

MINDFUL OCCUPATION



RISING UP WITHOUT BURNING OUT



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A society that is increasingly socially fragmented and divided, where the gulf between success and failure seems so large, where the only option open to many is highly demanding and low paid work, where the only cheap and simple route to carelessness is through drugs, is likely to make people particularly vulnerable to mental disintegration in its many forms.

—Joanna Moncrieff

Try to remember that taking care of ourselves in the emotional & physical sense is a revolutionary act. The world can be a really sick place and we need to care for ourselves in ways we were never taught we'd have to.

—Kim

Human salvation lies in the hands of the creatively maladjusted.

—Martin Luther King, Jr.

Introduction



You Are Not Alone

Welcome!

What you hold in your hands is a rough toolkit of ideas and visions and it is meant to be shared and discussed and used for action as the Occupy* movement evolves. This booklet is the result of a bunch of dedicated people working together, friends and strangers, online and in person, in living rooms and out in the streets across North America.

The folks who put together this booklet come from different backgrounds, involved with on-the-ground Occupy protests in various cities and towns. Many of us have been working on issues of radical mental health and activism for quite some time, involved with groups such as the Icarus Project, MindFreedom International, and the Freedom Center. Others are mental health professionals and street medics who have been involved in supporting the occupy protesters on the ground. What binds us all together is respect for each other's personal experiences, and our commitment to community-based approaches to emotional support.

We are all passionate folks that care about the people in our movement and we know that involvement in activism can make many of us especially prone to highs and lows. Sometimes we feel incredible, knowing we are part of shaping history in the streets with our friends, and other times we may find ourselves desperate and burnt out, feeling the entire world suffering under our solitary skin. In creating this booklet, we wanted to specifically address the need for attention to mental health, healing, and emotional first aid within Occupy groups.

We envision a vibrant movement made up of locally based community groups and professionals in the field - a movement that understands the importance of language and telling stories and knowing our history - a movement that has the reverence for the human spirit and understands the intertwined complexity of

* We have decided to use the term 'Occupy' because it reflects the current language of the movement. We note however, that this word can both re-enact and erase violent histories of colonization and imperialism, and as such usually find other terms ("decolonize", "liberate", "unoccupy") more useful, and less problematic.

these things we call mental health and wellness. We understand the importance of economic justice and global solidarity. We see the critical need for accepting mental diversity and not falling into the trap of trying to fit into a society that is obviously very sick. Fundamentally, we recognize an urgency: if we are going to shift the current paradigm, we need a movement that both has the political savvy to understand how to fight the system, and the tools to be able to take care of each other as the world gets even crazier. Hence:

There is an urgent need to talk publicly about the relationship between social and economic injustice and our mental health. We need to start redefining what it actually means to be mentally healthy, and not just on an individual level, but on collective, communal, and global levels.

The Strength of Our Collective Hearts

Part of making social change is working with our individual hearts, making them as intact as we can. While engaging with community can be challenging, it can also make us stronger. It's important to remember that we don't have to always show our so-called 'strong' selves. We are trying to create a world in which 'weakness', emotion, or vulnerability is not seen as a problem. We feel that, to be 'strong', one should be able and willing to feel the full range of emotions and not keep them bottled up inside. This is extremely important when it comes to activism, because we are much stronger as a group if we allow this full range in one another. If we deny our 'problems', or hold them in until they explode out in unhealthy ways, we are more likely to burn out, or to bring other people down in the process. Remember that emotional health is important, and we need to take care of each other! Hopefully, this booklet will have some useful thoughts and skills for you to use as you contribute to making the world a much better place! Some of the writings and art here has been previously published in different form, and some of it was created in the heat of the moment within days of going to press. All of it was written in the spirit of mutual aid and cooperation. Let's take really good care of each other out there! Mad Love!

Through working together, all of us in our different states of mind

and heart, we work towards real solidarity!



What is Radical Mental Health?

Stories matter. Many stories matter. Stories have been used to dispose and to malign. But, stories can also be used to empower and to humanize. Stories can break the dignity of a people, but stories can also repair that dignity.

—Chimamanda Adiche



Radical mental health* means conceiving of, and engaging with, 'mental health' and 'mental illness' from a new perspective. There are many ways to understand our psychic states, flows, and differences, and there is a rich tradition of groups and individuals that have been exploring the boundaries of these experiences for many years. What follows is a list of key principles that we find woven through this diverse movement; it is not intended to be exhaustive or universal, but more to offer an overall sense of who we are, what we do, and why.

In presenting this approach, we seek to raise questions and alternatives to mainstream perspectives, as opposed to mainstream people. That is, we recognize that there are many people who work in mainstream mental health settings who are deeply committed to anti-oppressive practices, who are end-users of mental health care, who are traumatized by working in profoundly unjust and under-resourced systems, and who aim to share hope and support with the people most victimized by those systems. As such, while being in some ways "cogs" in a highly flawed system, they (we) are also allies in any systemic change. We need each other. For radical shifts to a monstrous, complex structure can only occur through dialogue and movement across multiple forms, people, and sites.

Radical mental health activists have a diversity of perspectives towards hospitalization, medication, and diagnoses. Most of us are not dogmatic about these issues, although we choose to make a critical distinction between an individual's informed consent and a critique of the psychiatric establishment and the pharmaceutical industry. Perhaps the most radical aspect of radical mental health has to do with questioning authority and the production of knowledge.

* We are using the phrase "radical mental health" for ease of reference in the context of this zine. However, in doing so we want to also acknowledge that "mental health" draws upon a medical model of our psychic states, and as such is itself considered problematic to many within this diverse movement.

We challenge the exclusive voice of formal expertise, and demand that our stories and experiences be considered alongside the voices of professional mental health service providers. Along with the disabilities rights movement, we insist: Nothing about us without us.

Radical mental health is about grass-roots and diversity.

For so long, our psychic differences have been defined by authority figures intent on trying to fit us into narrow versions of 'normality.' Radical mental health is a dynamic, creative term; one which empowers us to redefine dominant assumptions about distress and well-being by coming up with our own understandings for how our psyches experience the world, rather than pouring them into conventional medical frameworks. For example, the Icarus Project understands people's capacities for altered states as, "dangerous gifts" to be cultivated and taken care of, rather than a disease or disorder to be cured or eliminated. Indeed, by joining together as individuals and as a community, they believe that, "the intertwined threads of madness and creativity can inspire hope and transformation in a repressed and damaged world." Any realistic approach to well-being has to begin by accepting and valuing diversity. There is no single model for a 'healthy mind', no matter how many years of drug treatment, schooling, or behavior modification programs we've been put through. And without differences, there is no movement.

Radical mental health is about interconnectedness.

While mainstream conceptions of mental health and illness by-and-large reduce people's experiences into brain chemicals, radical mental health sees human experience as a holistic convergence of social, emotional, physical, spiritual, and environmental elements. This interconnectedness also spirals outwards with the idea that we all share this planet together; what is happening in my neighbors'



worlds affects my own, and vice versa; what is happening in non-humans' worlds affects our human world, and vice versa. No matter how alienated we are by the world around us, no matter how out-of-step, depressed and disconnected we might feel: we

are not alone. Our lives are supported by the lives of countless other beings, from the microbes in our eyelashes to the people who pave our streets. The world is so much more complicated and beautiful than it appears on the surface. A premise of radical mental health then, is that things to support our well-being can come in many different forms (they do not just have to be psychological or pharmaceutical), and that we are not left to deal with everything on our own. The growth and strength of individuals and communities comes from our interconnectedness - we struggle and celebrate together, always.



Radical mental health is about options.

Some may assume that radical mental health is simply "anti-psychiatry." However, it is in fact much more complicated, diverse, and nuanced. Radical mental health means doing some things that mainstream approaches suggest for our well-being, while discarding things that we may not find useful, helpful, or positive. This means supporting people's self-determination for personal, ongoing decision-making, including whether to take psychiatric drugs or not, and whether to use diagnostic categories or not. Importantly, this support is done with an acknowledgement that medical choices carry considerable power, influence, and authority in our current-day society, and a sense that their related tools may be useful for the moment but do not need to signify our experiences as sick or chronic, and themselves come with their own sets of problems that cannot be ignored. As such, radical mental health often includes taking a 'harm-reduction' approach (promoting strategies to reduce harmful consequences) to people's behavior, including their use of psychiatric diagnoses and drugs. Radical alternatives to mainstream approaches celebrate multiple options and diverse forms of expertise. They value, for example, peer support, listening, dialogue, mutual aid, activism, counseling, spirituality, creative activity, community engagement, and access to more marginalized healing methods.

Radical mental health is about politics and social justice.

Radical mental health understands the tools of psychic intervention to be embedded in broader relations of power that can benefit from

controlling and silencing how our psyches/bodies/souls speak about an unjust world. It also sees these tools as having been drawn into a powerful, global 'medico-industrial complex' that profits from framing our experiences as chronic illnesses that require life-long treatment. Doing radical mental health therefore might mean denouncing how the pharmaceutical industry gains from creating new diagnostic categories, and agitating on major scales for changes among mental health institutions, professionals, government policies, and insurance companies. A radical mental health lens could also mean looking at the history of psychology with a skeptical eye; researching how definitions of madness vary across time and space, and as such are socially-produced. For example, the psychological establishment has called queer-ness, female-ness, transgendered-ness, gender-variance, and blackness, among other things, an illness or an 'Other', therefore justifying forms of violence and exclusion that maintain the dominance of some groups in society over others. Radical mental health then, is about listening to our psyches/bodies/souls, and returning the pathologizing gaze to our crazy-making world. In this way, our struggles for mad justice intersect with others challenging oppressive social relations, including anti-racist, feminist, queer, decolonization, disability, anti-war, decarceration, anti-corporate, public education, and other grass-roots community movements.

Radical mental health is about emotional/embodied expertise.

Although careful to not overly romanticize suffering or different mental states (obviously, some can be very painful and disruptive, or lead to death), we see the beauty and value in all of our feelings. Radical mental health is about survival - not 'survival of the fittest' or survival through teeth-gritting, but survival through chaos, and through great times too. It means seeing what others do to support themselves - things which might seem self-destructive from afar - with compassion and understanding for why they might use certain sorts of 'coping' mechanisms. Radical mental health is about opening up doors for conversation; about taking shame out of the equation. It is about not trying to fit into narrow definitions of 'normal' which are always wrong anyway, because every culture, every group, every place might have its own 'normal.' Radical mental health is



about using your lifetime to learn about yourself, your loved ones, and strangers too, and envisioning and moving towards a society and ways of living which better support us all. It is about making worlds that recognize 'breaking down' as a meaningful, important, part of life, that must be attended to, tended to, and not necessarily fended off. Radical mental health is a process of listening to the expertise of our emotions and bodies.

Radical mental health is about questioning and imagination.



Radical mental health questions authorities of knowledge; drawing attention to the way that diagnostic categories and treatment regimes are based on assumptions about science and expertise that do not necessarily take into account the subjective and political nature of all knowledges, especially those that are embedded in a powerful political and corporate structures that have a vested interest in pushing illness models of madness. To do radical mental health then, might mean critiquing some of the assumptions underpinning mainstream approaches to our psyches. For example, the concept that being a "productive member of society" means the production of certain goods, or of performing certain types of jobs, even though these may serve our unjust economic structure, over individual or community well-being. In addition, radical mental health imagines what could be. Our psychic experiences are seen as an important source of desire and possibility; a (sometimes distressing, sometimes delightful) place of learning and revolution that can be squashed or hardened when approached solely through a medical lens of fear, risk, and danger.

Radical mental health is about new languages and cultures.

