

1: Christianity on Health and Illness

*Judaism on Illness and Suffering [Reuven P. Bulka] on www.enganchecubano.com *FREE* shipping on qualifying offers. To learn more about Rowman & Littlefield titles please visit us at www.enganchecubano.com*

Email If not, well, why the hell not? There is ample evidence that these are diseases like all the others for which we offer our sincerest sympathies. The theories too many of us were taught as kids, that these illnesses are somehow caused by faulty parenting, or reflect weakness or failure, have been thoroughly debunked. And if we do believe in this equality â€” which, I suspect, in theory we do â€” then why in practice do we so rarely talk about the day-to-day medical challenges of depression, bipolar disorder, anxiety disorder, schizophrenia and all the substance use disorders? Why do we still whisper about mental illness the way we used to whisper about cancer? Yet today, if I said the name of a friend or family member with breast cancer during the Mi Shebeirach â€” the very public prayer for healing when the Torah is being read â€” and I was asked afterward what was wrong with him or her, I would have no problem telling the truth. The silence that pervades our synagogues is a proxy for the broader reluctance of patients and family members dealing with mental illness to seek comfort in life and openness in death. As I was thinking about all this, I had an eerie experience. I looked away from Patrick and out into the audience, the way they teach you in public speaking class to get a little eye contact. And about 10 rows back, on the left-hand side of the sanctuary, I saw a ghost. Actually, it was the younger brother of a ghost. But when I was a kid, his brother had introduced me and everyone I knew to the concept of mental illness â€” by completing suicide on Yom Kippur, after his father had already left early for services but just in time for his mother and sibling to discover him. By the time families were reconvening all over my hometown of Harrisburg, Pennsylvania, to break the fast that evening, his death was all anyone talked about. And then nobody ever talked about it again. But it is nowhere more troubling â€” nor more potentially and profoundly reversible â€” than in our houses of worship and our faith communities. You can get synagogues, Jewish community centers and federation groups to schedule and fund a one-day event, a week-long campaign; you can get a house of worship to do a special sermon or short-term outreach during a suicide prevention, depression, mental health or recovery day, week or month. Many ambitious national brain health organizations are developing faith community advocacy strategies, and some faith communities are starting to offer the secular Mental Health First Aid training from the National Council for Behavioral Health. But so far this has all seemed like a litany of well-meaning, and even occasionally well-funded, first steps. It has proved nearly impossible to get most communities â€” or, frankly, most families â€” to view mental illness and addiction as daily, weekly, monthly, yearly, lifelong realities and medical illnesses. It is stunningly difficult.

2: Jewish texts that spark discussion about suffering in Judaism |

Ancient Judaism acclaimed God as source of health and illness, with sickness a divine-mandated punishment for individual and communal sins. In the Bible, God is viewed as responsible for all healing, and the magical healing practices of the surrounding nations were associated with idolatry.

Carmeli DB September American Journal of Medical Genetics. Journal of the American Geriatrics Society. Genetic variation in human telomerase is associated with telomere length in Ashkenazi centenarians". International Journal of Epidemiology. Journal of Biosocial Science. Lay summary â€” Haaretz. European Journal of Human Genetics. National Institute of Neurological Disorders and Stroke. Retrieved May 25, Obstetrics and Gynecology Clinics of North America. Genome News Network, J. Retrieved April 14, American Journal of Human Genetics. Archived from the original on May 17, Retrieved May 30, Archived from the original on 17 February Mendelian â€” Niemannâ€”Pick disease". Infection, Genetics and Evolution. Mendelian â€” Familial dysautonomia". Mendelian â€” Non-Classical Adrenal Hyperplasia". Jewish Genetic Disorders Organization. Journal of Orthopaedic Surgery. It is multisystemic and affects mainly Ashkenazi Jews. Lay summary â€” Eureka Alert. An Immense New Power to Heal: The Promise of Personalized Medicine. Journal of the European Academy of Dermatology and Venereology. Mendelian â€” Mucopolidosis IV:

3: Medical genetics of Jews - Wikipedia

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In Islam, there are two views of suffering, both of which resemble views held by its sister faiths, Judaism and Christianity. Suffering is either the painful result of sin, or it is a test. In the latter view, suffering tests belief; a true Muslim will remain faithful through the trials of life. But suffering also reveals the hidden self to God. Suffering is built into the fabric of existence so that God may see who is truly righteous. In other words, God not only allows the various agonies and struggles of life, but has a purpose for them. Suffering opens up the soul and reveals it to God. God uses suffering to look within humans and test their characters, and correct the unbelievers. Suffering is also a painful result of sin. In Islam, sin is associated with unbelief. Sometimes people forget to listen to the prophets, and fail to serve God in all that they do. This is the state of unbelief, called *kufr*, which literally means to forget through hiding of the truth. Therefore someone who is a *kafir* is someone who has purposefully forgotten the Lord. They become preoccupied with their own particular needs and their passions. Islam does not condemn human passions or human needs, seeing them as a necessary part of a full and useful life. But when people forget to serve God, these needs and passions can enslave them. They begin to misuse their divine gifts of intelligence, will, and speech. Enslaved by lust, and by cravings for wealth and pleasure, they do evil and destructive things. These moments of unbelief can happen to anyone, and when people realize their mistake, they suffer. Seen in this light, suffering is not only painful, but a lesson. Although all people are imperfect and vulnerable to *kufr*, Islam does not teach that they are essentially evil. When they realize their sin and make amends with true remorse, God forgives the sin. Genuine repentance is all that is needed to restore humans to a sinless state. However, individuals are always vulnerable to it, and sin and suffering are serious matters. It is possible to be a perfect Muslim, since God does not ask anyone to do anything that is beyond his or her ability. But perfect Muslims, like prophets, are very rare individuals. Most must be vigilant and always begin with the intention to do good. Islam teaches the endurance of suffering with hope and faith. The faithful are not counseled to resist it, or to ask why. However, Islam also teaches the faithful to work actively to alleviate the suffering of others. Recognizing that they are the cause of their own suffering, individuals work to bring suffering to an end. In the Islamic view, righteous individuals are revealed not only through patient acceptance of their own suffering, but through their good works for others. And if suffering is a consequence of unbelief, then good works will relieve pain. How should suffering be viewed? Do Muslims view themselves as inherently sinful? Try our 3 most popular, or select from our huge collection of unique and thought-provoking newsletters. You can opt out of these offers at any time.

4: Mental Illness Awareness In The Orthodox Jewish Community | | Jew in the City

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Why does God allow sickness? The issue of sickness is always a difficult one to deal with. When we are suffering with a sickness, disease, or injury, we usually focus solely on our own suffering. In the midst of a trial of sickness, it is very difficult to focus on what good God might bring about as a result. This is the perspective God has because He is sovereign and knows the end result. This does not mean sickness is always from God or that God always inflicts us with sickness to teach us a spiritual lesson. In a world tainted by sin, sickness, disease, and death will always be with us. We are fallen beings, with physical bodies prone to disease and illness. Some sickness is simply a result of the natural course of things in this world. Sickness can also be the result of a demonic attack. The Bible describes several instances when physical suffering was caused by Satan and his demons Matthew So, some sickness is not from God, but from Satan. Even in these instances, God is still in control. Even when sickness is not directly from God, He will still use it according to His perfect will. It is undeniable, though, that God sometimes intentionally allows, or even causes sickness to accomplish His sovereign purposes. While sickness is not directly addressed in the passage, Hebrews It is difficult for us to comprehend why God would work in this manner. The clearest example of this in Scripture is found in Psalm Notice the progression through verses 67, 71, and 75 - "Before I was afflicted I went astray, but now I obey your word It was good for me to be afflicted so that I might learn your decrees It was good for him to be afflicted. It was faithfulness that caused God to afflict him. Again, sickness and suffering is never an easy thing to deal with. One thing is for sure, sickness should not cause us to lose faith in God. God is good, even when we are suffering. It is hard to imagine that anyone who is in Heaven as a result of sickness or suffering regrets what they went through in this life. One final noteâ€”when people are suffering, it is our responsibility to minister to them, care for them, pray for them, and comfort them. When a person is suffering, it is not always appropriate to emphasize that God will bring good out of the suffering. Yes, that is the truth. However, in the midst of suffering, it is not always the best time to share that truth. Suffering people need our love and encouragement, not necessarily a reminder of sound biblical theology. A testimony on suffering: Thank you so much for whoever answered this question, why does God allow sickness. It was very interesting. It is something that all people wonder why. In my case, my husband suffered with a very rare type of brain cancer and is now with the Lord. He passed away on April 17, and was a true blessing to many people. Through his illness, his sister was released from her captivity in a cult, and truly now knows the Lord. Even though I was saved, I have a much better understanding of what it means to trust and live a righteous life. It is truly amazing how the Lord uses an illness, or even a death of a loved one. Thank you so much for all the people who answer these questions. It is a true blessing for many people.

