

- Good morning. Good morning, Virgin Islands. That's a very important lyric. And do respect the women of the world. Remember you all had mothers. We all had mothers. Good morning. Good morning. My name is Amelia Headley LaMont with the Disability Rights Center of the Virgin Islands. We are back again hosting Ability Radio, You and Your Life. And I am joined this morning by my co-host, Iris Bermudez. Iris, good morning.

- Good morning, everybody.

- How are you?

- Oh, I'm fine. Ready to go.

- Good, good, good, good. Actually, this program, Ability Radio, You and Your Life is also co-hosted by Archie Jennings who broadcast this show from the island of St. Thomas. We'd like to thank you for listening in the past to our previous series of shows, Ability Radio, You and Your Health. And given the fact that healthcare has become an issue again, we may in fact bring back more guests and perhaps even broadcast some additional shows related to health.

- Right.

- Iris, what do you think about that?

- I think it's a great idea, because there's gonna be a lot of confusion now that, you know, they're thinking of getting rid of the Obamacare, Affordable Care Act, or at least some provisions of the Affordable Care Act.

- Okay. So, you know what? I would certainly solicit input from our audiences to whether you think this is something we should do, because health care is a very important matter to all of us.

- Uh-hmm.

- Today we have a phenomenal guest. It took a while to get her to join us, and I am so grateful that she is here. She's one of our young innovative people here in the territory. That's always an exciting thing. Her name is Dara Hamilton. She has a PhD in Psychology. Dara Hamilton, good morning and welcome.

- Good morning, and thank you for having me. I'm so excited to be here.

- Great. Great. Great. Great. So let's go into your work. And Psychology is certainly a very important science. And that's putting it mildly. Tell us a little bit about yourself. What, give us some background about yourself. What's inspired you to even go into Psychology?

- So back in the '80s there was a series, a sitcom series, Growing Pains, if you guys remember it.

- Yes.

- And Alan Thicke was a psychiatrist on the show. And what I really was attracted to was the process. When he came in with his friend, I guess they were either consulting or they were helping each other work through whatever was happening in their families. And it was the process between the two, the relationship between the two. And I said, "You know what? I wanna do that. That just looks like something that fits for me." And I remember that being the time where I decided I want to be a psychologist, which, of course, the training's a little bit different, but that's what I wanted to do. I wanted to be in touch with people in that kind of a way. And so I went to undergrad at Howard University and I continued at Howard for graduate school. And, you know, I just went straight through. You know, I think from eighth grade all the way to now, I've always wanted to be a psychologist. I still wanna be a psychologist. I love my work. I love my field. I feel like it's my place, my calling, and my purpose. And so, you know, it's, I'm glad that I'm where I'm at. I feel like I belong here.

- And that's wonderful, because I remember when your mom used to bring you to the office when we work over here by the, what's that place called?

- By the, that green building that...

- The [inaudible]

- ...we were just talking about. Oh, my God. I can't, we're blanking on the...

- Right.

- ...the name for it. But right there at Golden Rock.

- By Pueblo?

- Yes.

- And you were such a studious child. I remember that. Every time she came, she would be very, very studious.

- I always had a book.

- She would be studying. She was reading a book, you know? And you wouldn't hear from her. You know, like some kids go to your office and they're all over the place? Not her.

- Uh-hmm, no.

- She would be sitting down, reading books.

- I love books. And, you know, this morning, I did a little dance because I'm like thinking of these three books that I have at home that I want to read and I'm like, I took one out and instead of looking at my phone and Netflix, I said, "You know what? Let me read." And I'm like, "Oh, I got another one right there waiting for me." So, yes, I'm still into it.

- That's wonderful. But, you know, when we were going over your bio, we saw that you approached psychotherapy from an existential perspective.

- Okay.

- What does that mean?

- Okay. Okay. So, an existential perspective is the idea of the things that are inherent and the challenges that are inherent and the experiences that are inherent in life and that we all face these experiences. And how do we face them, how do we create meaning out of, out of life, and how do we get satisfaction in a sense of purpose, and so forth, and how do we manage the realities which are things like our separateness and our connection to other. Our need to be connected and our need to be separate, which can very often be in opposite directions. The fact that we're going to die one day. You know, facing those types of issues, yeah, right? Yeah. So things that we're all kind of facing, the things that are essential to the human experience, our existence. And that's where the term comes from.

- You know what? I take that, because I, because there was a person in my college class who's always, everything was existential, you know. The teacher liked it. And I'm like, "What the hell does that mean?"

- Yeah.

- What, how about this, maybe easier way of putting it, and correct me if I'm wrong, please.

- Sure.

- Existential talks about being.

- Yes.

- The question of to be.

- Yes.

- And that simplified it for me.

- Yes. Yes.

- Yeah. The state of being.

- What's, the state of being.

- Yeah.

- Yeah.

- That's interesting.

- And the challenges that we all face in this state of being and the questions that come up for us in this state of being. You know, why am I here?

- Yeah.

- You know, the things that we have difficulty answering but that we tend to wrestle with as part of just living.

- So if you're counseling a teenager, a juvenile delinquent, how would you apply that to that child so they could understand?

- So the idea of existentialism or even, you know, interpersonal, because I work at a different frameworks. And we all, kind of, now employ what they call an integrated approach to therapy, so you're pulling in different techniques depending on what is needed for that person. Because not all people may respond to one certain approach.

- Okay.