Language is powerful. It can open the world up like sunrise and it can block out the sky like prison walls. We have other people's language in our heads and on our tongues. The medical authorities offer us all kinds of words to talk about ourselves and the troubles we have, like *depression* and *psychosis*. Sometimes these words help us look back on our lives with a new way of understanding what the hell was going on, but too often these words end up putting us in sad, separate boxes where we feel like there's something wrong with us and we can't connect to anyone else. Words like *disorder* and

disease offer us one set of metaphors for understanding the way we experience our lives through our particularly volatile minds and souls, but it is such a limited view. We think in language, constantly filtering all our perceptions through the available structures of words and metaphors in our brain - in many senses the available metaphors create our reality. If we can change the metaphors that shape our minds, we can change the reality around us. We need to get together in groups and find language for our stories that make sense to us and leave us feeling good about ourselves; to unlearn social conditioning about what it means to be "sick" and "healthy." We need to reclaim our dreams and scheme up ways to make them happen. We need to share everything we've figured out about how to be a human being. We need to love ourselves as we are—crooked and intense, powerful and frightening, unruly and prone to mess around in the dirt—and understand that weeds are simply plants who refuse to be domesticated and displayed. We need to write new maps of the universes we share in common and find ways to heal together.



Radical mental health is about challenging the ideology of Biopsychiatry.

The biomedical model of psychiatry, or "biopsychiatry," rests on the belief that mental health issues are the result of chemical imbalances in the brain. It is an idea that is wrapped up in the same ideology of the marketplace that has cut our social safety nets and fragmented our communities. More and more, the belief that our dissatisfaction and dis-ease is a result of our individual "brain chemistry" has desensitized the society we live in to the idea that our feelings and experiences often have their roots in social and political issues.

If we are going to do anything to change the mental health system (along with the decaying economic system!) we need to begin by simply acknowledging how fundamentally flawed the current model is—how little room it leaves for alternate views of health and wellness, how it privileges the knowledge of scientists and experts, and belittles the resources of local communities, families and alternative health care practitioners. We need to draw a clearer distinction between the usefulness of some modern psychiatric medications, and the biopsychiatric program that reduces our

minds to brains, and our feelings to chemical reactions. We need to talk publicly about the relationship between social and economic injustice, the pharmaceutical industry, and our mental health. We need to start redefining what it actually means to be mentally healthy, and not just on an individual level, but on collective, communal, and global levels. We need to look more closely and critically at the root causes of our mental distress, because it is likely that many of the causes come from the same ideology that offers the current biopsychiatric solutions.

There are so many of us out here who feel the world with thin skin and heavy hearts, who get called crazy because we're too full of fire and pain, who know that other worlds exist and aren't comfortable in this version of reality. We've been busting up out of sidewalks and blooming all kind of misfit flowers for as long as people have been walking on this Earth. So many of us have access to secret layers of consciousness—you could think of us like dandelion roots that gather minerals from hidden layers of the soil that other plants don't reach. If we're lucky we share them with everyone on the surface—because we feel things stronger than the other people around us, a lot of us have visions about how things could be different, why they need to be different, and it's painful to keep them silent. Sometimes we get called sick and sometimes we get called sacred, but no matter how they name us, we are a vital part of making this planet whole. It's time we connect our underground roots and tell our buried stories, grow up strong and scatter our visions all over the patches of scarred and damaged soil in a society that is so desperately in need of change.



Connecting Radical Mental Health and Occupy

Corporate (in)justice



It does not take long to notice the connections between radical mental health and the Occupy movement. After all, both movements are challenging the objectification of persons and nature at large. In the radical mental health movement, we raise our voice against the mainstream mental health system in which our complex experiences are objectified into labels that fit cookie-cutter understandings of mental health. In the Occupy movement, we raise our voice against the corporate-centered culture where our lives are treated as objects whose purpose is to bring financial gain to corporations.

We notice that the injustice in the mental health system closely intertwines with the injustice that results from corporatocracy. Our mental distress is always inseparable from the socioeconomic circumstances that we are in. Pharmaceutical corporations then exploit our insecurities as an opportunity for revenue growth. In addition to advertising drugs as an effective tool to fix a “chemical imbalance,” corporate influence corrupts the powers-that-be in the mental health system. Time and again we find out about financial ties between pharmaceutical companies, researchers, and members of the DSM task force (the very people responsible for developing the manual of mental health diagnoses.) Moreover, the government does little to regulate corporate greed, as the Food and Drug Administration relies on research conducted by the pharmaceutical corporations when approving new drugs.

When corporations that prioritize productivity over community are culturally sanctified, challenging the status quo seems all the more difficult. However, through social protest, whether it is Occupy or radical mental health, we take a step against the accepted paradigm to reclaim our humanity and community. Given that we are putting our real selves on the line, we may become stressed. We may be hurt. We may be traumatized. That is why it is also important to learn how to give and take care of ourselves, through mutual

support and communityship. And to try and match our process in doing this, with the product that we are collectively seeking.

(un)Occupy violence

Occupy weaves together communities refusing to go on carrying the burdens of an unjust economic structure; burdens that land especially in communities who are poor, of color, queer, trans, and/or disabled.

And burdens that can manifest as madness.

Yet, backed by a medico-industrial complex that profits from turning injustice into sickness, these mad expressions are by-and-large framed as an individual's "mental illness"—diverting critical attention from our crazy-making world. Such mainstream approaches are therefore both product and tool of imperialism, capitalism, neoliberalism, and securitization; those very systems that Occupy is striving to undo.

It follows that madness connects deeply with Occupy. Yet, conflated with aggression, it is instead increasingly seen as a threat that needs to be screened out or eliminated. Such an approach ignores that the vast majority of madness is not violent (in fact, madness is much more affiliated with surviving violence,) and that the vast majority of violence is considered "rational" (the violent actions of the state, corporations, white supremacy, and patriarchy, for example.) In addition, it becomes drawn into disturbing assumptions about blackness and homelessness, while distracting from the ever-present threat of police brutality, damaging the bonds of solidarity between us, and depicting Occupy as divided and unstable.

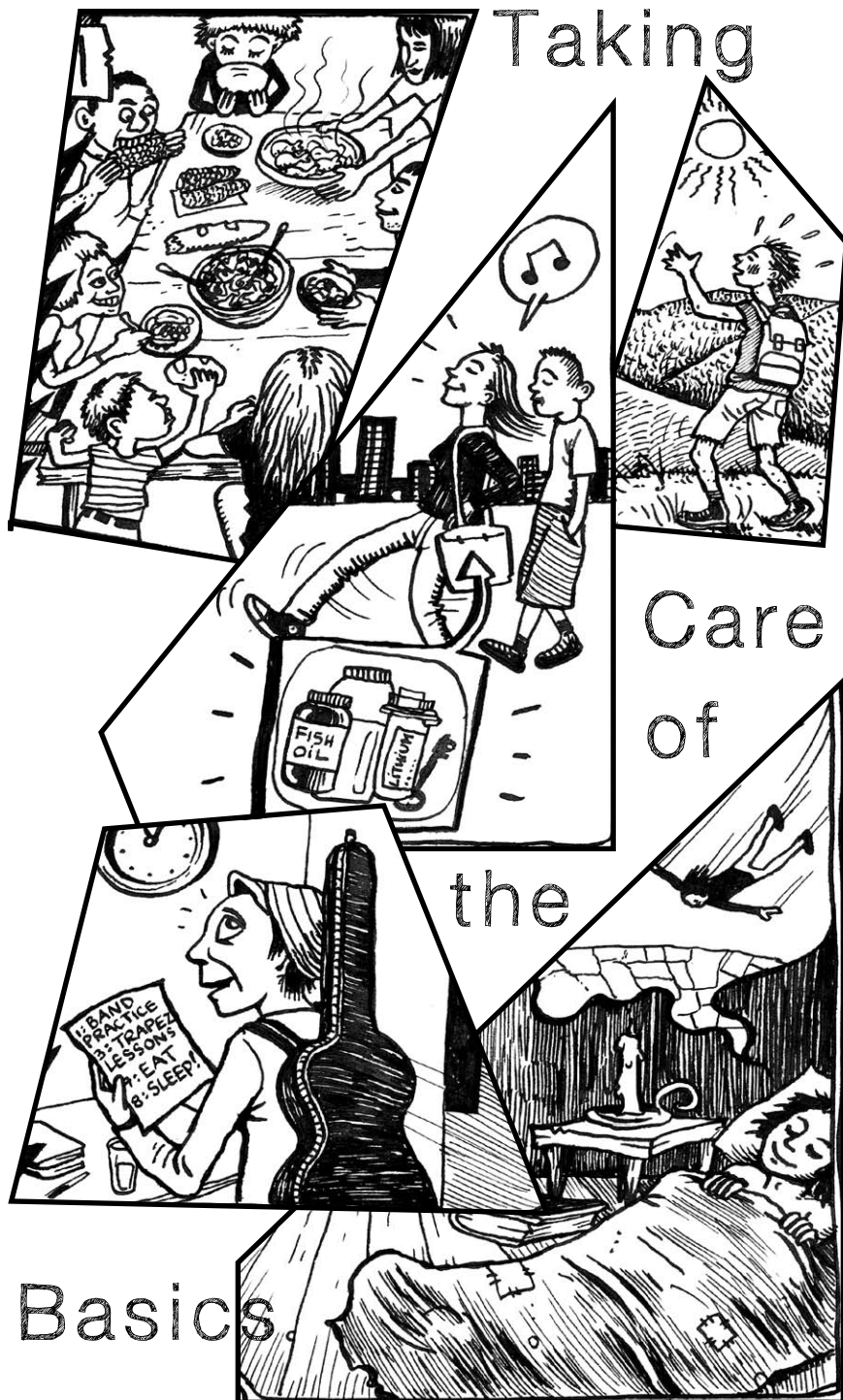
As a site of solidarity, violence of all kinds is clearly not okay within Occupy; there needs to be a process of accountability for harmful words and actions. However, it also does not have to be diagnosed as "mental illness" and would benefit from being addressed in consultation with the communities whom are being blamed.

We are working hard to create a space within Occupy for diverse connections, particularly as mad voices disproportionately represent bodies already marginalized and policed by society. We have been organizing for mad justice, and offering social and emotional support on-site to all protestors—no matter what form their protest takes—through written materials, teach-ins, counseling, peer-support, medic training, and community-building.

Using a lens of diversity, protest, and community, radical psych sees madness as containing seeds of expertise, imagination, and revolution. It offers learning and growth to Occupy, and deserves to be actively included (not just tolerated) in "the 99 percent."

For we all desire, require revolution.





Nourishing Mind/Body/Soul/Each Other!

Protest is physically, emotionally, spiritually, socially, and politically intense. Even moment to moment, it can shift from being exceptionally enriching and energizing to exasperating and exhausting. One of the most effective ways to deal with these desires and disruptions is to establish and sustain a collective, holistic space that nourishes people's individual needs as important, unique elements of a dedicated, diverse, and active community. Below are some ideas:

- ▼ **SCHEDULE:** Schedules can reduce mind-clutter and stress, creating more space for engaging in activities with depth and calmness. If you're here to participate in particular actions, a schedule can help you feel more prepared, secure, and confident.
- ▼ **SLEEP:** If and when things go down, being well rested will give you a better chance of being resilient. Two hours of sleep vs. seven hours of sleep really can make all the difference. Think about what you need to sleep soundly (warm clothing, blankets, earplugs, eye cover, sleep aids, etc.) and share these with each other. Collectively take shifts to ensure that you are all individually nourished.
- ▼ **EAT & DRINK:** Stay hydrated, eat as well as you can, and keep your blood sugar up (low sugar, no/limited caffeine). Sharing meals together is a great way to build friendships and community.
- ▼ **SUPPORT:** Build and stay connected to your own unique, creative support system of healing and inspiring people, things, spaces, and activities—both nearby and farther away. Support each other to take the time out to do this; nurturing individual needs contributes positively to the collective.
- ▼ **HERBS & MEDS:** Keep up with any herbal or medication regimens you may be on. Keep your prescription bottle on you, ID, and preferably a note from your doctor. This will increase your chances of getting to take your meds if you get arrested.

