Chunk	Character	Ally - Supersized dude with a bear's heart, has a flesh body but is built like titanium and has self-regenerating abilities.
Clair-Voyant	Character	Ally - Can see around corners and can see friends on other star systems.
Clemy	Character	Ally - Is a stunning-looking art lecturer at the city university. Our hero has a crush on her unbeknownst to Clemy.
Dangerous Dave	Character	Ally - Can withstand any situation, any dangers. Has many gadgets and a utility belt for any eventuality.
Dark Matter	Character	Villain - Looks a bit like the Phantom but is holographic. He is an ethereal being, that's how he can get inside people and control their minds.
Milky Claw	Character	Villain - Has one giant white claw that can crush things like a crab does. Crustacean-like features.
Possible Ending	Scene Details	A grand acquaintance.
Professor Tuttle	Character	Ally - Is a mutant, turns into a hawk-man who can fly and has x-ray vision. It came to pass that he became a mutant when there was an ex...
The Nobless Duke	Character	Villain - A wealthy landowner who is funding Professor Tuttle's research on mutation because he secretly harbours the ambition to become...
Vimlax	Character	Villain - Is the mastermind behind the EMF technology that the villains are using on the city to control people's minds.
Volcanex and Moltenex	Character	Villain - These are brothers who were born on the star cyonos which is a volcanic planet. Both have the ability to manipulate fire and melt t...

# Plot for Global Domination in a Busy English City

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# THE PLOT

## ○ Taking Over

- It happens in small segments, the device is targeted at specific locations. For example, downtown was targeted, then the bank was robbed by people under the influence of the EMF (Electro-Magnetic Fields). All the tellers were obviously under the influence too so nobody did anything. Then the money was deposited in an undisclosed location, which would later be collected by Moltenex and Volcanex and used to fund more plans.
- When people are taken over they act kind of normally, but slightly robotic, like they are just having a slow day. Glazed look in their eyes. When people are first infiltrated they kind of stop or slow down, then begin doing things at a much slower pace, or even begin doing something totally different if it's a strong takeover. You still have some of your own thoughts, like knowing to go to work. But it depends on the intensity of the EMFs. When the bank raid happened the EMFs were intensified and people were completely under control.
- Bertzilla is able to tell that people are under control because his mind is in tune with the universal mind and All That Is, so the discrepancy in somebody's brainwave patterning he is able to sense.

# Plot for Global Domination in a Busy English City

- Professor Tuttle and our hero first met in a junk store, looking over the selection of fine teapots. They began discussing rare herbal blends and became friends from there on in.
- Bertzilla was originally a rescue dog. Our Hero was driving in the car one day when he heard a voice say he should go to the dog kennels. There he met Bertzilla and they instantly had an understanding for one another and fell in love.

# Plot for Global Domination in a Busy English City

- Our Hero is received by mystical avatar Christal, who begins by helping him.
- Slowly however, Christal begins to do things which seem odd and then on more frequent occasions begins to embody Our Hero until the day he refuses to leave. Things begin to deteriorate for Our Hero as Christal begins to channel dark energy into him which begins to change his energy body. Progressively he begins to infiltrate Our Hero's mind more and more, giving him continual dark visions and actually changing the way his mind works for the worse. Christal even threatens to use Our Hero as a tool for bad things.
- This is in truth the work of the holographic Dark Matter.

# Plot for Global Domination in a Busy English City

- Professor Tuttle and Bertzilla are immune to the EMF's due to their animal nature, this gives Tuttle time to come up with some Bio-tech, a drug, which when ingested by a person renders the EMF's powerless. It creates a highly electrical film around the brain, the same frequency as the person's original brainwave patterning which deflects the EMF's.
- However, with limited amounts of the serum and taking into account it only lasts a certain amount of time, the choice has to be made as to who they save initially to work out a battleplan.

