Two Stories, Two Voices, One Graceful Passion

As a psychiatric–mental health nurse, I am passionate about educating the future generation of nurses who will be caring for clients with mental health issues.

Five years ago, Cindy contacted me on a “cold call,” asking if I would be receptive to having guest speakers from the National Alliance on Mental Illness (NAMI) come tell students their stories of mental illness. Reflecting back, I can honestly say that my life and the students’ lives have been thoroughly enriched by listening to the stories of Cindy and Chris. I truly believe their stories (and voices) have helped diminish the stigma of mental illness in the minds of students. It is important for me to disseminate these stories to other nursing professionals and continue to lessen the stigma of mental illness in our society.

Judith M. Smith, PhD, RN, GCNS-BC
Professor of Nursing, Goldfarb School of Nursing at Barnes-Jewish College

My name is Chris and my girlfriend’s name is Cindy. I had been volunteering for NAMI for approximately 9 years, publicly speaking about my own experience after the suicide of my sister, Julie. Because of this work, I soon learned about In Our Own Voice, an innovative program by NAMI, which required specialized training. In 2011, our supervisor Sharon Lyons, Cindy, and I went to Jefferson City, Missouri for NAMI 3-day training. Naturally, Cindy and I were nervous because we both have visual impairments, and Cindy has hearing disabilities as well. However, with encouragement from friends, we became certified in the NAMI In Our Own Voice Program. In Our Own Voice provides an opportunity for peers in the mental health community to tell their stories. Storytelling helps break the stigma about mental illness through education and advocacy. Sharing our stories also encourages the audience to open up. We want them to know they are not alone.

As presenters of In Our Own Voice, Cindy and I educate the audience about NAMI support groups, including NAMI Basics, Family-to-Family, and Peer-to-Peer. We inform them of our HELPLine, advocacy training, and crisis intervention training. Next, we tell our story in five segments, titled Dark Days; Acceptance; Treatment; Coping Skills; and Successes, Hopes, and Dreams. After each segment, the audience has an opportunity to ask questions or share their own experiences. At the end of the program, we distribute surveys. The feedback has helped us grow in our presentation skills and own journeys with mental illness. As volunteers for NAMI, Cindy and I have two stories, two voices with one graceful passion.

Our first talk was with an audience of 75 people. Cindy and I were anxious, and even with equipment failure, we never missed a beat. Our presentation was a success and we received a lot of good feedback. This really excited Cindy, as she said, “I want to do more. I want to do another presentation!” And so, our little team was formed. We each had tasks: I took care of transportation and materials; Cindy was our outreach coordinator finding speaking engagements. Cindy’s “gift of gab” proved to be positive. She was not shy, and after making a call to an agency or any prospective contact, Cindy would eagerly not only tell me about the engagement, but would also fill me in about their personal biography. I said, “Cindy, how in the world and why did you find out their personal information?” Cindy said, “I just had to get to know them!” I truly believe that is how the very special friendship developed between Cindy and Judith Smith, PhD, RN, GCNS-BC, a nursing professor who teaches courses in psychiatric–mental health nursing. Soon Cindy scheduled a speaking session with Dr. Smith and her students. Five years later, Dr. Smith continues to book NAMI as a guest speaker for her students, who consistently remark how our stories have been life-transforming, literally changing their nursing outlook and careers forever.

In 2016, on Cindy’s 10th anniversary as a breast cancer survivor, she was informed by physicians that she had terminal cancer. The news was hard to accept. I was devastated. During Cindy’s final days she requested, “Chris, keep my dreams alive.” I responded, “What dreams, Cindy?” She said, “Just please keep my dreams alive.”
As I reflect on the last 3 months of Cindy’s life, I remember the many nurses who cared for her. Although Cindy was in pain, her compassion and listening skills shined through. One night the nurse came into Cindy’s room to give her medicine. I heard Cindy say to her, “You seem like you’re overwhelmed or stressed out. What’s wrong?” After a few words of encouragement from Cindy, the two of them had a good talk. The nurse felt better and Cindy felt a little better knowing that even while in pain, she could still touch a life. That is who Cindy was and that was a moment I will never forget. There were also three other nurses who recognized Cindy and myself from our speaking engagements. Accepting Cindy’s death has been difficult, but as I continue to be an advocate and presenter, I know her dreams are kept alive, for we are still two voices with one graceful passion—which I can accept.

Cindy and I fully agreed that helping others helps us because volunteering is a great coping tool for our mental illness. We believe that volunteering is the heartbeat of any agency or community. We believe that the pulse will continue to be felt through our legacy and so many other volunteers for years to come. One of my very favorite persons in history said it best when she remarked, “Alone we can do little; together we can do so much.” Helen Keller.

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