▼ **STAY EMBODIED:** Your body is a significant site for processing (potential) stress and trauma. Take care of it, listen to it, and nourish it with touch and movement. For some people, this may also mean trying to avoid excessive alcohol and drugs. While people will make these decisions for themselves, it is important to recognize that intoxication can negatively affect protests by disrupting our connections with our bodies and each other.

▼ **LAUGHTER:** Part of decompressing and dealing with trauma is remaining alive. In addition to dealing with the serious matters at hand, it helps to play and have fun. Done with sensitivity, laughter is a shiny way to heal, gain perspective, and connect with one another.

▼ **TALK AND LISTEN:** Being prepared before things get hectic can be helpful. Talk with people about what's difficult for you and what helps you when things get rough. Actively create a supportive space for others to do the same. This kind of communication happens on multiple levels. Stay tuned in to each other, listen, reflect, and ask questions. We can all learn and grow from each others' experiences.

▼ **SPACE:** We are not separate from our physical surroundings. Thoughtfully building this space will help to calm, cleanse, and invigorate your emotional well being and promote a sense of inclusion and community. Collectively making a space is also a great way to build connections, begin conversations about our overlapping and diverse needs and aspirations, and get creative!

▼ **CONNECT:** It is important to realize that you are not alone. Take time to build friendships with your fellow protesters and support each other. Draw connections between what you are experiencing on a personal level and the big picture—the experiences of your fellow protesters, the broader Occupy movement, the everyday injustices lived by diverse communities, the similar struggles for resistance and change of other groups across time and place, a commitment to nature and the Earth, spiritual exploration, and global revolution!

Basic Tips for Sustainable “Occupy” Street Protests

1. Form an ‘affinity group’—a group of friends. Let them know where you’re going and when you’ll return. Discuss what you’re likely to do if faced with arrest situations. Debrief with the group, lean on them for physical and emotional support. March with your affinity group and stick together. It can be a challenge to stick with a big group, so also consider having a ‘Protest Buddy’—one person that you march with.

2. **THE BIGGEST RISK** with a sustained protest outside in cold weather is **HYPOTHERMIA**. Tips for dealing with cold: Stay Dry. (Always carry a rain poncho). Eat. Drink. (Always carry a bottle of water with you, and drink lots!) Rest. Dress in layers—1st layer: thin synthetic, not cotton material. 2nd: Thin, warm layers. 3rd: Thick layer like wool or fleece. 4th: a wind/waterproof layer. Wear a hat and mittens. If clothes get wet, change. If too hot, remove some layers—it’s better not to sweat. For really cold days, put a small amount of cayenne pepper in shoes (not in your socks), or use heat mits. Go to a warm place. The group should find a local location that will allow people to warm up in. Staying warm while sleeping: Wear dry clothes. Always have extra socks. Keep bedding dry and separated from the ground. Close all windows in a tent to keep your heat in. An electric lamp will also give off heat and can help to keep the tent warm. Signs of Severe hypothermia: Not shivering, cold, blue/puffy skin, mumbling, stumbling. If this happens to you or someone you know, get help! There is an ‘Occupy Winter’ group on facebook providing tips on dealing with the cold.

3. **RESPECT** that many people are involved here. (Yay!) Some are seasoned activists, others are brand-new. Some of us are very conscious of things like sexism, racism, homophobia, transphobia, classism, ableism, etc and will notice these isms even in the protests. Be **PATIENT** with each other. People aren’t usually trying to be racist/sexist/able-ist—they’re just new to understanding how these insidious isms take root in us, how we all perpetuate them to some degree. Assess the situation. Seek out support and **SPEAK UP** in a manner you feel comfortable with if you feel someone’s being X-ist. ‘Safer Spaces’ groups and other groups in various

encampments will be working on ways to make it easier to address these issues. Try to be patient and LISTEN to one another.

4. Protect yourself. Just because someone is in the same protest doesn't mean they're necessarily a safe person to hang out with. You have to feel that out for yourself. You may want to show up initially with a good, trusted friend.

5. Respect your intuition about what you need to do to take care of yourself. We all have roles to play, and some may find that certain actions are not for them. Sleeping outside, for instance, day-in and day-out, in cramped spaces filled with people, can be very hard on our physical and emotional selves. To take care of our mental health, one of the most important things is to get enough sleep, but the encampments can make that hard! You could use earplugs to try to sleep better, but then you won't be as safe when it comes to dealing with possible police problems, etc! Or maybe you're in a situation in your life where you absolutely can't risk getting arrested. So you have to make strategic choices about which activities to engage in. It's important to know that there's so many ways to participate in these movements! You should contribute what you can, and that is wonderful!

6. arrest isn't always possible to avoid because police try to destroy protests by terrifying us, but watch for clues. Police will be more tense, coordinated, etc. Pay attention to police radios and bullhorns. Discretely listen in on police conversations. Pay attention to shift changes. Pay attention to how police have been treating the protests in general. If they have been arresting at random at marches which didn't have permits, and you can't risk arrest, consider sitting the march out until the next one that has a permit. Support it in ways that you can, like writing letters of support to the newspaper, or calling political officials. If arrested, stay calm. If you have important medications that you need, demand them again and again. You may also request to go to a hospital. Make note of officer badge numbers and names. Call Legal Support.

7. In a possible arrest situation or march, take off earrings or other dangly jewelry. Tuck long hair away. Police may pull, or things may get pulled in jostly situations.

8. Yell 'Medic' if you or someone else is hurt. Street Medics are trained in basic medical procedures to help protestors. They wear red crosses on their clothes.

9. DEALING WITH PEPPERSPRAY. Notice: Are police carrying a big canister-looks kind of like a fire hydrant? They may also have it in pellets, foam or small cans. Take your contacts out if you can! If you can't avoid getting peppersprayed, it'll burn your eyes and skin like crazy, can make you nauseous. Don't rub your eyes. Try to open them and cry. Yell for a medic. Wash out of eyes with LAW (liquid antacid (Maalox) & water), head tipped to the side, starting from the inner eye so that it runs out the other side of the eye.

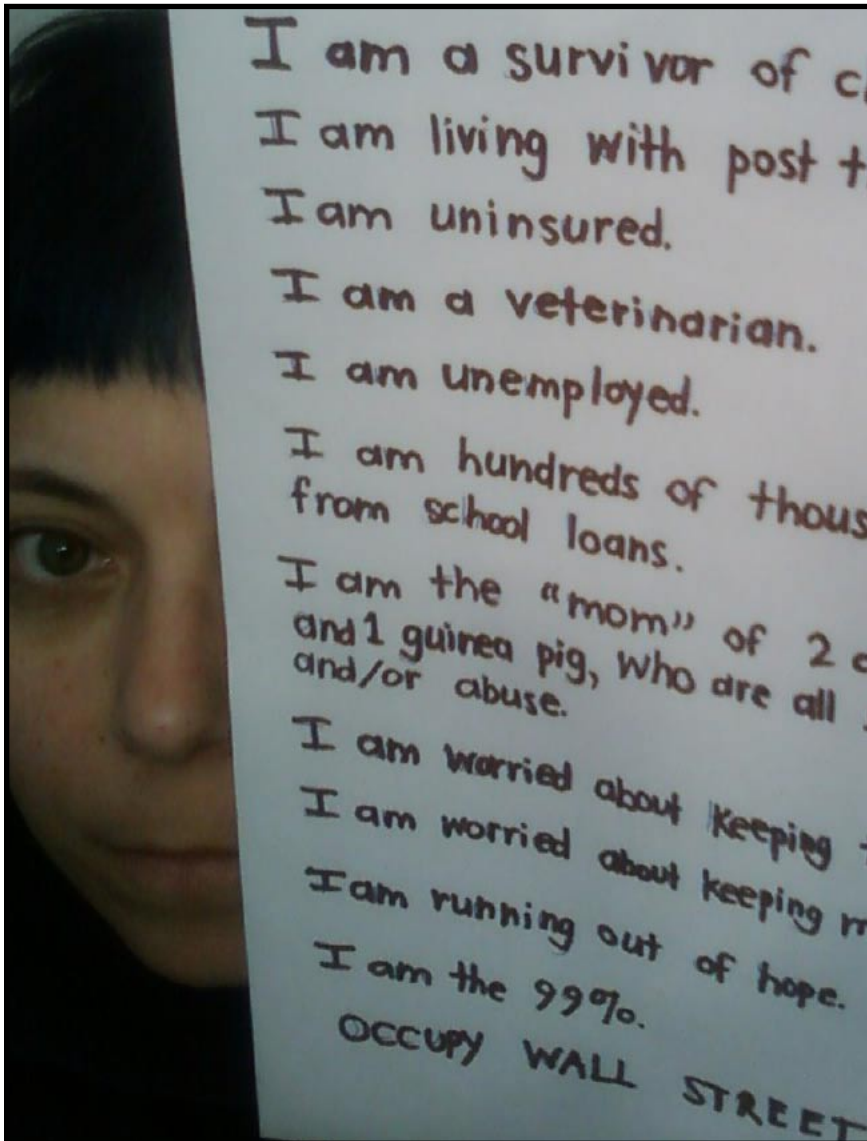
10. DEALING WITH TEARGAS. Police will be in riot gear with gasmasks. Some holding huge teargas guns that they use to shoot out the teargas canisters. If you have asthma, other breathing issues, or are pregnant, try to get out before they use gas! If you want to get away, walk to higher ground, as teargas will sink to lower areas. General protest etiquette is to not run because people can be trampled, but in extreme situations, you might consider it as a way to care for yourself. Teargas makes you feel blind and like you can't breathe, for about 5-20 minutes. It can also have longterm effects, but mostly it can be an extremely triggering experience for many. It is loud and scary. It is possible to hold your ground, too, though often police use the teargas as a way of clearing an area, storming in like a line of robots. Be aware that the teargas canisters are extremely hot and can burn you if you try to pick them up without heat-safe gloves. PROTECT YOURSELF: Wear plastic goggles like tight-fitting swim-goggles, with a respirator. Low-tech option: Cover your mouth and nose with a wet-soaked rag and close your eyes. Cider vinegar in water on the rag can help. Teargas is not as effective when there's water. Breathe thru your nose, not your mouth. Afterwards wash in COLD water and castille soap.

11. Assume undercover police are around. They may act as provocateurs, or just be spying on you. Don't out anyone's name or other info without their consent.

12. Debrief after difficult situations. Some Occupy areas have set up 'Emotional First Aid' tents where you can talk, rest, or other types of healing. Sometimes it's also a good idea to connect with people

who are far-removed from the action, as people who are on the scene themselves may also become traumatized. You may want to take some time away from the protests to revive yourself.

13. Be proud! Youâ€™re part of a long, creative tradition of protest thatâ€™s caused major changes for the better! People around the world are expressing so much support for us!



Coping skills in times of stress

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What is Stress?

Stress is simply your body's response to change. Since your environment is constantly changing, you are constantly under some level of stress. Your nervous system is equipped to handle a certain "normal" level of stress. This "normal" level of stress, or the amount of stress that a given person can experience without experiencing the physical symptoms of stress, varies from person to person.Â

When you have surpassed the normal level of stress that your body is equipped to handle, you will begin to experience the physical and emotional effects of stress, and your behavior will change as well.

What are Stressors?

A stressor is defined as any physical, psychological, or social force that puts real or perceived demands on the body, emotions, mind, or spirit of an individual. Simply put, a stressor is something that causes stress.

What are Coping Skills (Strategies)?