- So I may work in a interpersonal, I work at an interpersonal framework. Use what they called cognitive behavioral skills as well. But for me, it's how I understand what is happening with someone else. You know, how I understand what you're presenting with. So I may understand it from one perspective and work at it from another one. So understand it this way, but let me give you some behavioral things that you can do at home that are going to help you with that anxiety, but let explore it from an existential standpoint or let's explore it from a dynamic standpoint, meaning what are some old conflicts or things that happened in your childhood or, you know, patterns that you've been displaying that maybe you're not conscious or aware of. So we may explore it in that way but understand it in other ways, if that makes any sense.

- Yeah. It make sense, because as a social worker, I used to think that sometimes when we have issues when we're younger, we grow up with those same issues, unless somebody provides intervention.

- True.

- And we, and they're manifested in our adult behaviors.

- They are. They are. And we can see that, because we could those patterns, but we often times is not very conscious of those patterns.

- Yeah.

- And so a lot of the work is around helping us become conscious. You know, I gave this explanation to my son the other day about why people need to go to therapy or why do people go to therapy, and I'm like everybody should go. And I say because, I said to him, "What does your hair look like right now?" And he's just like, "Huh?" And I'm like, "But it's on your head, so what does it look like?" You need a mirror to be able to see what your hair looks like.

- That's right.

- And so a lot of times we're walking around with so much and there so much things that we have to give our attention to and we're not able to really focus on ourselves. But when you come to therapy, you have a little space where someone is reflecting for you, literally, what is happening. And so, you can see yourself and you can see what's happening much more clearly. And so that's basically what the experience is like, is you're provided a mirror where people can see and correct their hair, you know, and fix it the way they want it to look, basically.

- That's interesting.

- Yeah. Makes sense?

- Yes. Absolutely.

- Yes. Yes.

- It reminds of a, of a phrase in a film that Disability Rights Center had done called Forgotten Paradise. And in it was Dr. Grant, said she hopes that it comes to a, that we have day where somebody says, and it's not a big deal, that, "I'm not feeling very well right now, " as an example, "Because, you know, the light is a little dark and it puts me in a certain mood, depressive mood. So, excuse me, let me go take my whatever."

- Yes.

- Or it doesn't have to necessarily be a drug, but let me do whatever I need to do to alleviate that mood and that we'd be more accepting of that.

- I totally agree with you. I think the things that we choose not to speak about then become unspeakable.

- Uh-hmm.

- And so, you know, in our field, it's kind of more touchy because we have to confidential and you have to maintain confidentiality, and so we maintain confidentiality. But you do have people who will say in, you know, public, "Hi, I need to set an appointment with you."

Uh-hmm.

- And I'm just like, "Okay. That's fine. You know, call the office," or whatever. But if they're doing that in public and in front of other people, I'm saying, they're comfortable with that, and I don't want to communicate that you should be anxious about that, you know, because we do have to work on moving

past the ideas of mental illness or mental health being something that's untouchable, because it is the essence of, in everything.

- Right.

- That's right.

- You know, we are able to do what we do because, mentally, we are in the place to do it. And so we can't put this aside so it doesn't exist. Not that we don't really encourage other people to be able to acknowledge what's happening with them, so that they can get help if they need it or they can do the things that they need to do to take care of themselves, you know. So I totally agree. I look forward to that day as well.

- Right.

- Yeah.

- Hmm.

- You...

- One of the things that helps with that, just to, I'm sorry. [inaudible]

- Yeah. Sure. Please.

- No. Go ahead.

- One of the things that helps with that is when celebrities, I find that when celebrities say, you know, this is something that I've been struggling with, and you usually see it though after they are done, you know. They're done with their careers then it's like, "Oh, yeah. By the way, I was struggling with this all my life." Like for example Carrie Fisher with, who played Princess Leia, right? Didn't she have bipolar disorder?

- Yes. Yes.

- And did we know that her entire career? You know, we didn't know that. But they would be a great model of someone who has a mental illness, but is still able to be successful, because in truth, one in four people have a diagnosable mental illness. And so, and they're successful. And so instead of it being something that we're afraid of, you know, and I think that we really do need to work on changing our attitudes and our perspectives on the issue.

- Yeah. That's that stigma that people apply to mental illness. Yeah.

- Yeah.

- I know.

- Right.

- Wow. That, that's really great, to understand all of that.

- Yeah. So I think maybe more discussion of it.

- Uh-hmm.

- Maybe those of us who feel more comfortable talking about those things are able to say, "Hey, you know what? I was really depressed at this time," or, you know, "This, I was really feeling anxious," and so forth.

And it's interesting because sometimes when people come in for example and they may have like panic attacks or something like that which are relatively common, and they start talking to other people about it, they're like, "Hey, guess what? I talked to this person about it and they have them too, and this is what they did. And I talked to this person about it and they have them too, and this is what they did." So it really reduces the sense of isolation, and it really makes people aware of the fact that they're not alone in this, and this is not something that's aberrant or, you know, bizarre or, you know, makes you, something wrong with you. It's just life, existential.

- Right.

- Right.

- We're gonna use that word a lot.

- Yes. [inaudible]

- You were talking about an integrated approach to a lot of these. When you're dealing with a child that has, you know, emotional problems or mental health problems, and the parents come in, you know, how do you deal with a parent that's denying that they themselves created that problem?