# Plot for Global Domination in a Busy English City

- Our hero finally meets the real Christal after the allies pray for him to help them in their battle. Christal asks our hero to go to a certain location in the Himalayas and await further instruction.
- When our hero finds the retreat cave Christal immediately appears and asks him to adopt the lotus position and listen open heartedly. He instructs him on an ancient protection meditation and informs him that he is going to eject all darkness from his body and when he does our hero is to instantly go into this meditation.
- In chinese medicine it is said that the whole body can be mapped from the ear and with this in mind Christal touches our heros ear and it immediately ejects all discordant energy from his body, thus removing Dark Matter. Our hero then employs the meditation and Dark Matter is thwarted in his attempt to re-enter our heros body.

# Plot for Global Domination in a Busy English City

- Possible Ending
- Feeling the defeat of his primary objective, which was to overtake the worlds most forefront superhero and thus dominate the globe without any interference, Dark Matter retreats to his home planet Bothon.
- This in turn effects Vimlax (who is heading the operation and EMF technology from the enemy base), sensing his Master has withdrawn his energy from the planet, is reluctant to carry the burden of dominating the world by himself....so the plot disbands. Milky Claw is unhappy as he was enjoying clobbering people.
- Vimlax has left the EMF technology and escapes in his pod to a distant star system,which leaves it open for the Allies to come and storm the villains headquarters.
- N.B(from the outside it looks like Christal had only minor input into the defeat of Dark Matter, but in reality it was just his very presence which was enough to restore peace to the globe).

# Avatar Therapy

## Avatar therapy helps silence voices in schizophrenia

29 May 2013

An avatar system that enables people with schizophrenia to control the voice of their hallucinations is being developed by researchers at UCL with support from the Wellcome Trust.

The computer-based system could provide quick and effective therapy that is far more successful than current pharmaceutical treatments, helping to reduce the frequency and severity of episodes of schizophrenia.

In an early pilot of this approach involving 16 patients and up to seven, 30 minute sessions of therapy, almost all of the patients reported an improvement in the frequency and severity of the voices that they hear. Three of the patients stopped hearing voices completely after experiencing 16, 13 and 3.5 years of auditory hallucinations, respectively. The avatar does not address the patients' delusions directly, but the study found that they do improve as an overall effect of the therapy.

The team has now received a £1.3 million Translation Award from the Wellcome Trust to refine the system and conduct a larger scale, randomised study to evaluate this novel approach to schizophrenia therapy which will be conducted at King's College London Institute of Psychiatry.



# Getting to know the story

- Listening entrainment.
- 1. How do people express time
- 2. How to people express space
- 3. How do people express distance
- 4. How do people express light
- 5. What kinds of metaphors do they use
- 6. What is their soundtrack?
- 7. How do they hold themselves?
- 8. How do they move?



# “The (Suffering) Spirit Players”



# + Spirits Present



# + Spirits Present



# + Spirits Present



# + Spirits Present



# + Spirits Present

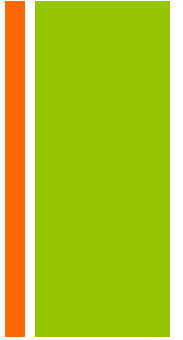


# + Masks – Aspect of self





# Jane and the Voices



- Jane can't sleep.
- She sits on the sofa each night and begins to be frightened.
- Not sleeping contributes to her feeling anxious and frightened.
- She doesn't sleep...



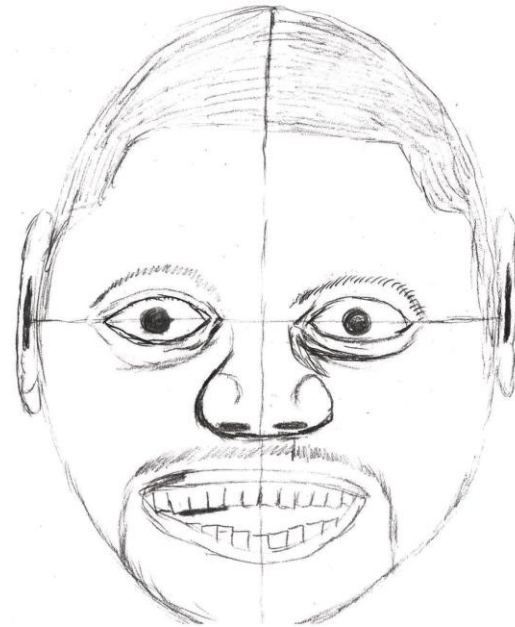
# Jane and the Voices





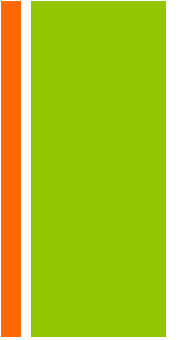
# THIS IS NOT ART

- Draw a circle
- Draw a line across the middle, and another line below that
- Put two blobs on the top line, a blob where the next line intersects and a blob on the lower line in the middle
- (Then we add some detail)