We all develop defense mechanisms to avoid or lessen psychological pain. **Coping skills** are ways in which we learn to deal with various stressors. Each person copes with stress differently. Over time, we all construct coping strategies that are "right" for us as thinking and feeling individuals. "Right" is in quotes because many people often do not realize that how they deal with life stressors is not only

unhelpful, but also destructive, negative, and painful for not only themselves but those around them.

Coping strategies can be both constructive/adaptive or destructive/maladaptive. **Maladaptive coping skills** are ways of dealing with stress that usually make things worse. These types of coping strategies can hurt your social relationships, make preexisting problems worse, and even result in new symptoms of a stress-related injury. Many of us have known someone who has overreacted to something which resulted in them losing touch with a friend or loved one. Maladaptive coping strategies put pressure on your relationships with friends, family, comrades, and coworkers. They can damage your body or create more emotional pain in the long term, even when they seem helpful in the short term. In extreme cases, maladaptive coping skills can ruin lives. Through the information in this booklet, and psychological activism, we can lessen the impact of negativity in our lives, including that which we inflict on ourselves through learned maladaptive coping skills.

“I don’t think about it it’s not there, right?”

Some people believe that it is best not to think about a troublesome issue, thought, or feeling, as getting upset about it may only make the issue worse. In some instances, this will be true, depending on how you react to any given situation. However, we must never put a troubling issue to the back of our minds in hopes that time will make it all go away. Such behavior is actually harmful in the long run. Sure, you will not be “bothered” by such thoughts right this moment, but while you’re ignoring your problems THEY ARE STILL PRESENT IN YOURS AND OTHERS LIVES. What is most beneficial for all involved (especially your own long-term mental health!) is to deal with any stress, anxiety, or troubling issue as it arises. Waiting for time to “take its course” in solving your problems only creates more stress in your life.

Allow yourself to feel

In many cases of maladaptive coping we do not allow ourselves to feel and analyze our emotions. You should always ALLOW

YOURSELF TO FEEL. Oftentimes our rational self tells us that feeling isn’t constructive. Socializing in our society has conditioned us to believe this. This is true for all people, although society socializes the genders differently. Regardless of your gender, FEELING IS NORMAL. Allowing yourself to feel a whole range of emotions about any given situation is healthy. What you do in reaction to these emotions, however, **can** be unhealthy.

Leaving the Situation When ‘Fight or Flight’ Kicks In

The first step when confronted with a stressful situation is to remove yourself **physically** from the stressor. Doing this will give you time away from the stressor to process how you feel. If you remain in physical proximity to something that causes you stress you will not have the mental capacity to focus on your thoughts. If the stressor is a person and you do not take a physical time out, you may lash out irrationally at them, whether verbally or physically. I keep emphasizing “physical” because at no point should you distance yourself emotionally. If you are engaged in a conversation, and want to continue the conversation once you cool off, consider saying, “I need to take a time out. Can we continue the conversation in 30 minutes?”

Once you are away from the stressor, take some deep breaths, sit down, and allow yourself to feel. If you are angry, be angry. If you are sad, feel free to cry. Feel whatever feelings come to you-do not suppress them. Try writing about it, or talking to someone who is far-removed from the situation. Make sure you allow yourself 20 minutes to calm down. This is not just an arbitrary number. It takes the body 20 minutes to get out of “fight or flight” mode.

Coping with Overwhelming Emotions (a quick reference list)

A common reaction to experiencing overwhelming emotions is a heightened sense of personal vulnerability or fear. The following strategies may lessen the impact overwhelming emotions will have on your mental health.

1. **Validate the emotion.** Remind yourself that it is normal to experience feeling overwhelmed as well as the range of other emotions you may be experiencing.Â

2. **Share your emotions with others.** Understanding, supportive others who can listen to you often provide relief. You may find that they have experienced similar overwhelming emotions sometime in their life. Even if you do not talk about your emotions, the company of supportive others who are experiencing similar reactions, thoughts, and feelings can be a comfort.

3. **If you do not want to be alone, find ways to be with others.** Spending time with familiar others can make you feel safer and more comfortable. Entertain the notion of inviting a friend over to spend the night with you, travel across town with friends, and let people know you would like their company.

4. **Create a safe environment.** Analyze your living, working, and school environment and identify ways to increase your sense of personal safety and security.

5. **Obtain accurate information about your reactions.** Seek out the assistance of informed others who can help you sort out your feelings and thoughts. Avoid persons who deny or minimize your experience.

6. **Realize that you cannot control everything.** Often our fears are exacerbated by situations that remind us that we cannot control all persons, places, and things. It is often helpful to identify those things that are in our control, and to try to let go of those things that are not.

7. **Remember that your emotions are valid.** Over time, you will start to regain your sense of security and balance. If you feel that you could benefit from assistance in this process, seek out a peer support group or mental health professional. It is often helpful to consult with others in a therapeutic setting if you feel that your daily functioning is negatively affected. "Therapeutic" does not have to equal "professional"! Stick with what you are comfortable.

Mindful Communication With Others

Mindful communication is often the key to a successful relationship. If you're constantly making judgmental statements to someone, the chances are good that you'll lose that relationship. Let's look at how to be more mindful of the messages you send to other people.

Consider the following statements:

- ▼ "You make me mad."
- ▼ "You're such a jerk, I could scream."
- ▼ "Sometimes you make me so upset I just want to end it all."
- ▼ "I know that you did that to me on purpose just to hurt me."

Â What do all of these statements have in common? It's true that they all express some kind of emotion, such as anger, distress, and sadness. But more importantly, they're all judgments of the other person. Each of the statements blames the other person for the way the speaker feels. Now consider how you would feel if someone said one of these statements to you. What would you do? Maybe you would say something just as angry back to the person, which would lead to a big fight. The result would be that nothing gets resolved. Judgmental statements like these stop any form of effective communication. So what can you do instead?

One of the solutions is to turn "you" statements into mindful "I" statements. Mindful "I" statements:

- ▼ Are based on your own mindful awareness of how you feel.
- ▼ Are a more accurate description of how you feel.
- ▼ Let a person know how you feel in a nonjudgmental way.
- ▼ Evoke greater empathy and understanding from the other person, which allows the person to meet your needs.

Turn Judgmental “You” Statements into Mindful “I” Statements

Here are several judgmental “you” statements turned into mindful “I” statements. After looking over these examples, take the opportunity to write down your own.

Judgmental “You” Statement

1. “You make me feel horrible.”
2. “I know you’re doing this on purpose to make me go crazy.”
3. “You’re being insulting.”
4. “Stop fooling around; you’re getting on my nerves.”
5. “If you don’t listen to what I’m telling you, I’m not going to talk to you anymore.”
6. “You’re being an asshole, stop it.”
7. “You’re such an asshole, I can’t believe it!”
8. “Why do you keep doing that to me?”
9. “Sometimes I feel like you’re being too inflexible.”

Mindful “I” Statement

1. “It makes me feel really horrible when you use negative name-calling.”
2. “I sometimes feel unsure of your intentions behind some of the things you do or say. Because of this unsurity, I sometimes come to the conclusion that you are purposefully trying to hurt me.”
3. “I feel insulted when you say that/take that tone with me/roll your eyes at me.”
4. “I feel anxious/tired/angry/annoyed when you tease me like that.”
5. “I feel like my thoughts and feelings are not being heard. When I feel like this, I sometimes would rather avoid talking to you than feel as if my feelings are not being addressed. I would rather address how we both feel about the situation than practicing avoidance.”
6. Usually when you ask someone to stop doing something, it’s because the action hurts. You could say instead: “I feel hurt when you do/say that. It would be helpful for me if you do not do/say that to me.”
7. “I feel hurt and angry when you do/say that.”
8. “It makes me upset when you keep doing hurtful things to me.”
9. Give specific examples; leaving it at this general blanket statement is as unhelpful as saying the original judgmental “you” statement. Also include, “I feel uncomfortable when you don’t consider my point of view.”

Emotional Support



On-The-Ground Support

This section offers tips for approaching distress and disturbance on-the-ground at Occupy through a radical mental health lens.

Over the years, many activists have quit being active because they have become exhausted, burned out, and/or traumatized. As a result, movements have lost many great activists and organizers. We need to both witness personal experiences of suffering, and honor the long-term sustainability of protest and revolution, by taking care of ourselves and each other. When it comes to emotional and social support, we must all practice what we preach; process is the product. If things get rough for you, if you're feeling upset or triggered, never hesitate to step out and/or talk with someone. We deeply respect your ongoing openness, compassion, and commitment to dialogue, protestors, and the Occupy movement, of our on-the-ground Support teams.

Ongoing spaces and trainings

1. Create a 'Support' area that is separate from, although possibly nearby, a Medical area, and offers a space for people to process distress and madness in a way that is safe, calm, politicized, and creative. It could be staffed with volunteer peer supporters, massage therapists, counselors, acupuncturists, mediators, listeners, and/or social workers - the more diverse the better! It could be stocked with art-making supplies, books, and other things that help people explore what is going on for them through a range of means and from a range of different perspectives.
2. Form a group whose purpose is to support the emotional well-being of all involved. In some Occupy sites, groups working on this have called themselves "Support", "Emotional First Aid", and/or "Safer Spaces". Some of these groups may form to focus on specific types of things, even within the emotional health framework. These groups may form a "Safety Structure" connecting with groups such as "Security/Community Alliance", Medics or "Empathy/Nonviolent Communication" groups to develop creative ideas and collaborative teamwork for making a sustainable encampment/protest.

3. Together these groups may create protocols for dealing with crises which the various Working Groups involved agree to follow. For instance, when faced with a conflict of people yelling at one another, rather than immediately calling for “Security”, some Occupy sites call first for “Support”. So first the emotional support people try to de-escalate and assess the situation. After that, if needed, then Security may be called for.

4. Host teach-ins with the onsite protestors that both reduce fear and ‘Othering’ around distress and madness, and promote the idea of emotional wellbeing as holistic, collective, political, and in many ways created by the community through the development of an atmosphere that supports expression, connection, and nourishment.

5. Some Occupy actions have been or could be emotionally traumatizing. In Support groups, think/talk through or role-play what you would do if you were presented with different challenging situations.

“Psychological First Aid”

Psychological first aid documents ideas for responding to urgent, in-the-moment situations when someone is experiencing marked distress or madness - whether it be panic attack during a march, trauma following police brutality, or an aggressive on-site disturbance late at night. Above all, the people who engage in psychological first aid *must not be afraid* of emotional intensity - they need to be able to enter it with the person, while remaining one hundred percent present and conscious of their interaction and surroundings.

1. Safety: Build the person(s) sense of safety and control by removing them from harms way, and possibly the scene. Embody a sense of community, compassion, inclusion, security, and shelter: “What do you need right now?” or “How can I help you in this very moment?” Right off the bat, meet their basic needs (such as food, water, ice, tea, a phone call, and/or medical attention.) You might also try giving simple either/or choices (Would you like a piece of fruit or a Luna bar? or Can I get you a cup of tea or some ice

water?) - this gives people something to focus on, and a sense of control in the simplest form, without overwhelming them with too many choices. Be clear and concise with your communication, and reduce any other stressors, including bystanders and extraneous Support.

2. Comfort: Practice stress reduction/management through techniques such as breathing and body awareness. Ask them what’s up/what happened, but be cautious of re-traumatization - Let them lead the conversation. Provide soothing human contact (asking consent to physically touch the person, first); comfort and console. Validate their experiences as common and expected, without minimizing what they are going through. Remember that feelings are always subjective, and therefore always one hundred percent real.