5: Buddhism - Suffering and the Problem of Evil

Although the Abrahamic Traditions (Judaism, Christianity, Islam) have some common understandings of suffering, illness, and dying, and the treatments that accompany them, they also have some significant differences as well. Through the lens of actual case studies, a panel of representatives from the.

This is the most well known of Buddhist doctrines in the west, and there are some fairly standard English translations "Life is suffering. The cause of suffering is desire," and so forth, but the standard translations are somewhat misleading. First, these are not truths that are noble, but truths that have been realized by the spiritually noble. They might more accurately be called four realities of life known to those who are spiritually aware. These four realities are: The word often translated as suffering has no English equivalent. The meaning of the phrase is not that "life is miserable," as the English translation might seem to indicate, but that some pain is inevitable in life. Birth is painful, sickness is painful, aging is painful, death is painful. It is painful to experience unhappiness and displeasure; it is painful to want something and not be able to have it; it is painful to have something and lose it; it is painful when a pleasurable experience ends. What the Buddha had been seeking when he became enlightened was a way out of samsara, the endless cycle of death and rebirth. If there is no self, there is nothing to reincarnate, nothing to endure this endless cycle. Others scholars argue that Buddha refused to answer questions about the self, and that to deny the existence of the self is just as much of an obstacle as is the self. According to textual accounts of his first sermon, written long after his death, what the Buddha said was that the forms of suffering he listed birth, sickness, aging, loss, etc. Each of these constituents is constantly changing, constantly in flux; therefore the "self" is also constantly changing. Thus while there may be an experience of selfhood, there is no permanent, unchanging self. Humans tend to long for what they do not have, or to wish for their lives to be different than they are; they often fail to fully appreciate what they do have. This longing craving, desire gives rise to, or causes, a new cycle of life and death. The Four Noble Truths are often understood as a series of propositions, or as a prescription for approaching disease: In this formulation, cause, or arising, is the pivotal moment. Buddhist scholar Donald Lopez says, "If it is possible to identify a particular contribution of the Buddha to the philosophies of his day, it would be the thoroughgoing emphasis on causation as an inexorable force whose devastating effects can be escaped by understanding its operation. That is, everything is an effect of a cause. If the cause can be identified and destroyed, the effect is also destroyed. It is possible to stop this cycle. The path to the end of suffering is the Noble Eightfold Path that is, the eightfold path for the spiritually aware: This remedy of the Eightfold Path may seem like a moral answer to a philosophical problem, and to some extent, it is. Ashoka, when spreading his edicts about the teachings of Buddhism, focused on moral guidelines rather than complex philosophical ideas. On another level, this list is a response to the audience, to which it is addressed, the men with whom Buddha had practiced extreme asceticism before deciding that it was not the right path for him. According to the texts, the Buddha began his sermon by saying that one should follow a middle path between asceticism and hedonism, and then he listed the elements of the Eightfold Path, repeating them again shortly afterward when presenting the four truths. Thus, one meaning of the Eightfold Path is that extreme approaches to seeking enlightenment are not necessary. Try our 3 most popular, or select from our huge collection of unique and thought-provoking newsletters. You can opt out of these offers at any time.

6: Pain & Suffering

Suffering, Illness, and Dying in the Abrahamic Traditions Although the Abrahamic Traditions (Judaism, Christianity, Islam) have some common understandings of suffering, illness, and dying, and the treatments that accompany them, they also have some significant differences as well.