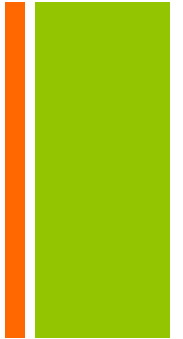
# + OtherS



# + “PRIYA IN THE TREES”



# + “PRIYA IN THE TREES”

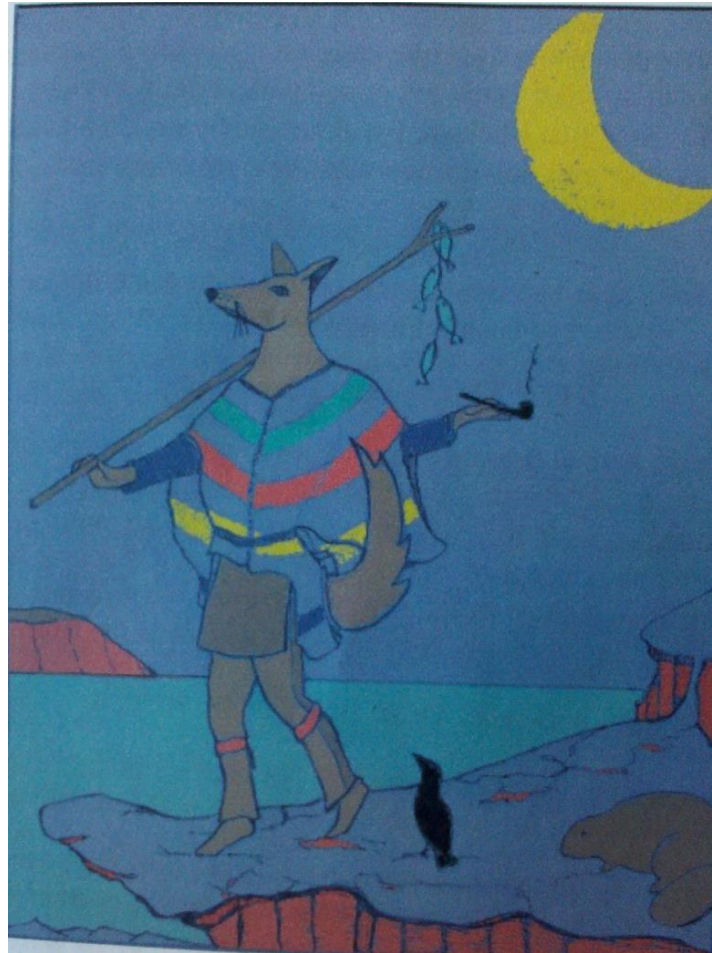


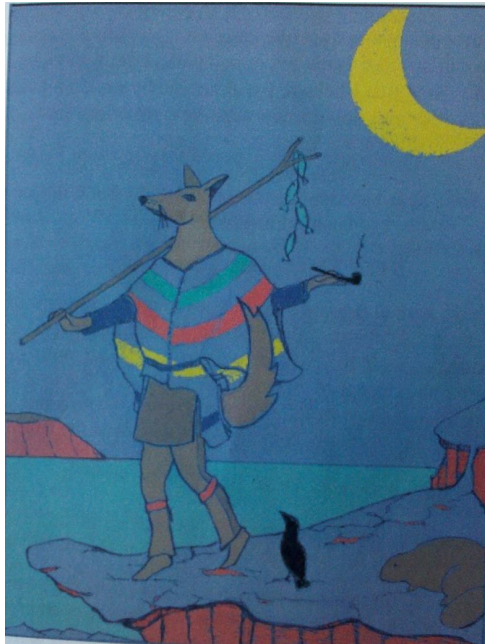
- Marc Berman, University of Chicago: “
- For cardio-metabolic conditions — a category that includes not only heart disease but stroke, diabetes, obesity and more — the study similarly found that an increase of 11 trees per city block was “comparable to an increase in annual personal income of \$20,000 and moving to a neighborhood with \$20,000 higher median income or being 1.4 years younger.”
- “Having 10 more trees in a city block, on average, improves health perception in ways comparable to an increase in annual personal income of \$10,000 and moving to a neighborhood with \$10,000 higher median income or being 7 years younger.”