3. Language: Be aware of, and sensitive to, your language. Consider that many occupiers will find the pathologizing diagnostic language of mainstream psychiatry to be triggering and oppressive. Remember that everyone is coming from a diversity of backgrounds and perspectives, and language is often used as a tool to marginalize and control. Unfortunately, our movement does not yet have a compassionate language for describing altered states of mind that respects people’s subjective experiences. Try to be humble when judging another person’s state of mind. Stick to concrete descriptions and the words that they use, and be aware that some things that may seem helpful can actually be harmful. For example, do not say, “Let’s talk about something else,” “You should try to get over this,” “You’re strong enough to deal with this,” “I know how you feel,” “You’ll feel better soon,” “You need to relax,” “It’s good that you are alive,” “It’s a good thing you didn’t get arrested,” or “It’s a good thing you got out of there before they whipped out the rubber bullets.” These comments could pathologize and exacerbate the traumatic experiences of the person you are trying so hard to support.

4. Connectedness: A sense of isolation can be extremely distressing in and of itself. Keep, or get, people connected to their friends, communities, loved ones, and the broader Occupy movement. With their permission, you may need to make contact with people on their behalf. Provide pathways for them to gain

social support from others who are coping with the same traumatic experience. Offer material about the different resources and services available both within and beyond Occupy - taking care to explain that their experiences are unique, contextual, transitional, and can be engaged with from a diverse range of approaches.

5. Self-determination: Talk with people about their situation. Using your best judgment, give them information that they want about what happened/is happening/will happen. Clarify things only to the extent that you are absolutely sure; do not set people up for unreasonable expectations. For example, it is better to say “I don’t know, but I can try to help you find out where your friends are,” rather than, “I’ve heard that the National Lawyers Guild lawyers are getting everyone out tonight!” Start turning their care back over to them. Develop a plan of immediate first steps for what to do when they leave using practical first steps and do-able tasks, before brainstorming with them about how they might start to plan for longer-term support if needed.

6. Active listening: WE ALL HAVE TWO EARS & ONE MOUTH; WE SHOULD BE LISTENING TWICE AS MUCH AS WE SPEAK. Remember, that most often people just need and want to be heard more than anything else. You want to make it clear that you are listening:

- ♥ Body language - leaning in, eye contact, facial expressions, minimal fidgeting
- ♥ compassionate presence - calm, soothing tone of voice; minimal encouragement (saying “yes”/nodding/summarizing/mirroring/reflecting); let them drive the conversation - start with a clear and open mind and do not come to the conversation with expectations; occasionally repeat back and tell them what you are hearing in your own words; ask questions to clarify if necessary; do not interrupt; be very careful with humor (no sarcasm)
- ♥ Active understanding - avoid asking “Why?” and “Why not?”; do not judge; silence is okay but be sure to continue eye contact or (again, consensual) touch.

Hospitalization, violence, and suicide (Alternatives and Reality)

[From OWS Safer Spaces working document:] “As a last resort, or if requested by the person who experienced harm, consider EMS or police involvement. Calling the police or an ambulance is not something to be taken lightly. Consider first the potential ramifications.” (Imprisonment, deportation/loss of immigration status, increased depression, medication, shame, prison record, loss of custody/visitation rights, further scrutiny of protests, police brutality, interruption of life, loss of anonymity, etc.)

*If a person is in crisis: At least 2 people could accompany that person out of the Occupy site and to a calmer place, help to get more local resources or connect with their support network.

*Possible weapon involved? Try to convince them to give up their weapon. If they will not, and if trying all your de-escalation or intervention tactics, and those of others in the group, does not work, it may be necessary to call for police assistance for the greater well-being of all. Perhaps that person can return another time, but at the moment, they are not acting in a way that is conducive to everyone else’s health!

*Suicidal? Speak with the person who seems suicidal. Listen to his/her feelings, before telling him/her to do anything. Ask directly if they are considering to kill themselves. Ask if they have a “tool” or a “plan”. It is also beneficial to ask something like “have you felt like this way before? if so, how did you overcome this feeling?” so you can see how the person was able to get better in previous episodes. Most of all, take it very seriously. Read about suicide risks, signs, etc. Call the local suicide crisis hotline and talk over the situation with them. As for whether psych ward at a hospital should ever be an option, particularly if non-consensual admittance, there are pros and cons: while it is hard to kill yourself in a hospital than outside, it’s not a solution in itself. No one should ever be dumped at a hospital. Hospitals are not first the answer, and can sometimes make things worse. People can go to hospitals, but even there, sometimes they are able to kill themselves. Or, they are kicked out of the hospital too early due to insurance or other policies, and then kill themselves

in the end.Â So if the suicidal person is hospitalized, one idea is to have a support team visit during and after hospitalization. Ideally, a person might decide to go to the hospital themselves, and in many states, it is not possible to admit someone without their consent. Another option is to pool money and provide an alternative space to a hospital—some people have found that time at a spa or even a hotel room, with friends doing around-the-clock “monitoring”, is far more effective than a hospital stay. Or perhaps the suicidal person would like a healing ceremony of sorts. It is impossible to judge the level of risk of suicide. If nothing else, do not keep it to yourself! Speak with crisis workers. Keep a close eye on them. Encourage them to come talk to you and other emotional support people as often as they want. Be especially worried if after earlier confiding their suicidality, they seem to suddenly withdraw, or act especially happy. They may have made a decision to kill themselves, and that may be giving them a fucked up sense of peace.

***DON'T DIAGNOSE ASSHOLE BEHAVIOR!**Â A lot of the time, when Support gets called in, it's because someone is doing something that is disruptive or harmful to others; this could be anything from loud off-topic rants at a meeting, to really serious things like physical and sexual violence.Â When someone is acting in harmful ways and the cause isn't immediately apparent, it can be tempting to “diagnose” them in your head, and to conflate actions taken to minimize the harm they do to others with actions taken to help them.Â But confusing the two can be really hurtful, both to the person you're “helping” (a lot of the trauma around psychiatric abuse stems from the fact that coercive and hurtful things were done in the name of helping the person), and to people in mental distress who are not harming others but get lumped in with those who are.

A better way to deal with those who are disruptive or violent is to first concentrate on meeting the needs of the community by taking the person out of the common space.Â Talk to the person and ask them what's going on while leading them away to somewhere calmer.Â If that doesn't work you may have to physically separate the person from the altercation, but verbal de-escalation should always be the first and second choice.Â Once the person is in a space, physically and/or emotionally, where they are not likely to harm others, only then can their needs be focused on.Â Ask them what they need and see what you can do.Â Whatever action is

taken to help them should only be with the person's full consent.Â If someone is doing things like physically attacking people, groping people or stealing stuff, you may have to call the police in to protect the community.Â But calling the police or other coercive actions should be understood clearly by all involved as actions taken to protect the community rather than to “help” the violent individual, and should be done only in cases of actual violence, not because you think the person might become violent.Â Encourage victims of violence to file police reports against offenders, as telling the police without filing a report can mean the offender is back on the street the next day.Â (Of course, no one should be coerced into filing a police report, but victims should be informed of the option and supported if they wish to file one.)Â Above, be clear in the motives for your actions—it'll make your presence more effective.Â Don't send someone to the hospital because it's “better than doing nothing”.Â Let people know about community resources that can help them, and talk to them to figure out ways they can meet their needs without harming others.Â Coercion should only be used as a last resort, and to protect people from violence done by others, NOT to protect people from themselves.

Navigating Crisis

Too often, we don't get help or identify problems until we've reached a total breaking point.

When it All Comes Crashing Down: Navigating Crisis

When you or someone close to you goes into crisis, it can be the scariest thing to ever happen. You don't know what to do, but it seems like someone's life might be at stake or they might get locked up, and everyone around is getting stressed and panicked. Most people have either been there themselves or know a friend who has been there. Someone's personality starts to make strange changes, they're not sleeping or sleeping all day, they lose touch with the people around them, they disappear into their room for days, they have wild energy and outlandish plans, they start to dwell on suicide and hopelessness, they stop eating or taking care of themselves, or they start taking risks, being reckless, and may (in rare circumstances) become frustrated and violent towards themselves or others. They become a different person. They're in crisis.

The word "crisis" comes from the greek word krisis meaning "decision" or "judgment." A crisis is a moment of great tension and meeting the unknown. It's a turning point when things can't go on the way they have, and the situation isn't going to hold. Could crisis be an opportunity for breakthrough, not just breakdown? Can we learn about each other and ourselves as a community through crisis? Can we see crisis as an opportunity to judge a situation and ourselves carefully, not just react with panic and confusion or turn things over to the authorities? While everyone must be held accountable for their words and behavior, it is our collective responsibility to create a space for this to occur in a way that promotes movement, not containment, in people's lives.



Crisis Response Suggestions

1. Work together. Â Â

If youâ€™re trying to help someone in crisis, coordinate with others to share responsibility and stress. If youâ€™re the one going through crisis, you may want to reach out to multiple people whom you trust. Human connection can be very healing for a crisis. The more people you have to support you, the easier the process will be and the less you will exhaust your support system.

2. Try not to panic.

Crisis can be made a lot worse if people start reacting with fear, control, and anger. Study after study has shown that if you react to someone in crisis with caring, openness, patience, and a relaxed and unhurried attitude, it can really help settle things down. Often times this approach is derailed because the supporters themselves are exhausted and stressed.Â Above all, the people who engage in crisis supportÂ must not be afraidÂ of emotional intensity and altered states - they need to be able to both enter it with the person, and remain one hundred percent present and conscious of their interaction and surroundings.

3. Be real about whatâ€™s going on.

When people act weird or lose their minds, it is easy to overreact. Itâ€™s also easy to underreact. If someone picks up a knife and is walking around talking about UFOs, donâ€™t assume the worst and call the cops. If someone is actually seriously attempting suicide or doing something extremely dangerous like lying down on a busy freeway, getting the police involved might save their life, but it might also put them through more trauma from being forcibly locked up in a hospital ward. Likewise, if someone is cutting themselves, it doesnâ€™t always mean theyâ€™re suicidal. People cut for a variety of reasons, most of which are deeply personal and incapable of being understood through diagnosis. Sometimes people who are

talking about the ideas of death and suicide are in a very dangerous place, but sometimes they may just need to talk about dark, painful feelings that are buried. Use your judgment, and don't be afraid to ask others for advice. Also, don't be afraid to ask the person in crisis what they need. Sometimes you just need to wait out crisis. Sometimes you do need to make the difficult decision to take action to try to interrupt a pattern or cycle. What that action is can depend on a lot of things, like the person's trauma history, their physical needs, and the availability of support networks.

4. Listen to the person without judgment.

What do they need? What are their feelings? Whatâ€™s going on? What can help? Sometimes we are so scared of someone elseâ€™s suffering that we forget to ask them how we can help. Beware of arguing with someone in crisis: their point of view might be off, but their feelings are real and need to be listened to. (Once theyâ€™re out of crisis, theyâ€™ll be able to hear you better). If you are in crisis, tell people what youâ€™re feeling and what you need. It is so hard to help people who arenâ€™t communicating.

5. Lack of sleep is a major contributor to crisis.

Many people come right out of crisis if they get some sleep, and any hospital will first try to get them to sleep if they are sleep deprived. Sometimes the psychiatric drugs hospitals provide can really help with sleep, but sometimes the lack of privacy and control in the hospital environment can itself cause or worsen insomnia. If the person hasnâ€™t tried Benadryl, herbal or homeopathic remedies from a health food store, hot baths, rich food, exercise, soothing sound, or acupuncture, these can be extremely helpful. If someone is really manic and hasnâ€™t been sleeping for months, though, none of these may work and you may have to temporarily seek out psychiatric drugs to break the cycle.