Donate The presence of suffering in the world poses a problem for religion insofar as it seems to contradict the notion of an all powerful benevolent God. It would seem that if God were good, He would not want His creatures to suffer, and if, all powerful, He would be able to prevent their suffering. Judaism has attempted to cope with the problem of suffering in various ways. The Bible is from the very beginning aware of suffering as a characteristic of human existence Gen. In kabbalistic doctrine the existence of the world and man as distinct from God by definition entails the pain of separation from God. Philosophical Explanations Some religious philosophies overcome suffering by denying either its importance Stoicism or its reality Spinoza , or by seeking release from existence in the world Buddhism. A certain other-worldly emphasis is also characteristic of certain types of Christian thought. Augustine formulated the classic philosophical view of evil which states that since everything that exists must have been created by God and must be good, evil is not an existent but is merely privation, i. This essentially neoplatonic doctrine also has a long tradition in Jewish philosophy, Maimonides being among those who adopted this view Guide of the Perplexed, 3: While he does not deny that suffering does exist, he believes that the particular evils which befall one are for the good of the universe as a whole. Among modern Jewish philosophers, Buber holds that evil is really only a "turning away" from the good toward "nothingness. Buber, Good and Evil, Judaism in its nonphilosophic form acknowledges the utter reality of evil and suffering. Indeed, God Himself is often described as suffering with man. Man is challenged to remedy suffering wherever it can be remedied, and to endure it without complaining wherever it is irremediable. Bred in Heidentum, Christentum, Judentum 2 vols. Compassion for the Suffering of Others Judaism demands that man extend active sympathy toward the suffering of others. So that it may be remediable, the essence of suffering must be perceived not in death or natural catastrophes but in illness and poverty. The historic Jewish penchant for medicine and social reform may have its source in the biblical and rabbinic attitude toward suffering. With the coming of the Messiah, illness, poverty, and even death will be abolished Ex. Punishment and Purification The primary traditional explanation of suffering is that it constitutes punishment for sin: There is a didactic element in this explanation insofar as it encourages man to refrain from sin in order to avoid suffering. However, it is difficult to uphold this explanation in the face of the suffering of the innocent and the prosperity of the wicked Jer. Another explanation of the existence of suffering is that it is a process of purification. The Talmud terms such suffering "afflictions of love" yissurin shel ahavah. Suffering was thought to be the ultimate form of divine purification leading to unio mystica A. Rote, Shomer Emunim, 1 , a, ch. Nevertheless there is room within Judaism for protest to be leveled at God when suffering is thought to be undeserved.

7: Judaism on Illness and Suffering

Judaism demands that man extend active sympathy toward the suffering of others. So that it may be remediable, the essence of suffering must be perceived not in death or natural catastrophes but in illness and poverty.

It is a legitimized and recognized option. In other words, the physician provides the means "gun" , but the patient performs the act "pulls the trigger. The administration of morphine is an example of the double effect. Morphine is an analgesic, but it is also a respiratory depressant which can lead to pneumonia, aspiration, hypoventilation, or apnea. The degree of interest in euthanasia and the extent of its acceptance are reflected in recent opinion polls. In , physicians in San Francisco, California, were asked their opinion of the use of euthanasia. Seventy percent of the respondents said patients who had an incurable terminal illness should have the option of euthanasia. Forty-five percent said they personally would carry out the request. Thirty-five percent said they were opposed to the use of euthanasia. In a public poll conducted in , 63 percent of lay respondents favored legalizing physician-assisted suicide and euthanasia. Seventy-six percent of respondents favored legislation permitting the withdrawal of life support from hopelessly ill or irreversibly comatose patients. Fifty-two percent said they would prefer to consider alternatives to ending their own lives if they had a terminal illness. Responses to the questions overlapped, but the sentiment of the majority of people polled supported euthanasia in some form. Researchers in Michigan, the venue for the suicides assisted by Dr. Kervorkian, sent questionnaires to stratified random samples of physicians and lay adults in and The questionnaires included questions about whether physician-assisted suicide should be banned in Michigan or legalized under certain conditions. Usable responses were received from of physicians 74 percent and of adults 76 percent eligible for the study. Asked to choose between legalization of physician-assisted suicide and an explicit ban, 56 percent of physicians and 66 percent of the public supported legalization; 37 percent of physicians and 26 percent of the public preferred a ban; and 8 percent of each group were uncertain. When the range of choices for physicians was widened, 40 percent preferred legalization; 37 percent preferred "no law" de, no government regulation ; 17 percent favored prohibition; and 5 percent were uncertain. If physician-assisted suicide were legal, 35 percent of physicians said they might participate if requested; 22 percent would participate in either assisted suicide or voluntary euthanasia; and 13 percent would participate only in assisted suicide. The most important personal characteristic of Michigan physician and lay adult respondents in relation to their views on physician-assisted suicide and voluntary euthanasia was religion. Those who considered religion to be very important in their lives were much less likely to support legalization and to consider personal involvement in assisted suicide, either as providers physicians or requestors the public , than were people for whom religion was less important. The Oregon Death with Dignity Act, legalizing physician assisted suicide, was passed in November 2. Although the constitutionality of the bill is being contested in the courts, researchers in Oregon conducted a cross-sectional mailed survey in early of all physicians who might be eligible to prescribe a lethal dose of medication if the Oregon law is upheld Of the physicians who received the questionnaire, 10 percent responded. Sixty percent of the respondents thought physician assisted suicide should be legal in some cases, and nearly half 46 percent said they might be willing to prescribe a lethal dose of medication if it were legal to do so. Thirty-one percent of the respondents indicated they would be unwilling to prescribe a lethal dose of medication on moral grounds. The characteristics associated with the attitudes of physicians in Oregon toward assisted suicide included religious affiliation, specialty, population of the area in which the practice is located, age, and sex. Man is created in the image of God In every human being there is a Divine spark Each human life is sacred Each human life is of infinite worth. In consequence, a human being must be treated as a personality and not as chattel. As a personality, every human being possesses the right to life, honor, and the fruits of his labor. True justice in Judaic terms is respect for the personality of others and for their inalienable rights, including the right to life. In Judaism, justice is akin to holiness. As Isaiah declared for all time: Justice is a positive conception in Judaism and includes charity, philanthropy, and our endeavors to bring out the best in people. The Prophets sum up our human duty to others as: To do justly and to love mercy. In the Oregon survey, an unwillingness to