# + Recovery Camp



# Drama

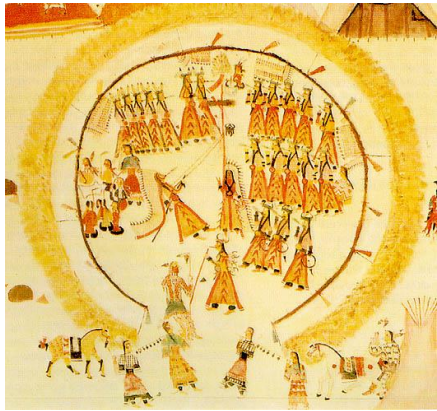




# A Healing Story

fullhd.seesaa.net





# Sacred Drama

- We are all story.
- Indigenous idea of self: we are a function of all the stories told about us by all the beings telling them.
- We emerge in time as an instantiation of the forces acting upon us: visible and invisible, material and not.
- Those things in our environment obtain ontological status by virtue of their ability to be present as an active force.



# Healing Idea

Healing takes place in the 'space between' the uncanny space, the limnal space.

- Establish the space *means* opening up the space to the possibilities (possible worlds, possible selves).
- Prepare the space.
- Bring the story into the space.



# THE PROCESS

## IDENTIFY THE ISSUE

- M had come to see us during a “Healing Camp” in Rhode Island.
- This is a gathering of practitioners and those who are seeking work who may have no money or health care.
- M arrived angry and suicidal.
- Told the story of being a spirit being...



# THE PROCESS

## IDENTIFY THE ISSUE

“What becomes of the stories we don’t tell? Secrets and the unsayable also form our identity. For me, untold stories manifested as seizures, chronic pain, alcoholism, major depression, failed relationships, P.T.S.D. and D.I.D.”



# THE PROCESS

## TEXTS

Personal  
Historical  
Environmental  
Political  
Economic  
Rigorous

They cannot be safely  
separated.



**“Experience of depression:  
colonialism, geographical and  
social displacement, internalized  
racism, denial and dissociation of  
identity, cultural poverty,  
substance abuse, domestic  
violence, sexual abuse, my  
depression.”**



# THE PROCESS

## METAPHORS

A way to carry things over



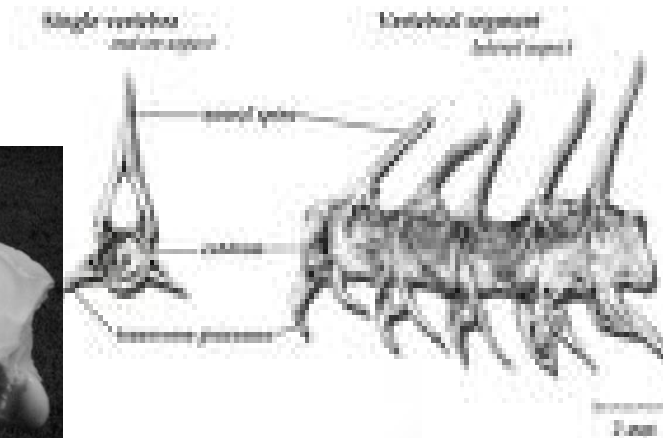
Credit: ©, Jeff Servoss



# THE PROCESS

Metaphor: THE BONES (FINDING WHERE TO START)