6. Drugs may also be a big factor in crisis.

Did someone who regularly takes psych meds suddenly stop? Withdrawal can cause a crisis. Ideally, someone quitting meds has a plan in place for their support system, but in the absence of that plan, try to respect their wish to go through withdrawal. The crisis may be physically necessary and may pass. If they are not deliberately trying to come off of their meds, try to get the person back on them. (If they want to transition off meds, they should do it carefully and slowly, not suddenly)

7. Create a sanctuary and meet basic needs.

Try to de-dramatize and de-stress the situation as much as possible. Crashing in a different space for a few days can give a person some breathing space and perspective. Perhaps caring friends could come by in shifts to spend time with the person, make good food, play nice music, drag them outside for fresh air and movement, and spend time listening. Often people feel alone and uncared for in crisis, and if you make an effort to offer them a sanctuary it can mean a lot. Make sure basic needs are met: food, water, sleep, shelter, exercise, friendship, and if appropriate, professional (alternative or psychiatric) attention.

8. Calling the police or hospital shouldn't be the automatic response.

Police and hospitals are not saviors. They can even make things worse. When you're out of other options, though, you shouldn't rule them out. Faced with a decision like this, try and get input from people who are thinking clearly and know about the person. Have other options been tried? Did the hospital help in the past? Were police and hospitals traumatizing? Are people overreacting? Don't assume that it's always the right thing to do just because it puts everything in the hands of the "authorities." Be realistic, however, when your community has exhausted its capacity to help and there is a risk of real danger. The alternative support networks we need do not exist everywhere people are in

crisis. If someone does get hospital or doctor care, be cautious about any diagnosis they receive. Sometimes labels can be helpful, but madness is ultimately mysterious and diagnoses aren't scientific or objective. Labels can confine us to a narrow medical perspective of our experience and needs and limit our sense of possibility. Having a disease label is not the only way to take someone's pain seriously and get help. If someone is hospitalized, try to visit them, or call if you can't visit. Knowing someone on the outside cares for them can mean a lot.





First Aid for Emotional Trauma

Trauma (or post-traumatic stress) is the emotional “shock” after a life-threatening, violent event. Anything that makes our body panic and go into a fight/ flight/freeze response can leave us traumatized. The effects may be immediate or take time to surface, and can be felt for the rest of our lives.

Being traumatized is a normal response to an extreme situation; even “tough” people like mothers or seasoned political activists can be traumatized. Emotional traumatization happens to everyone, no matter how “hardcore” they are. There is a tendency in activist circles for some folks to act heroic in the face of trauma. It is perfectly common, even expected, to respond to experiences of police violence and rough protest street scenes in extreme ways.

The causes of trauma can include almost anything: disaster, abuse, rape, witnessing violence, loss, or spending time with people who are traumatized (“vicarious traumatization”). Because trauma happens when our bodies perceive our lives are in danger and we can’t escape, medical surgeries, emotional abuse, or loss of a loved one or home can also be traumatic. An odd thing about trauma is that two people may experience a similar event. One may feel traumatized by it, while the other does not. It is important not to judge others for their experience of trauma.

Trauma means getting stuck in the memory of a life-threatening event. Our bodies and minds act like the event is still happening, right now, even though it is in the past.

We are on guard, defensive, and “geared up” or hopeless, paralyzed, and numb. We avoid things that remind us of the past and trigger painful memories, and we isolate ourselves from others and limit our freedom. We block out unpleasant memories and feelings, sometimes turning to drugs and alcohol. We repeat past situations. We have panic attacks or go into jumpy “fight-flight” mode, even when there is no real danger in the present. Our lives, health, and relationships with other people suffer, and we live constrained

and limited by our past. Sometimes we take our pain out on others, or become self-destructive.

In the past these trauma responses were crucial to our survival, and in the present they protect us from being overwhelmed. When we value the usefulness of our trauma coping mechanisms, forgiveness and acceptance can invite gradual change.

Unfortunately trauma is usually not a wound that heals just by waiting for time to pass. Trauma can keep hold of our lives for many years. It is important to try to work with the trauma somehow – in whatever way is best for you.

Making connections with others and honestly expressing our feelings is important, especially when we want to hide or avoid our problems. Finding safety and trust is the first step to healing.

Just talking, though, may not be enough to heal trauma. Sometimes talking about what happened can mean reliving what happened – and not help. If the talking seems to go in circles or not lead to a sense of completion, it might be just stirring things up, not healing them.

It is also commonly believed that you can heal trauma by “getting it out of your system,” punching pillows or venting strong emotions. This can be helpful, but sometimes it can end up making things worse, or even re-traumatize you. Real trauma healing is usually slower and more gentle.

Therapy, including EMDR, DBT, and cognitive-behavioral, can help many people. Others find these are not helpful. This sheet focuses on what we can do for each other as a community. Most importantly, everyone is an individual – experiment and discover what works for you and learn how to best help yourself and others.

Signs of a traumatized or “triggered” state:

Repetitive thinking of worrying thoughts or memories related to the event; intrusive memories and feelings. Chronic fear.

Staring off into space, “thousand yard stare.”

Flattened or frozen expression and body: freezing and numbing. “Emptiness.”

Extreme defensiveness and rigid thinking, irritability, explosive overreaction.

Sexual preoccupation and constant interest Discomfort, pain, stress, illness: “nervios.” Returning to traumatizing situations.

When someone has just been traumatized:

1. Help any bodily injury, medical issue, or physical need first.
2. Make sure to go to a safe place.
3. Don’t get up and act like nothing happened. Stay dry, warm, and still. Trembling or being emotional is part of healing, and better than “numbing out.”
4. If the person wants to talk, listen without interrupting or changing the subject.
5. Encourage them to feel the sensations in their body fully. (See below.)

Feeling Body Sensations: Key to First Aid

Trauma cuts us off from our bodies. When we are in overwhelming danger, we dissociate or “leave our bodies” as a protective measure. Later this protective mechanism becomes stuck and counterproductive. The key to healing trauma is to return to our bodies, by feeling our physical sensations and making our bodies safe and alive again.

Ask, “How do you know that you are sad? Is there tightness in your chest or throat? How do you know you are afraid? Is there a cold feeling, or a sinking feeling in your stomach? Feel it fully. How large is the feeling? Is it changing? What do you feel next?”

Listen without interruption and give plenty of time to feel and respond. Grounding and resourcing yourself will also help the other person.

Keeping eyes open usually is best for focusing on body sensations.

If the person can't feel their body at all, ask, "Can you feel your feet on the ground? Your pelvis sitting on the chair?" Grasp their hand or shoulder and say "Can you feel my hand?" Always ask before touching. If lying down, ask them to sit up. Ask to walk around slowly and feel their legs and feet. Or gently hold & press their feet to the ground.

If the person is staring off in the distance, talking in circles, withdrawn, or agitated, encourage them to put their attention to the world. Ask "Look around. What colors do you see? Can you name them? Ask them what sensations they feel in their bodies.

When someone is preoccupied with the traumatic memories, find distractions. Ask them "When was a time that you felt safe and peaceful? Can you describe the sights, sounds, smells and colors of that time?" Ask them to feel sensations in their body.

If the person is defensive, on-guard and uncooperative, just drop it. Change the subject, go for a walk, leave the discussion / work for later. When a traumatized and defensive person perceives you as a threat, it is very difficult to convince them to just "snap out of it" or to see that they are experiencing a flashback. Wait until they are calm to discuss it.

If body sensations are too uncomfortable, try to find a sensation, even small, that is neutral or pleasant, and focus on it. Go back and forth between uncomfortable and pleasant sensations. Notice any relaxation in breathing, warmth or trembling. This is normal; feel the sensations fully.

Feelings of fear, guilt, loss, sadness or anger are normal when we are traumatized. Don't judge feelings in yourself or others. Listen with acceptance and care.

Triggers:

It can be helpful to make a list of situations and things that trigger traumatic memories and upset you. Anniversaries of events, people, places, and situations can all be triggers. Learn to avoid your triggers, expose yourself gradually, or prepare for them when they come. Ask friends to help you.

Resourcing:

Write down a list of things that make your body feel strong and safe. It can be anything, such as walking or taking baths, exercising or sports, listening to music or petting your dog. Add things you've done in the past and would like to do again. Keep the list and add to it with new resources you find.

Breathing:

Relaxed, deep breathing can often bring relief from trauma symptoms. Sit comfortably and gently fill your belly, chest, and shoulders on the in breath, and exhale your shoulders, chest, and belly. Breathe comfortably – don't push or use effort – but allow yourself to take slow, deep breaths. A few minutes of breathing this way can help calm you down.

Physical Health

Trauma survivors have weakened immune systems and are more vulnerable to getting sick. Get adequate rest and fresh water, go to nature, exercise, and avoid junk food. Consider a good-quality multi-vitamin/multi-mineral supplement, with plenty of C and B.

Psychiatric Medications:

Anti-depressants, tranquilizers (benzodiazepines), and other psychiatric drugs may provide short term relief and can help with extreme anxiety and sleeplessness. These drugs have very risky side effects and are toxic to the body. Long-term use can lead to addiction, make sleeplessness and anxiety worse, interfere with the

natural healing process, and overdose can be fatal. Avoid or use cautiously.

Herbs, traditional remedies, and holistic care can be very effective for trauma. After 9-11 and Hurricane Katrina, acupuncturists gave immediate relief to trauma survivors, including firefighters and medical personnel.

Helping Children Who Have Been Traumatized

1. Attend to any physical medical needs first. Make sure the child is safe, warm, and dry.
2. Calm yourself – this will help calm the child.
3. Tell the child it is OK to cry, to tremble or shake. Gently hold them and say “It’s OK. It’s all right to cry / feel angry. Just let the feelings happen.”
4. Listen to the child and tell them their emotions are OK. Don’t try to talk them out of their feelings or make them hush up.
5. Later, ask the child about what happened. Use toys or puppets. Go slowly so they are not over-whelmed. Ask what they are feeling in their body, where they feel it, what it’s like. Stop and reassure them, then come back later when they are calm.

Written by Will Hall: wiltonhall@gmail.com. (with edits by Occupy Mental Health group, 2011) Sources: Peter Levine, Judith Herman. Thanks: Julie Diamond. 12-08 version.

Almost all movements for change have had to deal with issues of power, privilege, patriarchy, internal racism, etc. Though these are the things we are working to change in our larger world (domination, oppression, greed, etc.), we’ve all grown up in these worlds of inequality, so it’s unfortunate, but we often end up a microcosm with similar problems. Tragically, sexual assault is one of these rampant problems, and some people have sexually assaulted people within some Occupy encampments. Different Occupy groups will grapple with these issues in diverse ways, but here’s some ideas. We’ve seen amazing work done by people in Occupy groups on this rotten reality—working to create an environment where

these violations are less likely to occur, and to provide support if they do! A strong movement works to address its own issues, while connecting them with the larger issues they are addressing. There are many resources and models to draw from out there for dealing with these issues. See the appendix for more resources.

Basic Steps to Preventing Sexual Assault

(While nothing can prevent people from doing awful things, there are certain policies that Occupy groups could adopt that might help)

1. Ask consent before touching. That means ask, “Can I hug you? Kiss you?” etc, and wait for the person to reply yes or no, instead of just going ahead and touching a person.
2. Develop a system for dealing with assaults/boundary breaches to hold people accountable for their actions, and support all involved. Un-addressed problems within movements destroy them.
3. Provide teach-ins on abuse cycles, consent, and sexual assault.
4. Make it a priority that no one is forced to sleep near people they don’t know.
5. Make safer sleeping areas. Some Occupy Wall street groups have made areas for ‘women-identified’ people, people with kids, queer and trans-friendly areas.

OCCUPY WALL STREET SAFER SPACE TRAINING DOCUMENT

Principles for anti-oppression

1. Practice listening.
2. Be aware of your own privilege and the space you occupy.
3. Understand that your experience is your own; don't normalize it to the exclusion of others.
4. Validate other people's experiences of racism, sexism, homophobia, transphobia, ableism and other forms of oppression and work to counter them.
5. Don't make assumptions about people's identities.
6. Do not engage in silencing behavior; make room for everyone to speak.