- Yeah. So that, this can very, this is very touchy because, oh, we have to deal with our own stuff and that's so hard. And, especially, with children, we just want to fix the child. That child is the problem, go fix them. You know, and as adults, we don't see our role and our impact in that. And that is probably, in most of the systems, in which children live and...

- Operate.

- operate.

- Yeah, yeah, yeah.

- So at school as well. It's not just home. It's also what happens in school or any other system, where you have children and you have adults, as we wanna make it about them. And that's about our responsibility, if you will, to help them shape, live and grow and so forth. And being appropriate in doing so, in managing our own feelings, because it is such a difficult thing to say, "Okay, I have to manage my own stuff and help you manage your own stuff." So what tend to do is we tend to lose it ourselves, but expect the children to keep it together. So in terms of, with parents, it can be difficult if their perspective is, "Just change my child," without seeing that they have to be part of that process.

- The process. Uh-hmm.

- Meaning, that they may have to change some things themselves, and it's so hard. It is, it can be so hard if we think of one thing that we all wanna correct, you know.

- Yeah. Uh-hmm.

- Our resolutions or whatever, because we all we wanna be better people, you know. So we say, "Oh, I wanna be this way. I wanna be able to maintain my cool a little bit better. I wanna be able to whatever." Then we find ourselves kind of relapsing. We don't expect our children to do that. So it's good when you have a parent who comes in who's able to say, "Okay, I'm able to look at myself." Otherwise, you know, you try to work with them where they are and see what they're needing, because sometimes parents are really overwhelmed, and that can be part of why they're having some difficulty with their children, because, "Hey, I'm overwhelmed, so my patience is short, so when you do something, I can't keep it together," you know? But if you are in a good place, you are able to do a little bit different with our children.

- But the parent needs to learn to do that, and a lot of our parents I think don't know how to do that, to verbalize where they're at.

- To, you mean to actually say, you know, "I'm feeling overwhelmed," or, "I'm feeling stressed out," or, "I can see what I'm having, I'm responding differently."

- So how do you pull that out of the parents?

- With support.

- Uh-hmm.

- You know, with support, it really helps to have someone who really listens and who understands your perspective. I mean, looking at the stigma around mental health and so forth, and it comes from a very judgmental position. And our society does a lot of shaming. I mean, you find right, you see somebody with a child who's screaming in the store and you turn around and you watch them like your child never did that, you know. And I don't know if any of us here are guilty of having done that. I know I am guilty of having done that. I could admit that. But I'm very aware of the fact that we tend to use a lot of shaming.

- Yeah.

- And so people feel like they have to pretend that they are perfect. And they can't say, "This is my experience," or, "I messed up," or, "Shoot, I wish I hadn't done that," or those types of things, because we're gonna heap on some more shame on them if they admit to it. So providing an environment where someone knows that they're not gonna be judged because it's not about that. And I'm sure all of us can understand that people have stressors and that they have fallibilities and so forth, so providing environment where we're not going to judge them about that. You know, one time I was at Pueblo in the parking lot, I think I was waiting for my father or something, and a lady came out with her child. And she tried to shout at this little child who's really, really small. And then she tried to beat him. And I don't know if she had a slipper or something, but she tried to beat him in a way that I felt was inappropriate. And I was like, "Oh, my God. I will have call and report something today." You know, like something, like, "Oh, Lord, have mercy." You know, [inaudible] "How am I, you know, gonna do this?" And somebody came out and spoke to the lady and told her, you know, like, "Stop," basically, "What are you doing?" And so she was basically explaining that she doesn't teach her children to steal, that she was basically trying to defend against someone who said that her child was stealing, when the child wasn't, because of course the child was so small. They just probably picked up something. "I should give it back." And so she felt like, "I have to show them that I discipline my children."

- Uh-hmm.

- And so that's what she was doing, was showing us, showing the public that she was disciplining her child. And I know we've all seen that, where people are disciplining their children in a very harsh way. Not because the child deserves it or because there isn't a better way to teach the child, but because they're showing us that they're good parents. And so that idea of shame and judgment and so forth, it's so destructive.

- Yeah.

- And so when you have people in an environment, where that's not the, that's not what you're going to get, because we do understand, then it's easier to, I think, have people say, you know, "I'm stressed out," and, "I didn't mean to do this," and, "I'm sad about this," or, "These were my past experiences," or, "I have been working on this a long time," or, "I'm having this type of a problem," and then get the support for that problem because we all wanna be good and better people.

- Uh-hmm.

- Yeah.

- How do you get this kind of information out of parents? I mean, in addition to, you know, doing media and trainings? Do you routinely provide trainings?

- No. You know...

- Okay.

- And when you say this information, can you clarify?

- Well, I mean, for example what you just spoke of, you know, the parents example, how did, you work with your children in a very, you know, loving way or, you know, without that kind of shaming.

- So, unfortunately, it really only happens when people come in. So that means, "I have a child who's having a problem and so I'm bringing the child in." And then, of course, we're gonna assess the context of this problem. We're gonna, you know, and say, "You know, how's it going?" And, "What happening school?" And, "How's the family going?" And so forth. And then if you see that apparent looks or appears quite stressed then it's, like, you know, "This must be really hard for you," because it is hard for parents. I mean, the children's behavior affects parents' emotional health and parents' emotional health affects children's behavior. And that's just, that's the way it works. And so you can't say, "You know, this must be really hard for you," and, you know, work your way as you develop that relationship into talking about that. And so usually it happens if a parent brings a child in because the child is having an issue at that time.