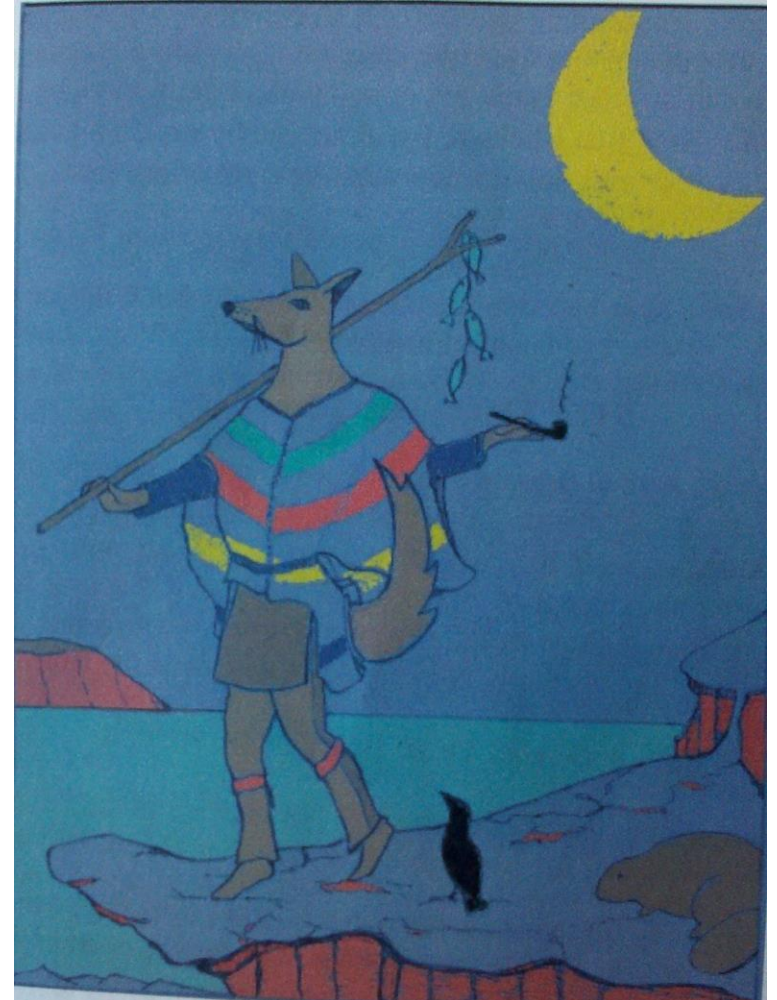
## Trunk Vertebra





# A Story

COYOTE ENCOUNTERS JENU: In every place there are some whose spirit gets overwhelmed and they become *Jenu*, like cannibals. There are many ways to eat a soul, and many names to call that. This is a story of someone whose soul was being eaten.





# A Story



Bear is possessed with this spirit. Changes in the land and lifeway made him vulnerable. Each day he comes and eats a little of Coyote, Ki'Kwa'Ju. They fight, but Coyote can't win and after a year he is almost all gone. But he has one power. And before he disappears completely he yells out: "Let one bone be preserved!" That one bone, that rib bone, it is left lying there. So the Power of Coyote, called Rage, comes to that bone and breathes life in to it. From that one piece coyote is reformed. He is the same coyote but also a little different. He now has a living Rib Bone Person he must share that body with.



# A Story

Ox have come from across the ocean. They are feeling displaced, not feeling at home, so they forget how to behave like proper animals. They are feeling sadness and alienation and resentment and other things that are not pleasant. They are searching for good feelings. They have trapped some Spirits in a drink to help them. The soul-eating spirit exploits this weakness and enters into them.





# A Story

Ox too now starts fighting with Coyote and eating him away piece by piece. And again, Coyote calls on his power and cries, “Let there be one bone left!” That one bone, that back bone, it is left lying there. So the Power of Coyote, called Rage, he comes to that bone and breathes life in to it. From that one piece coyote is reformed. He is the same coyote but also a little different. He now has a living Rib Bone Person and a living Back Bone Person and they must share that body.