Principles for survivor support

1. Believe the person when they tell you they were harmed.
2. Give agency to the person harmed to make their own decisions.
3. Enforce separation from the perpetrator if requested in order to provide safety.
4. Don't assume what the person harmed needs: ask and offer options.
5. Ask before engaging in any physical contact, even if it seems harmless.

6. Try to keep the person engaged and present.
7. Recognize triggers and try to limit them.

De-escalation and non-violent communication

1. Speak from "I".
2. Practice listening.
3. Take a walk if needed to remove the person from the space.
4. Identify and name problematic behaviors.
5. Acknowledge your own and the other person's emotions (e.g. "It seems like we're both tired.")
6. Mirror the other person's nonviolent actions and mannerisms to make them comfortable.
7. Be compassionate but be honest.

How to respond to an incident

1. End the immediate harm.
2. De-escalate and separate.
3. Ask the person who was harmed about their needs and allow the person to make choices.
4. Follow up.

Healing from Sexual Assault

Individuals:

Healing from sexual assault is similar to other types of traumas, but unique in its own ways, too. If friends, family, and one's activist community respond with care and support that further empowers the survivor, it can help in the survivor's recovery process.

Sexual assault survivors are often left with extreme feelings of shame, humiliation, powerlessness, and fear. The person who was assaulted (survivor) must be in charge of their follow-up. They need to know that they alone get to make the choice of whether they go to a hospital for a forensic medical exam (commonly known as a 'rape kit'), or notify police. A support person can offer suggestions, but can't force the person to do anything.

A supporter should offer to accompany the survivor to a hospital or in dealing with a police report, but should not pressure them to do either. The supporter should not touch the survivor unless given consent. If the survivor does not want to file a police report, ask them what they want to happen to the perpetrator. Let the survivor know that they do not need to make these decisions right away. However, if there is any chance that the person might consider a medical exam, and/or legal proceedings, it is best if they do not shower or bathe right away, because evidence will be lost. Overall, the supporter must assure the survivor that they will do all they can to support them, and that the community will stand by the survivor's wishes. The supporter must also do what they can to assure the survivor's anonymity within the community.

It may be helpful to speak anonymously with a counselor at a rape crisis center directly by calling the National Sexual Assault Hotline at 1.800.656.HOPE. It will connect you with a local rape crisis center.

Many resources are listed at <http://www.rainn.org/get-information>

Community:

Groups may want to provide further counseling for people who are in any way affected by a sexual assault, or by how the community has dealt with it. They may also want to provide conflict resolution/mediation as a format for people to talk things through.Â

Some Occupy sites have groups which specifically formed to provide support and visibility for survivor issues and issues of consent. They have created wonderful documents for accountability processes, for supporting survivors, and for community response protocols. They have worked to educate everyone engaging with Occupy about sexual assault, domestic violence, and consent. They have created trainings for people who take shifts to be on call at the encampment if an event arises. Some have released press statements in response to sexual assaults that happened at their Occupy site. Safer Spaces in NYC released a statement about a sexual assault which happened at OWS: <http://www.nycga.net/groups/safer-spaces-committee/docs/transforming-harm-building-safety-confronting-sexual-violence-at-occupy-wall-street-beyond-2>

If the survivor does not want to go to the police, but wants the perpetrator to leave, the community might consider various options, such as: having someone posted 24/7 with the perp, chanting the person's name and telling them to leave, shine flashlights in the perp's face, a restraining order.

Peer Support and Mutual Aid

Mutual Aid Groups and Listening Spaces

Breaking through the walls and making a connection can mean all the difference in the world.

Mutual aid and support groups are a way to bring down the walls that isolate us. No one in the group is above anyone else: mutual aid means we listen to and support each other as a community of equals, without paid professionals or staff to define who we are. Each of us is an expert on our own experience, and each of us is the center for our decisions – and we are not alone.

When we gather together with people whoâ€™ve been through what weâ€™ve been through, people who share some of the mysteries and suffering that get labeled â€˜mental illness,â€™ we discover new maps through crisis, learn new tools to stay healthy, and weave communities of solidarity to change the world. We discover something at the heart of the dangerous gift of madness: caring for others is often the best way to care for ourselves.

Listening Spaces

There is a wide diversity of group models to draw on, and we encourage you to experiment to find the best fit for you. All these approaches, however, share the same essential principle: create a space for listening.

In nature, stillness, silence and sky create a vast container for what is essential to emerge. Step into wilderness and you encounter a hushed patience and gentle holding rare in the noisy, sped-up, clash and clamor of our urban lives. Corporate monocropped culture suppresses true listening and imposes labels, rigid habits, and preconceived notions. Real support and caring means breaking down habitual ways of interacting, and meeting each other in spaces of true, effective listening.



Key elements of listening spaces:

- ▼ Don't talk over others or interrupt. If someone interrupts, gently ask them to stop. Take turns. Raise hands, or go in order.
- ▼ Don't rush through or go too fast. Create a calm, quiet space without interruptions or distractions
- ▼ Allow periods of silence while we find what to say.
• Let the person decide when they are done
- ▼ Don't jump in. If time is an issue, the group should decide on what's fair and stick to it.
- ▼ Don't react or speak up automatically. Watch how your reactions to what others say reflect your own experience, not the person speaking. Give yourself time to respond from a deeper place.
- ▼ Ask permission before giving advice or responding directly to what someone said. Sometimes people just want to be listened to.
- ▼ When someone responds to you or gives advice, allow yourself to take what is helpful from options presented, and leave the rest, rather than defending yourself if you disagree.
- ▼ Listen as a receiver, not as a critic. Imagine different perspectives and experiences, rather than assuming they're just like yours.

Facilitation and Self-facilitation

With their roots in effective listening, groups can nurture healing and community through facilitation. Facilitators help the group listen more effectively, and pay specific attention to the overall needs and direction of everyone involved, not just their own individual needs. The facilitator should avoid bias, and if they are too involved with a particular group topic then someone else might be better in the role. It helps when two people facilitate and when facilitators

reflect group diversity such as gender, age, and race. It is also good to pair more experienced and less experienced facilitators, and to offer new people a chance to learn facilitation skills.

Importantly, everyone should keep overall group needs in mind, and everyone can assist the group through self-facilitation.

Key elements of facilitation and self-facilitation:

- ▼ Create a clear agenda or plan on how to spend your time together.
- ▼ Keep track of time so people can "wrap up" their feelings without feeling cut off or not heard. Closing the meeting respectfully is as important as beginning it.
- ▼ Remind everyone to respect group confidentiality, so sensitive information does not leave the room.
- ▼ Check in with the group's energy level and focus, and re-direct the conversation if it is becoming scattered or bogged down. Suggest breaks, exercises, games, or agenda and time revisions when necessary. If conversation is lagging, ask questions, tell a story, or get up and do some stretching. Sometimes if the group is stuck, the facilitator can ask a clarifying question, reframe an issue, or connect points to earlier discussion.
- ▼ Offer choices, especially if people want feedback or not after they speak.
- ▼ Consider using "I" statements when speaking, such as "I feel" and "I want," to stay focused on your own feelings and needs. Talking about other people or gossiping takes focus away from your own experience.
- ▼ Encourage defining problems within the concept of "dangerous gifts" and unique mysterious talents rather than seeing ourselves as flawed or diseased
- ▼ Use a common vocabulary and minimize jargon.

- ▼ Be on the lookout for repeating patterns in each other's lives to identify root causes. Investigate how past experiences shape present realities. Did something from childhood happen this way? From an early work or school experience? The past can help explain the present, but stay focused on present problems.

- ▼ Reflect upon the political dimension of personal problems, and reframe problems within a framework of a crazy-making society instead of blaming the person suffering.

- ▼ Hold people accountable for behaviors but don't criticize who they are as people.

- ▼ Focus on the things we can control and let go of things we can't, but don't give up on visions of change and revolution!

- ▼ Keep an experimental attitude and a willingness to explore new perspectives and options.

- ▼ Learn what triggers you and how to cope with them. Recognize the buildup, escalations and de-escalations in crisis periods.

- ▼ Remember that the group is not a promise that problems will be solved, but a space to address problems safely.

- ▼ And finally: know when to bust out! Nature isn't always neat and orderly. Sometimes wild conversation, spontaneity, and "breaking all the rules of facilitation" is exactly what the group needs in the moment. A skilled facilitator and skilled participants can feel when the chaos and cacophony that erupt are refreshing and true to the group spirit, and when to go with it. Then comes the time to reel it all back in and return to the basic structure of taking turns and listening carefully.

Inclusion and Self-Determination

Groups need to be welcoming and inclusive, where diverse perspectives and life choices are respected and honored according

to the principles of harm reduction and self-determination. For example, people who take psychiatric drugs and people who don't take them are welcome. People who use diagnosis categories like "bipolar" to describe themselves, as well as people who define themselves differently, are also welcome.

Ways to create group inclusion:

- ▼ Invite newcomers to introduce themselves if they want to.

- ▼ Practice "stepping up, stepping back" so we can each contribute to equal participation

- ▼ Give priority to people who haven't yet spoken.

- ▼ Encourage quiet people to speak, but don't require them to or put them on the spot.

- ▼ Be careful to not dominate the discussion, speak in capital letters, restate what others say, or speak for others.

- ▼ Allow each person to define their problems the way they want. Don't label or judge others.

- ▼ If you disagree with someone, ask questions to understand their point of view better. This is not a time for arguments or trying to convince others you're right.

- ▼ Respect different views and choices, such as diagnosis, medication, recreational drugs, nutrition, medical care, holistic health, exercise, spirituality, lifestyle, and other decisions. Change is difficult! People grow at their own pace, and you may not really know what is best for another person, because you are not them

- ▼ Accommodate limitations and access needs, such as wheelchair accessibility and deaf interpretation. Be aware of how choices of where to hold meetings might affect people, such as institutional settings like clinics or health centers that can trigger painful memories, or places with toxic substances (fresh paint, new furniture or carpets) that people might be chemically sensitive to.

▼ Identify and discuss how power and privilege play out by understanding how white supremacy, patriarchy, classism, heterosexism, ableism, and all other forms of oppression affect each of us.

▼ Intervene in situations where people are making oppressive comments. Re-focus on the agenda, and remind everyone of the need for group safety. Recognize the intention behind someone's word choice, and give them an opportunity to correct themselves or recognize how their words might be offensive. It can help to say, "When I just heard you say that, some people might feel you used an inappropriate or disrespectful term. Can you re-word that statement?" Remember that including marginalized voices and overcoming oppression helps everyone's liberation. When we listen to each other effectively, we begin to understand our needs and how to meet them. Icarus groups can become places to nurture community networks of mutual aid and advocacy, help each other through crisis, deal with the mental health system, and learn about new options and resources.

Mutual Aid Means:

▼ Ensure people can make their own best decisions by having solid facts about the drugs they take, their diagnosis, and options. Psychiatric drugs are toxic and have huge dangers pharmaceutical companies don't talk about, and diagnostic labels are often misleading and disempowering. At the same time, holistic health doesn't work for everyone, and going off drugs can be risky. Share lists of books, websites, and articles that have information correcting mainstream misinformation.

▼ Compare experiences with herbs and holistic health, medications that are helpful, and different treatments.

▼ Share advice and knowledge on how to reduce and go off medication safely if people want to.

▼ Put together a resource list of area low-cost/sliding scale health care practitioners who are open to non-mainstream views of mental health and recovery: use the Icarus Provider Guide-lines and listing.

▼ Help people advocate for themselves with their doctors and health care practitioners; accompany them to appointments.

▼ Advocate for people struggling for justice: publicize human rights violations, connect people to patients advocate organizations, visit hospitals, contact area media, write letters to the editor.

▼ Connect each other with legal aid resources, housing, community gardens, free food and other needs.

▼ If a person is disruptive or needs a lot of attention, consider pairing them up with someone one on one, so they can get the focus they need and the rest of the group can continue.