- Uh-hmm.

- And then you can work with them with, around issues that are specific to that family. But in terms of the larger fence, I'm just saying, "Be patient with your children." It doesn't really happen that way.

- Yeah.

- And if someone's having difficulty with that then chances are they may be having difficulty correcting it, because I do come from the perspective that most people do want to be good and better people, you know? That we don't have people out there who just want to be evil or bad or cause harm. And these same people who we look at that way, are the one who are gonna fight for their children.

- Right.

- You know what I'm saying?

- Yeah.

- They're gonna fight you in every system that you find them, because they want, you know, they're gonna protect their children above all, everything. And so they don't necessarily intend bad things for their children but it could a history that then creates the present that we're contending with. And, you know, it's, yeah. It's just the reality that we're operating in.

- And sometimes children are prone to acknowledge their feelings, "I'm mad." "I'm sad."

- Uh-hmm. Uh-hmm.

- And one thing that worked for me was whenever, like right now my granddaughter, she came up to me not to long ago and she says, "I'm so sad."

- Uh-hmm.

- I said, "Why are you sad?" "Because you didn't do this and this and this." And I, so then one day, and I talked to her about it. But the next day, she did something to me and I said, "I am so sad."

- Yeah.

- And she looked at me like, "I was sad yesterday, and now you're sad today?" I said, "Yeah, I don't like when you did this and this and this."

- Nice.

- And she got the concept real fast.

- Yes. And that's really great because children were able to verbalize their feelings and people are less likely to act them out.

- Out.

- And so you find, that's why little children, like, oh, two years old, and when they're older, biting and hitting [inaudible] I mean, but then when they learn to talk and negotiate and express themselves, then they're not doing as much of that physical stuff anymore.

- Yeah.

- And so being able to verbalize is very, very important. But you also bring up a very good point, and that is what are the child, the children characteristics, because there can be child characteristics that are more difficult to deal with.

- Yes.

- Right?

- Yeah.

- And then you put those in a situation where a parent is kind of on edge because they're overwhelmed, or stressed, or whatever, maybe going on with them, and then you have recipe for a very difficult time.

- Uh-hmm.

- And so there can be children just, their temperament. Temperament is strongly biologically-based.

- Uh-hmm.

- And so you may have so called difficult child who's difficult to soothe, easily reactive, you know, they're a little bit wild, and they're like [make sounds] and they're just really, have a hard time of it.

- Slow to warm.

- Slow to warm, right. So you have these children with these different temperaments, and if you have a parent who doesn't quite match, you know, that fits, then it may be problematic. So if you have maybe a parent who's very laidback and easy-going then you have a difficult child, that maybe a better mix, than you have child who is very demanding and needy and so forth, and you have a parent who is also kind of on edge there. And then you have a more difficult recipe for a different dynamic. But there are child characteristics that play a role in the essence. So it's important to look at it. Just, as an, aside to that, children who have, who are more reactive, who have, meaning they're gonna get upset more easily or they get bothered or irritated more easily, we need to take a break? No? We're good? Okay. Sorry. Those children tend to be more affected by what we do, believe it or not.

- Okay.

- So these, but also these are children who we tend to be harsher with, you know, because they're the one who are gonna scream about everything and who are gonna stomp their feet and who are gonna be really irritable and angry and frustrated and so forth, and so they're more difficult. And what do we wanna do with those children? We wanna beat them, right? We wanna yell at them. We wanna give them discipline. We wanna put them in timeout. We wanna, you know what I mean? Like, we really wanna be hard on those children because their behaviors are just so bad. But they're more likely to be affected by what we do than that child who is of an easy temperament.

- Uh-hmm. Okay.

- And so it creates, you know, more of a problem.

- Right. Right.

- Because they, kind of provoking you, if you will, without intentionally provoking or reaction from the environment that creates a worst situation.

- Well, we will revisit a little bit more. We have more questions for you. We'll be back right after this break.

- [inaudible]

- Good morning, Virgin Islands. You're listening to Ability Radio, You and Your Life. I am your co-host, Amelia Headley LaMont. I'm joined this morning by Iris Bermudez. The show is sponsored the Disability Rights Center of the Virgin Islands. Our special guest today is Dr. Dara Hamilton. She has a doctorate in Psychology. During the break, there was a very interesting question that came up and that deals with, not a topic that people are comfortable with. The question came up is how or why a person who appears to be so successful financially and has world acclaims such as the actor Robin Williams. Why would he hurt himself? Why would he commit suicide? And, Dr. Hamilton, if you can respond to that, because it is hard for people to grapple with, why would someone who seems to have so much going for them, a family, you know, financial success, world-acclaimed, why would they terminate their lives?

- Yeah. And it can baffle us when we're looking from the outside and saying, "Hey, you know, their life looks perfect, in some way."

- Yeah.

- And we tend to do that. We tend to feel like, "You look this way and so must be okay." And it's not necessary the reality, in terms of everyone's experience. You know, my philosophy is that we all have challenges. You know, I say, "You know, I got this going on. You got that going on." Everybody has something going. And it's really my philosophy that we're here to meet those challenges and overcome those challenges and become better in the process and to learn how to manage these challenges and, you know, what do you have for me today because that's my opportunity to become better in of myself and to learn some skills. And so, you know, that's my philosophy to it. So no matter who you are, no matter what you have, we're going to face something in this life. And in the case of Robin Williams, we were saying that he has, he had, as far as I understand, bipolar disorder. And that he also had, I thought that maybe, we're thinking maybe, like, yeah.