# A Story



Jackal, he is also becoming Jenu. It is contagious. Jackal, he sneaks up on Coyote. “Oh, hello Uncle” says Ki’ kwa’ ju. But Jackal cannot hear, and him, he begins to eat. Coyote knows this story already but still he fights and howls. Again before he disappears completely, he yells out: “Let one bone be preserved!” That one bone, that jaw bone, it is left lying there. So the Power of Coyote called Rage, again comes to that bone and breathes life in to it. From that one piece coyote is reformed. He now has a Jaw Bone Person, and other people, and they must all share that body.



# A Story



Coyote is sharing his body with those other Persons. Although he is glad to have them it is crowded, and it is hard to walk without pain. He decides to ask Creator how to soothe his body so he can walk easier. “How’ s it going Ki’ kwa’ ju?”

“Not so well. I need some advice on how to walk easier.”

“Yes, I can see that. Not looking very straight you. Usually the Old Stories have good ideas. Try there.” He turns to go.



# A Story

“Wait! I don’t know those languages. And no one in my family tells those stories anymore. For lots of reasons (that may be told in another story) they have forgotten on purpose that they ever spoke anything but English or knew any stories but Bible ones.”

“Oh. Hmm, yes, you do look a bit mixed up. Well, I can tell you part of a story. Have you heard the one about when Little Thunder goes looking for a wife, and Wolverine helps him. They meet some strange fellows and get help from Kluskap?”



# A Story

“Yes, I know that one. But what has that got to do with me?

“You need to journey to find a way to rest your crooked body and make room for everyone in there. Of course it’s never that easy. So when you try to do that, you will encounter enemies like Wolverine did in Skunk and Beaver. Only your enemies are called Old Man Depression and Brother Fear. They’re sneaky ones. They keep getting older, but they never die or go away.”

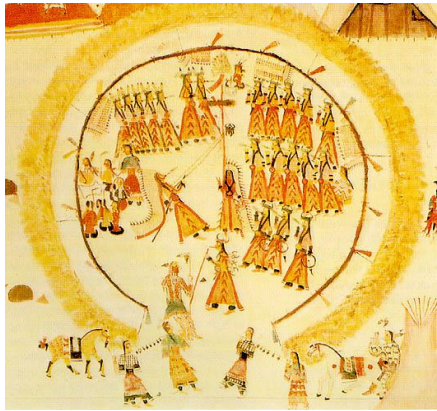


# STORY CONTINUES

At this point, we asked if there was any more to the story. M remembered another missing piece.

A girl had a mother who was a very flighty bird. The mother left. As a result she suffered trauma. In the enactment, the group began to write the story for her. Angels gathered around the girl and surrounded her with love and forgiveness.

One of the other group members played her mother and apparently did a very good job.



# A Story

## How to move forward?

Kluskap thought Coyote needed a chanting stick.

“I don’t have a Chanting Stick.”

“No. How bout a tambourine? That worked in one translation too.”

“Nope.”

“What do you have?”



# A Story

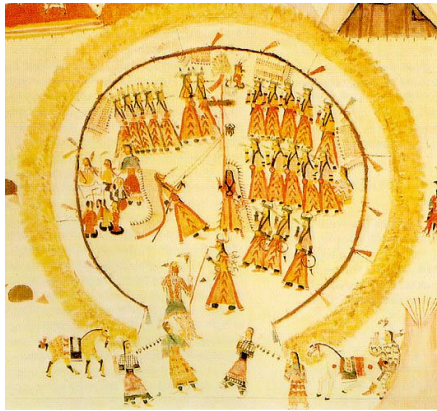


“A banjo.”