▼ Set aside issues or conflicts taking a lot of group time to deal with outside of the group. Sometimes interpersonal mediation one-on-one is better than a group trying to solve a problem between two people.

▼ Share info about activism, community events, and recreation so people can meet outside the group.

▼ Learn ways to help people when things start to come crashing down. Consider creating a crisis plan where people name their early warning signs and describe the support they want if they start to go into crisis.

Different Forms of Peer Counseling Groups

With the principle of listening as the foundation, groups can take many forms. Once weekly, once a month? Is it a drop-in group, or are people committed for a series? Is it open to anyone or does the group select its members? Looking at and learning from different

group models can give you a broader sense of what is possible and how to structure your group.

- ▼ 12-Step Programs such as Alcoholics Anonymous. Group members tell their stories drawing on years of shared wisdom, and follow a stages model of recovery through specific personal and spiritual goals. More experienced members coach newer ones through one-on-one sponsorship. Timers divide up speaking time equally.
- ▼ Council Process (‘Talking Stick’ model). Members take turns speaking on a theme or topic without interrupting or responding.
- ▼ Co-Counseling Dyads: People take turns with equal time in pairs, where one person is the speaker and the other just listens, then they switch.
- ▼ Skill-share, Resource Sharing - Such as Medicine-Specific, Holistic-Specific, or Advocate-Specific.
- ▼ Reading / discussion group. The group chooses an article or book to discuss each meeting.
- ▼ Emotional Support Groups: participants gather because they share a particular problem/theme, such as chronic pain, being a veteran, or suffering grief and loss.
- ▼ Hearing Voices groups: Small gatherings across England and Europe where people discuss the experience of hearing voices and share ways to cope in a non-judgmental atmosphere.

Empower yourselves to explore different options and create your group the way that works best for everyone

Confidentiality

Revealing intimate information makes people vulnerable. Groups build trust when this vulnerability is respected and cared for. Your

group should agree to a confidentiality policy and make sure to practice it.

Some options are:

- ▼ General Experience Only: Members may discuss what they and others say and do with people outside the group, but only generally, without any names, details, or clues about the specific people or events. This is a common policy, used in the NYC Icarus Group and Freedom Center: it supports discussion of sensitive topics such as abuse, criminal behavior, and suicide, while allowing participants to take what they learn to the rest of the world.
- ▼ Personal Experience Only: “What’s said here stays here.” Participants may discuss what they themselves say and do with people outside the group, but may not talk about, or even refer generally, to what others say or do. This is a more restrictive policy used for groups, such as 12-step groups, that focus specifically on difficult topics such as addiction and abuse.
- ▼ Full Disclosure: Group participants are free to talk about anything that happened in the group. While common for activist organizations and public events that want to get the word out freely, this approach should be weighed carefully for groups providing mutual emotional support.
- ▼ Total Non-Disclosure: Anything said or done is not repeated, or even alluded to generally, to anyone outside the group. This can be useful for a closed group focused on a very sensitive topic, where participants want to go very deeply into personal issues over time. This is a common policy used in the RVA Icarus Group.

Every group has different needs, so while General Experience Only is the most common support group policy, the group should set its own policy. Make sure to explain the confidentiality policy at the beginning of meetings, perhaps as part of the preamble.

Example Peer Support Facilitator Notes

Keep in mind that each group is different and unique and that it may be necessary to review and revise the format of your peer support group and the level of disclosure that is practiced. These are the notes that the facilitators of peer support groups in Richmond, Virginia's Icarus Project group use during weekly peer support groups. Feel free to reuse and remix these notes, or make up your own entirely!

1. **Start on time!**

2. **Choose a facilitator via consensus decision-making.**

If someone is uncomfortable with the person offering to facilitate, that person needs to voice their position and put in a downvote. We will only know your comfortability level if you tell us!

3. **Introductions: Facilitator explains the role of a facilitator.**

Â A facilitator guides the group process so that it flows smoothly. In this way, the facilitator leads the group efficiently, but does not take leadership responsibility. The facilitator makes sure that everyone has an equal amount of time to speak and that no person is speaking over or interrupting someone else. The facilitator also keeps time.

As our group is non-hierarchical, we like to rotate the position of facilitator for each meeting. If you wish to volunteer to facilitate in the future, please raise your hand now or speak with me after the meeting. Inexperienced facilitators may be able to team up with more experienced facilitators. Please do not hesitate to ask questions if you are unsure of what a facilitator does.

4. **Introductions: Facilitator introduces the purpose of the group.**

You can read the mission statement if you choose (have a flier with the mission statement available)

5. **Introductions: Go around the circle with introductions.**

Each person introduces themselves. We suggest giving your name and a story of how your personal experience has led you to be interested in radical or alternative mental health in general, or the Icarus Project specifically.

6. **Facilitator explains listening spaces/safe spaces.**

7. **Facilitator explains the level of confidentiality that we consented to at the first meeting.**

▼ We use **general experience only**: while in peer support, members may discuss what they and others say and do with people outside the group, but only generally, **without using any names, details, or clues about the specific people or events**. This supports discussion of sensitive topics such as abuse, criminal behavior, and suicide. **This is helpful because many of us may frequent the same places or have the same friends**. Someone said at the first meeting that “we do not have consent to use someone’s name that is not present.”

▼ **We also use total non-disclosure. Anything said or done in the group is not repeated, or even alluded to generally, to anyone outside the group.**Â What goes on here stays here.

8. **Individuals start sharing without interruption (<10 people present). Split into smaller groups and start sharing (>10 people present).**

If the person has been to peer support in the past, we suggest that they share how they have been feeling since the last time they came. If the person is new to peer support, we suggest that they share how they’ve been doing recently (i.e. the past few weeks/a month). The person sharing can voice whether they would like a response or if they just want people to listen, and would not like a response at this time.

▼ Responses and feedback for individuals who welcome it.

9. Closing comments/wrapping up.

Encourage members to sign up for email list and to be a crisis line facilitator.

10. Announce the next peer support date!

Icarus Gathering Preramble

As a group of people inspired by the Icarus Project, we offer you this preamble as a tool for your gatherings. You can summarize or read the preamble out loud to begin your meeting, as a way to focus the purpose and keep the bigger vision in everyone's mind. As your group learns its own lessons and needs, feel free to revise and create your own version.

Welcome everyone to our Icarus Project local gathering!

The Icarus Project envisions a new culture and language that resonates with our actual experiences of "mental illness" rather than trying to fit our lives into a conventional framework. We see our madness as a dangerous gift to be cultivated and taken care of, rather than as a disease or disorder needing to be "cured" or "overcome."

This is a space for people to come together and learn from each other's different views and experiences of madness. People who take psychiatric drugs are welcome here, as are people who don't take psychiatric drugs. People who use diagnosis categories to describe themselves are welcome, as are people who define themselves differently. The Icarus Project values self-determination and mutual support.

Meeting Agreements

This gathering has some basic agreements to ensure inclusion, safety, and open dialog:

♥ We "listen like allies." We respect a wide diversity of choices and perspectives, even when we disagree, and we don't judge or invalidate other people's experiences. We try not to interrupt. When it's our turn to speak, we can ask others for feedback and advice, or just have people listen without responding. All responses are in a positive spirit of support and respect.

♥ We also practice "step up step back." People who are quiet are encouraged to speak, and those who talk a lot are encouraged to give others a chance. We invite new people to introduce themselves if they want. And silence is also always ok.

♥ As a community, we try to use "owl vision", the ability to listen closely to the speaker while also having a feeling for the needs of the whole group. Keep in mind that others might be waiting to speak, or when we all might need to take a break.

♥ We recognize that overcoming oppression helps everyone's liberation; it is the group's responsibility to challenge racism, classism, sexism, ageism, homophobia, and other forms of prejudice. We educate each other in the spirit of solidarity, and hold others accountable for their behavior without criticizing who they are as people.

♥ We respect spiritual beliefs, altered states of consciousness, and definitions of reality that fall outside the mainstream material view.

♥ In order to be as clear as possible, we try to use "I" statements when speaking to the group. This helps us avoid misunderstandings, and invokes trust and sensitivity.

♥ We try to pay attention to repeating patterns in each other's lives, in order to identify root causes. We try to notice common themes and roles that we play out together as a group.

♥ To create trust we respect confidentiality. The group decides on what level of disclosure and openness outside the group we want.

This is a work in progress. We need everyone's feedback and ideas of how to improve our efforts and strengthen our group. **And as we meet, keep in mind that there are many other people gathering like this to build community support networks with a vision of a new world.**



Resource List

Freedom Center www.freedom-center.org

Harm Reduction Coalition www.harmreduction.org

MIND UK www.mind.org.uk

Hearing Voices Network www.hearing-voices.org

Law Project for Psychiatric Rights www.psychrights.org

The Icarus Project www.theicarusproject.net

From The Icarus Project:Â

[Navigating the Space Between Brilliance and Madness pdf](#)

[Harm Reduction Guide To Coming off Psychiatric Medications](#)

[Friends Make The Best Medicine Support Manual Draft](#)

[Promo flyer for the Harm Reduction Guide, with ordering instructions. http://theicarusproject.net/files/IcarusNavigatingCrisisHandoutLarge05-09.pdf](#)

<http://theicarusproject.net/articles/activism-depression>

Rock Dove Collective: <http://www.rockdovecollective.org>

Life After Labels <http://www.lifeafterlabels.org/>

Communities Magazine Articles on Mental Health http://communities.ic.org/issues/150/Mental_Health_Challenges_and_Hope

Iraq Veterans Against the War <http://www.ivaw.org/blog/service-members-have-right-heal>

<http://www.ivaw.org/resources/ptsd>

National Center for PTSD <http://www.ptsd.va.gov/>

Vets4Vets–Free Peer Support for Iraq/Afghanistan Era Vets <http://www.vets4vets.us/>

Safe Helpline 24/7 confidential hotline (assistance for victims of military sexual trauma) 877-995-5247

National Suicide Prevention Hotline 1800-273-8255

Street Medic Wiki http://medic.wikia.com/wiki/Main_Page

Starhawk's Resources for Activism Trainers (including medical/civil disobedience/consensus/understanding oppression resources, etc.) <http://www.starhawk.org/activism/trainer-resources/trainer-resources.html>

Participating in Direct Actions: A Guide for Transgendered People <http://srp.org/resources/publications/participating-direct-actions-guide-transgender-people>

Nonviolent Communication www.cnvc.org

Transformative Mediation www.transformativemediation.org

Books:

firewalkers: madness, beauty & mystery –radically rethinking mental illness, VOCAL, 2009. the.firebook.org

Live Through This: On Creativity and Self-Destruction. New York: Seven Stories Press, 2008.

101 Alternatives to Suicide for Teens, Freaks & Other Outlaws. Bornstein, Kate. New York: Seven Stories Press, 2006.

About Consent:

Beginner's Guide to Responsible Sexuality <http://www.phillyspissed.net/node/30>

Example Consent Policies from Medic Wiki

http://medic.wikia.com/wiki/Example_Consent_Policies

About Sexual Assault, and Activist Communities Responding to Sexual Assault:

Rape, Abuse, and Incest National Network <http://www.rainn.org/>

Soul Speak Out: Share your Survivor Story <http://www.soulsspeakout.org>

Dealing with Sexual Assault in Activist Communities from the Northeast Anarchist Network <http://neanarchist.net/sexual-assault-resources>

Support New York: A Direct Action Survivor Support Network: <http://supportnyny.org/>

Philly Stands Up <http://phillystandsup.wordpress.com/>

Material For this Booklet taken from:

Psych First Aid Training–Occupy 2011, by X, X, X???

Coping Skills zine

[Harm Reduction Guide To Coming off Psychiatric Medications](#)

Do we want to include the names of people who worked on it/ who's work is quoted from???

Questions

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