- Some other organic, some other physical...

- Some sort of physical illness.

- Yeah. Right.

- And so his experience of his life, or his internal experience of his life, of course, is very different from what we see on the outside. And I was saying to you all that sometimes people will feel like, "But I do have all this money and I do have all this, my house. I'm stable. I have friends," or, "I have a wife. A husband. I have children."

- Children.

- "But yet, I'm not happy," and, "Yet, there's no meaning," or, "I'm not satisfied. And I should be grateful or I should feel this way, but I don't." And some people find themselves in that position and they, kind of, beat themselves up a little bit more about it, and say, "I'm not grateful. And, you know, I'm not this, and I'm not that, and I," and so at that point, I was saying to you all that we may look at some existential issues like what would add the meaning, what would add the value, what would add the sense of purpose, because it's not necessarily about having all those things outside. You know, it's about what's going on inside. Our internal experience of our lives. It could be very different than, you know, external.

- But you also said something that was a little jarring, and then that was that mental illness, you know, again, it's very, you know, individualized, it can be terminal.

- Yes. Yes. Yes. That's another perspective in terms of, that mental illness can be terminal. That people can die from mental illness. I read a few years ago an article about a mother. I think she was writing about her daughter who had committed suicide. And that was the first time I'd seen it referred to as mental illness being a terminal disease or can be a terminal disease. And just putting into the same disease model as we do physical illness, knowing that we can't separate the two, that we cannot separate the two. All the research on that mind-body connection is just phenomenal. It's phenomenal how connected those systems are and how they feedback to one another. And so you can't separate those two pieces. So just using that framework of, you know, physical illness, because that the one we're most familiar with, the idea that mental illness can be terminal is an idea as well. The fact that you died because of this illness or this illness wasn't managed well enough. I think it takes some of the stigma off of that individual because of having done that, you know? Because it is a result of the illness, as opposed to something that they're just choosing to do. If we were in a good mood and a happy mood and optimistic mood and a hopeful mood and so forth, you don't do it, you know?

- Uh-hmm. Uh-hmm.

- So it can be the result of that depression or whatever the other conditions are.

- We know that there are some things that precipitate the saying, "I am so stressed out. I am stressed. I am stressed." You hear it all the time. Does that mean that people aren't really managing their challenges?

- If they say that?

- Yeah.

- So that's good that they're able to recognize this.

- Okay.

- So we wanna recognize stress and we also wanna deal with, deal with it, because it's very unhealthy. It's very bad for our physical health. It's very bad for our mental health. So we want to not just say, "I'm stressed, I recognize it," but also to...

- Why?

- ...help to manage that stress. And it could be that we are overwhelmed. Meaning, we're overcommitted. And that can be a reality. You know, I have in the past found myself in times where I'm like, "Okay, I'm so super overcommitted. Let me use my strategies."

- Okay.

- I'm gonna make this. It's just one more week. I just have to get through one more week, you know, of this kind of thing. But we have to, at that point, say, "Look, let me look at my schedule and let me put some boundaries around my schedule, or if I need to take a week off or a day or two days off, that I can do that because it's important for me to be healthy for myself."

- Right.

- And so we wanna not just recognize that we're stressed but we wanna make some changes. People can also be stressed when they're not overcommitted and it's more of a psychological issue or a worry or anxiety, because anxiety can make you feel extraordinarily stressed, because basically that's what it is. And, that you have so much to do and you're not gonna ever get it done. And it may not even be so much to do, but it certainly feels that way, and so end up immobilized. And so being able to understand what is it. "Is it that I'm over committed? I have too much things on my schedule? And let me figure how to get that in balance because that's so important. Or is it that I, my anxiety is just runaway with me and I'm overwhelmed because, you know, the pressure of it."

- Yeah. Yeah. [inaudible]

- Stress is so deleterious for our health and it just increases risk of, you know, stroke, heart attack, diabetes.

- Terminal illness, like you said.

- Physical illness.

- Physical illness, yeah.

- Physical illness and mental illness as well.

- I remember, and this is gonna sound a little silly. But I remember having a conversation with Dr. Rita Dudley-Grant. We were in a car and she was on a watch, you know, suicide watch.

- Okay. Okay.

- And I'll never forget, I said, you know, "Why would somebody hurt themselves like that? Doesn't it hurt?"

- Uh-hmm.

- Uh-hmm.

- There was a conversation we had about how somebody can strangle themselves from, you know, a pipe from the bottom of a sink. So all these kinds of, people are very creative when they wanted to hurt themselves. You're right.

- Yeah.

- And I just said, "Well, doesn't that hurt?" And she, like what you suggested, you are in such pain from, you know, the emotional stress that ending that pain is a form of release.

- Exactly. And, yes, absolutely, absolutely.

- And that was a learning, you know, moment for me.

- Uh-hmm. Like, just being able to escape from it.

- Right.

- And so responding to that, the fact that people are in pain or overwhelmed and responding to those symptoms and alleviating those symptoms, then, of course, would help to reduce the likelihood that someone ends up hurting themselves. So it's really important to look at those symptoms and, if we're feeling stressed or we're feeling overwhelmed or other things that don't feel good to us, then we should address it. But I don't wanna give the impression that we should all just be feeling good and, "Hey, let's all feel good. Yeah, yeah, yeah."