participate in physician-assisted suicide was associated with a Catholic affiliation odds ratio for willingness 0. Sex, specialty, and whether or not the respondent had cared for terminally ill patients were not significant predictors of the willingness of physicians to participate in physician-assisted suicide. The rationales cited in support of physician-assisted suicide are numerous. First and foremost is the conferring of relief from pain and suffering. The patient, in securing the help of a physician in dying, is said to "retain control" in an otherwise fearful situation because of a perceived ability to determine the time of death. Help is thus readily at hand for patients who are unable to take their own lives. Through the assistance of their physicians, patients may also avoid victimization by medical technology in the form of prolongation of suffering. Those opposed to physician-assisted suicide cite cogent arguments. Pain and other symptoms causing discomfort and suffering are treatable. There is frequently prognostic uncertainty, even when patients are considered to be terminally ill. Focusing on physician-assisted suicide also diverts patient-care and research energies away from palliation. There are societal concerns that patients may feel coerced to die or that they have a duty to die. The patient must be competent to decide that suicide is the best solution to current health problems. The patient must be judged to be terminally ill and to have a dismal short-term prognosis, which must be corroborated by a second and third physician. Clinical criteria have also been developed for physician assisted suicide. These include the requirement that physician assisted suicide be carried out in the context of a meaningful physician-patient relationship. Consultation with another physician experienced in the delivery of comfort care should be required. Documentation of the closeness of the physician- patient relationship and the consultation with other physicians is necessary, as well as the clear indication of the cause of death which should be filed with the appropriate authorities. The patients must further, of their own free will and at their own initiative, clearly and repeatedly request to die rather than to continue suffering. The patients must have a condition that is incurable and associated with severe, intolerable, unrelenting suffering. Will you help me? The patient may, recognizing the seriousness of the situation, desire a change in the goals of treatment from cure to comfort. The patient may be asking for relief of pain. The patient may desire resolution of psychosocial problems so that the giving of care is no longer a burden to the caregiver. The patient may be suffering from a depression amenable to psychiatric treatment. Thus, when the patient expresses a desire to die, the physician should listen to the patient and ascertain the dynamics of the particular situation before responding. When patients ask, physicians should be honest about their openness to the possibility of assisted suicide. While physicians should approach the possibility of intolerable end-of-life suffering with an open mind, they must also advise their patients early on of their unwillingness to participate in physician-assisted suicide and euthanasia. Confronted as physicians are by the moral and ethical dilemmas posed by these issues, they need to develop their own support systems for dialogue and affirmation of their positions. For some patients, the possibility of a "controlled death" is often more important than the reality. The movements to legalize physician-assisted suicide and euthanasia reflect the poor state of palliative and terminal care in the United States and elsewhere. The most prestigious of the medical journals rarely include articles on palliative care. The study revealed that the number of articles pertaining to palliative care was Hospice and palliative care.