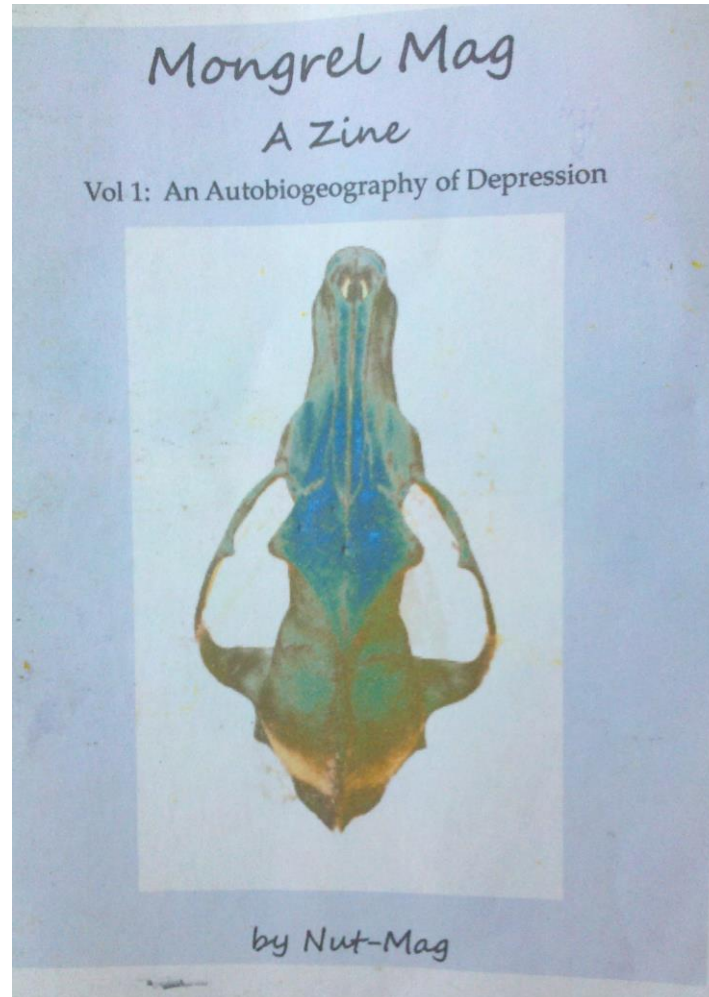
“Not very traditional. Oh well. In-between times, we do what we can. So you need to start your journey, and when your stone canoe comes upon Old Man Depression and Brother Fear, play them a ditty. But you have to pick a good song. And when all else fails, remember your first Power, Rage.”

“Where do I go on my journey?”

“All the best stories have journeys. It doesn't really matter, just keep going.”



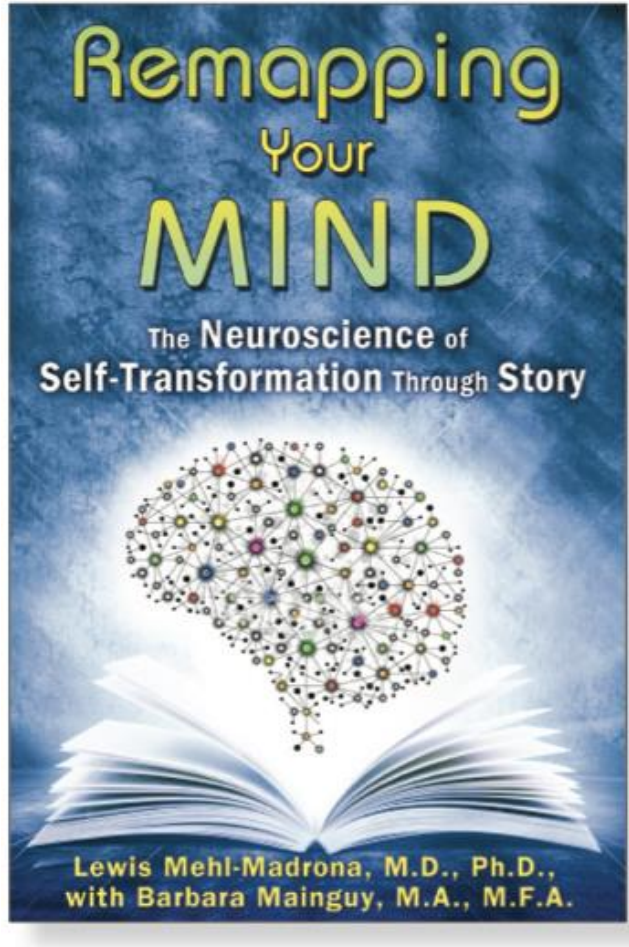
# LAST WORDS



**...it's about  
hands and  
silence**



**THE END**



Handout available on the  
NAMI Vermont website.

[artbarb@gmail.com](mailto:artbarb@gmail.com)

Hau Mitakuye Oyasin

# THANK YOU!

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