- Right. Well, you know, you're a sponge. You're absorbing a lot of pain. What do you do to relax, de-stress?

- Uh-huh.

- Okay. So..

- It's an occupational hazard. What do you do?

- It is. You know, okay. So I have the benefit of actually enjoying my job. That's, A, number one, plus. You know, I'm like, "Yay." I enjoy the work that I do. And so I think I'd be in a different position if I didn't. Secondly, the people that I work with, the system that I work within is very helpful, it's very healthy, and it's very supportive. And so, if I was working in a system that wasn't healthy, I would be in trouble.

- Yeah. Right.

- And so we're all very supportive of one another. So, you know, I just started swimming on Tuesdays, Tuesday nights. It's cold, believe or not. It's winter.

- Yes, it is.

- And I jumped, I jumped in that water last Tuesday, this Tuesday, it just passed. And I look forward to doing it again this Tuesday. I would have done it Thursday, if it wasn't for the hair. You know, I need [inaudible]

- Hair issues? Okay. That's it.

- I do it two times a week but, you know, Lord, but, so, you know, finding a way to add that balance to your life. What else do I do? I read. I watch tons of Netflix. I love Netflix. I do. I do. I do. And I make sure that I put the things that I want in place. Like repotting my plants, you know. I drink tea, you know. I appreciate them. I never pass my mother's jasmine tree without stopping to literally smell the flowers. I, years ago, I said, "You know what? I'm gonna stop and smell the flowers." And I remind myself, "Stop and smell the flowers." But isn't that what we say? We say, "Stop and smell the roses?" I stopped and I smelled the roses, literally. I've been doing the painting classes with Lucien Downes. Like, you know, the way he does the sip and paint, kind of, thing. Do you know what I'm talking about?

- No.

- Okay. Well, you guys have to keep your eyes out that. We did one this weekend on the pass, and it was just so much fun. And I did one when they did it up [inaudible] you know? And it was just so much fun. You know...

- There's a beautiful painting I think done by him. I'm not sure, it's called composition or something.
- So his work is amazing.
- Yeah. It looks like it's done on glass.
- Yes. It he does. It's gorgeous.
- I'd love to know what that technique is because it's beautiful. I didn't know it was giving lessons.
- The light is like [makes sound]
- Okay. Okay.
- Yeah. From those paintings, the light is just amazing that it comes out of it gorgeous so, he's showing a top hat.
- Okay. Okay.
- Go by and look at the work, because it's gorgeous.
- What kind of medium are you using?
- Well, you know, I'm not artist and I really...
- No. Picasso did says, and I will quote...
- Anybody's an...
- That's right. Until they grow it out of them and, you know, but, no, everyone's an artist.
- I have never been able to appreciate my own art. Let me put it that way. But what we, you know, he has this, like trace. The lines and then paint. And it is just, it's just so much fun. And just being in a group of other people who are doing that and the camaraderie and the laughter and the talking and so forth. So I try to diversify. Years ago, I'm shy. I'm a shy person.
- You wouldn't know it.
- You wouldn't know it.
- I'm surprised.
- You would know it. But do you remember when I used to be the...
- The book.
- ...bookworm, yeah. So years ago, I said, "You know what? I'm saying yes to everything that I want." So in every opportunity that presents itself to me. And so, you know, that's been really fun in terms of adding balance and dimension. And what I tried to explain to people, especially young girls, young women, adolescent girls, and so forth, is that we have to develop, and everybody needs to know this, I think, that we have to develop all the dimensions of our lives. Because if we have one thing going on, and that one thing goes wrong, we have a really hard time. So if my life is built all around you, Mr. Man, right? And you decide, you don't want me or you want somebody else or you and I don't want each other, what do I have?
- Yeah.

-What do I have going on for me?

- Yeah.

- So, but I have you, Mr. Man, and I have my wonderful job that I love, and I have these wonderful friends that I love and love me, and I do my arts and crafts over here and I feel successful about that, and I do my painting over here and I feel successful about that, and I travel and I feel successful about that, and I come on your show and I feel successful about that, and, you know, I have a good relationship with my son and I feel good with that, and my parents and I feel good with that. And you decide, you don't want me or I don't want you, it hurts, but what? Maybe, I have a life.

- Right.

- Yeah, yeah.

- So it's really important for us to develop those dimensions of our lives. And it not just be one thing, and it not just be work, and it not just be this other thing. So, you know, that balance is so important. And sometimes if we get into this schedule which is work, work, work, work, work, then that's all we have. And we don't have the other things that support us. Yeah.

- Well said.

- You know, a lot of us are guilty of that. You know, we do a lot of work, work, work, work, work, and don't have time and, that's why I retired early. I wanna do other things, not just work, you know, but...

- What do you find yourself doing?

- Traveling, spending time with my family, with my grandchildren. Nursing folks' family, you know, even though, that's a job in in of itself, but to me, it's making me closer to my family members and really dealing with some, maybe some issues that we had in the past, which is good. It's a good thing because we can get over that hump and, you know, go on to forge a better relationship, you know, so...

- Exactly.

- I'm gardening.

- Yes. Yup. Yup.

- And smelling the roses, like you said. But, it's good. And I'm glad you said that because a lot of us fall short of that, because we dedicate ourselves to work, work, work, work, work.

- Right. Right.

- But we need a break, break, break, break, break.