8: Islam - Suffering and the Problem of Evil

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We did not really discuss theology. The purpose of the discussion was just thatâ€”to discuss mental health and suffering through a Jewish lens. In retrospect, we accomplished our goal of having a discussion, but perhaps it all could have been a bit more focused. These were the texts that my co-facilitator and I shared with the group. We used these in various ways. I would love to hear any thoughts or reflections that you may have on these texts, or on the problem that I mentioned above of narrowing the focus of the session. The Biblical translations are based on the new JPS Ethics of the Fathers, 1: God spoke to Moses saying: Whatever the holy One, blessed be He, declared unfit in the case of an animal, He declared fit in the case of man. In animals he declared unfit: Anything blind, or injured, or maimed, or with a wen, boil-scar, or scurvy â€” such you shall not offer to the Lord Lev. If an ordinary person makes use of broken vessel, it is a disgrace for him, but the vessels used by the Holy One, blessed be He, are precisely broken ones, as it is said, The Lord is close to the brokenhearted; those crushed in spirit He delivers Ps. A psalm of David. Deliver me as befits your faithfulness. Psalms 13 1 For the leader. How long will You hide Your face from me? How long will my enemy have the upper hand? I will sing to the Lord, for He has been good to me. A Journal of Orthodox Jewish Thought, For Judaism held that the individual who displays indifference to pain and suffering, who meekly reconciles himself to the ugly, disproportionate and unjust in life, is not capable of appreciating beauty and goodness. Whoever permits his legitimate needs to go unsatisfied will never be sympathetic to the crying needs of others. Hence Judaism rejected models of existence, which deny human need, such as the angelic or the monastic. For Judaism, need-awareness constitutes part of the definition of human existence. Need-awareness turns into a passional experience, into a suffering awareness. While the Cartesian cogito would also apply to an angel or even to the devil, our inference is limited to man: Prayer is the doctrine of human needs.

9: Why Jews Must Take Mental Illness Out of the Shadows – The Forward

Judaism and Mental Illness While Jews were instrumental in establishing the field of psychology, the Jewish community is not always comfortable dealing with those who suffer from psychiatric conditions.

Linda Baron-Katz After being diagnosed with bipolar disorder, I had a tough time being accepted, especially in the Orthodox Jewish community. You see, I am an Orthodox woman – I keep my head covered, dress modestly, keep kosher, observe the Sabbath and Jewish holidays, and am readily identified as an observant Jewish woman. Community has always been very important to me, both as a Jewish woman, and as a woman in recovery. Sadly, mental illness carries a lot of stigma in my community, primarily because of a lack of education and understanding. While the Orthodox Community is loving, nurturing and tight-knit, people with mental illness are sometimes treated as outsiders. Because of this bias, many Orthodox Jewish men and women are reluctant to "come out" as people living with mental illness, assuming that keeping quiet will keep them safe. But, choosing not to disclose makes many of us feel more isolated and alone within our very own communities. For quite some time, I struggled to feel accepted within my own Orthodox community. I lived in a Jewish neighborhood, and was active in my synagogue. I wanted to marry someone from my same background – like most women in my community, it was extremely important to me to get married and start a family. But when I first started dating, I found that Orthodox men ran away from me the moment I told them I had bipolar disorder. They would ask questions like, "Do you think you could handle having children? It might have been the way they were asked, but I had to wonder if they would use the same tone, or seem as concerned if I had said I had cancer. While these questions might seem inappropriate to someone just starting to date, they are key values and concerns within my community. And as I heard the same questions over and over, I soon realized that I needed to find support from people who knew about mental illness and would not penalize me for it, people who would help me get serious about my life in recovery, including finding a life partner, making friends, and getting a job. I wanted the same things other women in my community wanted, and I was determined to get them, even if I was "different. Through this network, I dated a few Jewish men with mental illnesses. But although these men were Jewish, they were not Orthodox and I was unlikely to find a life partner among them. Having faith in Hashem G-d and Orthodox Judaism were still important to me, despite the challenges I faced in my community. So I decided to take matters into my own hands. I realized that the first step would be to educate my own community. The editor of Jewish Week helped by assigning a reporter and photographer to the event, to make sure the word got out. It was time for me – and others with mental illness in my community – to start talking about this topic openly. Becoming an advocate in my community gave me the confidence I needed to have a fulfilling romantic relationship. I finally met someone I liked who also had a mental illness. Our mental health issues were not the only thing we shared. He had a similar religious upbringing and family values. More importantly, he was compassionate, and we understood one another in ways that I did not feel were possible with other men I had met. After a courtship, we married. Today, my husband continues to support me, no matter what I decide to do with my life. Through all my endeavors, I have been able to not only raise awareness within the Orthodox community, but also help end the suffering of people who have been isolated because of their mental illness. At the same time, having a sense of purpose and knowing I have played a role in reducing stigma in my community has helped with my own recovery. As a result, I became an author of a book that was self-published over a year ago called, *Surviving Mental Illness, My Story*. To purchase the book, go to my website: In this website, you will see the many things I have done not only to promote my book, but to teach others that recovery is possible and that the fear of stigma can be broken.

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