

Wise Wandering Map

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I am a lot of things. I am composed of the influences of the different cultures I belong to, a vast array of good and bad experiences, a plethora of ideas, and I was made in the image of God. Completing the wise wandering map activity made me realize many specific facets of my character, personality and what has contributed to the trajectory my life has taken. The most influential of these are my experiences with self-harm, abuse and my diagnosis with mental illness, as well as my identity as an F1 West-Indian American, and my profession as a CASAC-T.

Experiences

Part of my “why” is the fact that I have personally experienced substance abuse, self-harm and mental illness. While I would not say these things define me, they definitely have contributed to my outlook on life, the transparency I have taken on over years of feeling the need to hide my weaknesses and the way I approach my practice of drug counseling with clients. As a West Indian American, my substance use took a different shape in the eye of my immigrant parents. According to Barris. P Malcolm (2005), most West Indians have “no concept of formal treatment modalities.” and “West Indians come with different attitudes, understanding and experiences about treatment.” This was very evident in the way my parents treated me when I told them I planned to check into a treatment program to address the fact that I was addicted to cold and allergy medicine and drinking heavily. In the West Indies, alcoholics and substance users are often shamed and left without treatment, viewed with stigma and generally misunderstood. My mom specifically had a hard time accepting that her daughter struggled with alcohol and viewed it as something church involvement could fix before she knew the severity of my problem.

Self-Harm

In January of 2014, I experienced a miscarriage. I was navigating a pregnancy alone, as I made the decision not to share the news with my boyfriend at the time, who was emotionally and verbally abusive, and I chose not to inform my mother, out of fear of disappointing her and shaming my family of old-fashioned West Indian Christians with strong morals and convictions. I did not share the news with friends either, as I felt I had an image to uphold and I desperately wanted everything to stay “normal”. Following the loss of my pregnancy, I developed suicidal thoughts driven by the guilt that I had not been taking care of my body and the fact that I was considering terminating the pregnancy. As a Christian, I felt strongly that I was being punished for being sexually active outside of marriage and eventually felt I had nothing to live for, so I began self-harming by cutting, drinking heavily, banging my head against walls and taking excessive amounts of sleeping pills and cold medicine. My experience with self-harm took me places I never wanted to be and I self-harmed consistently for about a year until I attempted suicide and reached a turning point in January 2015.

Diagnosis

In 2014, I sought mental health services on campus at the University at Albany and continued seeing a therapist after I withdrew from school and returned to Brooklyn to live with my family once again. While I never took a break from school, went back to campus in the summer to finish my finals, and enrolled at a CUNY within two weeks of returning home, my mental health was in decline. I was pushed to keep pursuing my degree by my mother and that experience made me strong, but I still struggled with sleeplessness, bad decision making, cutting and other dangerous behaviors.

After seeing a new therapist in Brooklyn for a few weeks, I was screened for and diagnosed with bipolar disorder. Hense and McFerran (2017) posit that 75% of mental illnesses

present before the age of 25. I was diagnosed at the age of 21. Being diagnosed with a mental disorder I had likely been battling for years untreated, was a turning point for me. I began to learn all I could about the disorder, independent of what I was learning in my college psychology classes. I wanted to understand myself, my medication and my treatment better. While I still do not have a full handle on how to cope with the disorder, I am very well informed and always learning about myself, the way I process thoughts, and the ways my moods affect me.

Everyday Life

Some things that influence my everyday life are music and coping with mental illness. Music has always been a passion of mine, and I consider it a part of my identity and being raised in a household with a musician father and singing mother who had eclectic music tastes influenced me greatly. I enjoy singing, exploring many different types of music, making playlists and I have written music reviews and content for a Christian record label in the past. Music has not only given me a way to worship God and filled lonely spaces I've been in, it has served as a therapeutic aspect in coping every day with having a mental illness. According to Hense and McFerran, "Many young people experiencing mental illness do not receive everyday health promoting benefits that they might expect." I disagree in my case. Music has always served as therapeutic and healthy for me, helping me activate and experience feelings that depression has numbed me to, promoted emotional health by reinforcing good moods and it has calmed me in moments of terror and panic.

Other than music, staying informed, studying my medications, and keeping in contact with my therapist and psychiatrist helps me live every day with this disorder that is not known to go away/dissipate over time. I have learned to harness my overloads of energy into productivity and I have learned to stop internalizing the tense and angry moments I experience. While cutting

and taking unsafe risks amongst other behaviors alerted my therapist to my diagnosis, I have gotten to a point where I do not struggle secretly and I take pride in the fact that I know how to take care of myself and understand what is going on in my mind. I have also learned to ask for and accept help from others.

What I am proud of.

I am an F1 West-Indian American. My mother is from a small island called St. Vincent and the Grenadines and my father is from Aruba. My parents brought their culture and traditions to the United States with them when they migrated to Brooklyn, New York in the 1980s. Many West-Indian Americans can identify with the pressure that is felt from their immigrant parents to be successful. I cannot say I have felt this pressure, but I would say that a lot was and is expected of me. I am proud of where I come from, how I was raised, the sacrifices my parents have made for me and the fact that I was able to accomplish at least some of the things they came to America to see their children be able to achieve.

Another source of pride for me is the fact that I am a CASAC-T (Credentialed Alcohol and Substance Abuse Counselor Trainee). Back in 2018, I went through an accelerated program, going to school for five hours a day, 4 days a week in order to complete my program. I came out as a Certified Addiction Recovery Coach, certified in Mental Health First Aid, and I am now a CASAC-T. I have worked with clients with the co-occurring disorders of mental health and substance abuse. I have made an impact on the lives of the homeless, as I worked in an Office of Mental Health funded shelter in New York City. I have been able to find apartments for my clients, and watch them work to change their lives. I have been a positive influence, a voice and a help to those who are struggling and marginalized and I am proud of that.

Trait and Factor Theory

According to the trait and factor theory, vocational guidance is accomplished through studying the individual, surveying occupations and matching the individual with the occupation. This can be done through a number of types of career counseling assessments. If I were meeting a client who was interested in career guidance, I would perhaps suggest that the client does a career assessment, ask them to print their results out and address it in therapy. We could discuss their expectations of the test before having taken it, the results they expected, which results surprised them and which they feel are most fitting and viable career options. We would then discuss and make a t-chart of which options are most easily attainable and easiest to pursue in a short period of time, and which careers require further training they may not have as yet. For a client with a background similar to my own, with a college education, a high level of emotional awareness, people skills, and someone who is not against going back to school for further training and has overcome addiction issues, I would suggest a career in drug counseling.

As a CASAC, I find that my problem solving skills, desire to help others, interest in mental and emotional health and emotional intelligence have all helped make this a viable and rewarding career choice for me. Although I do not want to stay in drug counseling for an extensive period of time, I do find it to be a fulfilling career that I can be proud of.

References

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