- We need a break, break, break, break, break. And we need to, like, acknowledge ourselves and our need to take care of ourselves. And, you know, my mom has always said that health is number three, or four, or five down the list, you know?

- Uh-hmm.

- What we do as, "Oh, I'm sick today but I got to go to work. I'm doing this but I got to go to work. You know, I have this issue but I got to go to work." So our work obligations most of the time is number one because we recognize we need, so to pay our bills, we need to whatever. But we've also have to take care of ourselves. And so finding that balance and putting that effort into say, "I'm also gonna develop

me." You know what I do? I look at that St. Croix This Week magazine. I love that magazine, because it has that calendar of events in the front. I don't know if you guys have ever seen it.

- Oh, sure.

- Yes. Oh yeah.

- Okay. And I'm like, "Wow." If I wasn't working on Saturdays because I work on Saturdays. I will doing them, carving your wooden spoons in the rainforest, and doing the, make your own bowls, and, you know, like, they got some cool stuff going on. The free snorkel clinic. They have so much good stuff. The candlelight series, the [inaudible] I mean, they have so much good stuff going on. It's like, "Look at that." You know, I tell people, I give them a magazine sometimes, you know? If you come to the office, I'm like, "Here. Look at this and find something, you know, that you can, that you feel doing."

- And it's all here, right? On Saint Croix?

- Yes. It's all here, you know?

- Yeah.

- Hiking. I've hiked a few times with The Hiking Association, and their calendar is in there also, so, yeah.

- Yeah. You do a lot. You do a lot. You also teach psychology at UVI.

- Yes.

- Okay. And what we're facing now is a shortage of mental health practitioners.

- Yeah.

- What would you, what would you really try to instill in those students before they leave UVI, in order to deal with the issues that we're dealing with in the Virgin Islands?

- Okay. Yes. Hmm, this is a very good question. You know my focus, because I am a, I am dedicated to the field and because I am dedicated to people, for me, it's important that you are competent. For me, it's important that you are ethically responsible. And, for me, it's important that you have commitment to the people with which you work. And that's, for me, those are the things I want, I would want in someone who is going through a program, who's going to work with people, that you be committed to those people above and beyond. So, but we also have some issues, or maybe my personal aside, but it's related because the field also embraces it. It's this idea of a social justice. And in that, we would want people to understand, and I think if you're growing up here and going to school here, that everything operates in a cultural contexts.

- Uh-hmm.

- Yes.

- And so that we have to be culturally sensitive to other people. And you probably find that if you grow and you live here. So, you know, but I would want that as well in people who are going through that type of program. And when I extend that idea of social justice, it is also to issue socioeconomic status and making sure that we are not prohibitive, in terms of service delivery. Do you understand?

- Uh-hmm. Uh-hmm.

- Okay. So that only a certain sect of people are able to receive service.

- Right.

- Right.

- And that we are able to be flexible in things like, "Oh, you can't afford it? Let's drop your fee. Let's do a sliding scale fee, so that you're able to receive services," or, "Let's do every other week, instead of every week if that will work, so you can still get services," or, you know whatever it is, what are the barriers that are preventing you from coming and getting served that we work in terms of a social justice framework to reduce those barriers, so that you can be, have opportunity. I love it when local people come into the office. I'm like, "Yes." You understand what I'm saying?

- Uh-hmm, yeah.

- Because I feel like we deserve good care as well, you know. It's like, "Good, I'm glad you're here because you deserve good care just as much as anybody else, and so let's do that." So I'm really about people getting good care, honestly.

- That's good.

- Speaking of, you know, access, there was a story recently on national public radio that talked about a bench where again people are, and this is taking place in a country in South, Central Africa. I think it was in Zimbabwe, where a mental health worker would sit in a bench, and would greet somebody who is having a problem, and it just took away this clinical, you know...

- Approach?

- ...barrier, yeah.

- Oh, how wonderful. I didn't hear that.

- Just sat at a park bench. I'll share the article with you. And so, you know, they would just chat, and that was their, that was the therapy session.

- How wonderful. And then you just go away.

- Yeah.

- Okay.

- Right.

- But they would know that, at, so at, you know at certain time of the day, you know...

- Somebody would be sitting there.

- Would be sitting at the bench to figure...

- Yeah. And I can imagine that reduces a little bit of stigma too.

- Absolutely.

- And it's fun. It's so, I mean, I admit it's a good experience. They will feel better, you know. And they enjoyed it. And it's different, very different than I think people may imagine as being something that's difficult in the way of intimidating or painful, in the way of someone's doing something to you rather than painful, in terms of, "I'm releasing something that has been paining me." So, how cool. I'd love to see the article and maybe it got something that...

- That one's good.

- And that was...

- [inaudible] the ethics are around it.

- Right.

- You know, just like, you know, but, of course I have to go that way but yeah. I wanna see the article.

- No, no, no. It's not like, it's like a bus stop. You know what I mean? Where there's people standing around.

- Or even so. Even so. Even so. It may be like, you know, "Hey, it's normal. This is normal to talk to somebody," you know?

- Right. Right. That's right. That's right.

- Yeah. And that was gonna be one of our other questions to you. How do we help reduce the stigma associated with mental health illness so people can feel freer to go and receive that care that they need. Just like we were talking about, you know, the "I'm stressed" syndrome. You know, how do we, how can we do that? And have people realize that, you know, it happened, it's gonna happen to many of us. It's happening to a lot of us. But it's something that we can maybe handle.

- I think that we can, okay. We can, A, watch our language around it, you know. And it can be very hard because we are kind of [inaudible] to systems that use words such as crazy and whatever. You know, we use it just very...

- Loosely.

- ...loosely. Very loosely. And so it becomes, you know, that increases the stigma, even though, we may be using informally, you know?

- Right.

- And so we can watch our language in how we talk about it. I think that we can talk about our own experiences more, like those type of things. And we can talk more about that when we come back, huh?

- Yes. Sounds like a plan. We'll be right back.

- [inaudible]

- This was...

- We could take that out, yeah.

- Yeah.

- Good morning you're listening to Ability Radio, You and Your Life. I'm you're co-host, Amelia Headley LaMont, joined by Iris Bermudez. Our special guest this morning is Dr. Dara Hamilton, a doctorate in psychology. Dr. Hamilton, before we took our last break, we talked a little bit about mental health stigma and we have some follow up questions we wanna be able to get in before our morning gets ahead of us.

- Yeah. We were talking about making that change, how to change a stigma. And the idea is talking about how normal it is to seek intervention and to seek care, as it is normal to go to any doctor. And that we

have the idea that people who are either out on the street, talking to themselves, or displaying behavior that we don't quite understand is the person who needs help. And so we tend to separate ourselves from that, because we don't want to be that. And so I think that that image is where the stigma comes from. The image of that person doing that is where that stigma comes from. But when you look at someone like Robin Williams, he doesn't appear to be that. And so we don't, we have, more difficulty understanding why he committed suicide. But the truth is, if one, one in a hundred people believe they're not [inaudible] schizophrenia, one in a hundred. So that's one in every hundred people that you see. It's one percent. And so...

- That's [inaudible]

- Right? And one, and 25% of people have a diagnosable mental illness. But you don't know that. So really a lot of times it's their own experience, own personal experience. So it's not for someone who is so called crazy who is out on the street and who is hallucinating or showing behaviors that we are like, "No, that's clearly not based in reality." It's not just that. And I think that when people try to make it just about that, it limits their ability to receive help. And so changing people's ideas of what mental illness looks like, because it looks like you and me, is very, very important. And I think having those models and so talking about that, I think that we have to be very thoughtful about coming up with a system or a way to do that, you know? Or...

- That speaks to the social justices, you were talking, right.

- But I think we have to be thoughtful because it would definitely be a change in how we're approaching things. There is this, I'm sorry, because we're running out of time. But when I went, I went to Haiti in November for the Caribbean Regional Conference in Psychology, and one of their presentations was on what they called emotional emancipation circles. I didn't get to go to it because instead I went on a tour of Haiti. It was a whole-day presentation, so hopefully they do it in Cuba in two years, you know?

- Sign me up.

- Yes, they're coming. So but that idea of approaching mental health from that stand point, where it's not like, "Okay. We are in a clinic. And you'd have to come in. And here's the meds. And that, that, that, that." In that traditional way, but approaching mental wellness from another stand point of an emotional emancipation circle is another way we can start to work with people differently, yet still address their mental health needs.

- Is this a topic you think you could present on?

- Which one?

- Mental emancipation.

- Emancipation.

- You know, I don't know a lot about emotional emancipation circles. Is it a topic that I can look into and see what angle I can come from? Perhaps, yeah.

- That would be very interesting to pursue for us here locally.

- Exactly. And I, you know, I try to get online to see if there was any trainings and stuff, but, you know, of course, they're based in the States and so forth. But it is a community-based intervention, and so I think that that's what we need.

- Okay.

- Yeah.

- Is there any kind of organization for that psychologists, or a part of, in this field, or operational in the Virgin Islands?

- Yes, of course. We have the Association of Virgin Islands Psychologists that operate here, and from time to time, depending on the year, we do different types of activities. Usually, we have conferences once or twice a year. Years ago, when I was president, we did the, we did a forum on trauma, and a two-day workshop. We did a workshop here in Saint Thomas, and then we did a forum, and we had a lot of people who attended that forum. You know, we had the police commissioner at that time. We had lots of different people from different vantage points in the community talking about the impact of trauma and so forth and what they've seen. So it was a very great event. So we do different things at different times depending on who's vision we're following.

- Now, if someone needed some services from you, how would they get in touch with you?

- Okay. So, well...

- Don't overwhelm her.

- Right.

- Well, you know, the good thing is we have other people in our, in our, so there are lots of different providers out here. So if we, if people were, did a search for the Virgin Islands board of psychology examiners which is the board that licensed psychologists in the territory, they will find the names and then, of everybody who is a licensed psychologist. And there is, of course, Island Therapy Solutions which in Gallows Bay, and they have psychologists, a visiting psychiatrist, licensed clinical social workers, occupational therapists, speech therapy, and so forth. So, of course you can access Mental Health Clinic in Charles Harwood, if we need services. I believe Dr. Prasad has a psychiatrist who is now there or coming.

- All right.

- So lots of different avenues.

- Thank you.

- Well, remember if you missed any of this today, you can tune into or view our website, drcvi.org, where we will have a recording of this show. Thank you so much. I thank Dr. Hamilton for joining us.

- Thank you. Thank you.

- Thank you.

- Thanks for having me.

- This has been extremely informative. Iris, thank you so much.

- Oh, you're welcome.

- Audience, have a wonderful Saturday. Ability Radio, You and Your Life. Until next time.