



A Cry for Community

Authors: Pernille Bülow
Submitted: 9. January 2023
Published: 16. January 2023
Volume: 10
Issue: 1
Affiliation: PernilleBülow (Private Enterprise), Boston, United States of America
Languages: English
Keywords: Mental Health, Brain and Behaviour, Psychopathology, Treatment and Therapy, Community, Community Strategies
Categories: News and Views, Life Sciences, Medicine
DOI: 10.17160/josha.10.1.869

Abstract:

In the Western culture, mental illness is often addressed with antidepressants and therapy sessions. While this strategy may provide relief for some, many do not improve and the effects are not sustained. What's missing for these people? For decades, researchers have found significant improvement in mental wellbeing when people engage in community activities, such as dancing and volunteering. Yet, community strategies are most often neglected in the Western healthcare system. In this article I address the research on the effects of community activities on mental health, and demonstrate its potential as a treatment strategy for mental illness. I end the article with four evidence-based strategies for using community building as a frontline-therapeutic approach. This article was first published in Subkiton July 08, 2022 (<https://www.subkit.com/pernillebuelow/posts/a-cry-for-community-166c64b4-8d08-4e9f-bdca-986eb0d6fff6>).

JOSHA

[josha.org](https://www.josha.org)

**Journal of Science,
Humanities and Arts**

JOSHA is a service that helps scholars, researchers, and students discover, use, and build upon a wide range of content



A Cry for Community

Pernille Bülow

bulowp@gmail.com

PernilleBülow (Private Enterprise), Boston, United States of America

Abstract

In the Western culture, mental illness is often addressed with antidepressants and therapy sessions. While this strategy may provide relief for some, many do not improve and the effects are not sustained. What's missing for these people? For decades, researchers have found significant improvement in mental wellbeing when people engage in community activities, such as dancing and volunteering. Yet, community strategies are most often neglected in the Western healthcare system. In this article I address the research on the effects of community activities on mental health, and demonstrate its potential as a treatment strategy for mental illness. I end the article with four evidence-based strategies for using community building as a frontline-therapeutic approach. This article was first published in Subkiton July 08, 2022

<https://www.subkit.com/ernillebuelow/posts/a-cry-for-community-166c64b4-8d08-4e9f-bdca-986eb0d6fff6>).



This is the first mental health newsletter. In these letters we will be diving into evidence-based mental health strategies. We will be unpacking the essence of these approaches, we will talk about the evidence backing up the strategies, the outcomes from research, and how these practices can be implemented in someone's life. We will be discussing traditional drugs (e.g. antidepressants), the rise of psychedelics for mental health, body image challenges and evidence-based treatments, as well as the power of becoming better at self-regulating and more trusting in co-regulating. I will at times mention some of my personal experiences (particularly in this newsletter!) as they relate to the mental health challenges or treatment approaches that we discuss. My experiences are uniquely mine and obviously do not generalize to you or anybody else. However, there is an informative power in other people's experiences and as I share mine, I would love to hear about yours. As always, feel free to [contact me](#) to share your stories or thoughts. Do you have any suggestions for topics? [Let me know!](#)

But before we get into the themes above, I want to dive into a topic I am incredibly passionate about. I am passionate about it because it is currently absent in how we treat mental health challenges, and I am passionate about it because there is plenty of evidence supporting how impactful it is for improving and maintaining a balanced and positive mental health. What is it I am referring to? Community.

Dealing with trauma is not just about going to therapy or taking drugs. It is also about establishing wholesome habits and self-confidence, and it necessitates a healthy community. How do we learn to *take care* of ourselves and *nurture* our community? How do we learn how to *implement* all those self-care strategies we learn about from our therapist, psychology podcasts and self-help books? And how do we *integrate* our present and future with the experiences from our past? These questions and challenges require not just a weekly talk-therapy sessions and antidepressants. They require community, movement, art, education, friendships, and mentorship. Neuroscience research still has not found a 'single cure' for mental health challenges. Maybe that's because we cannot treat something so complex with just one single approach. Increasingly more research is demonstrating the positive effects on mental health gained from volunteering, dancing, friendships, and community building. This research tells us that we can do more than just talk-therapy and drugs to address mental health challenges. And that is the purpose of this newsletter.



Studying neuroscience and psychology, provided me with insights on how trauma and mental health disorders arise and how they can cripple one's body and mind. But my studies also taught me how we can use these insights to change our path and overcome our mental health challenges. This newsletter will not focus on 'quick fixes', but rather on long-lasting insights and practices that can help you not just today but in the next decades as life continues to throw its challenges at you. This newsletter is about empowerment and enablement. As I mentioned, it will at times draw on my personal experiences. My intention with these stories is to provide reference points, openness, and, hopefully, strength.

In the process of reading these newsletters, you will become a neuroscience connoisseur. You will be up to date on the latest research while also understanding the studies' limitations. You will know how to evaluate new ideas and treatments. You will learn how to assess what your body needs. You will become in charge of your body and mind and can help yourself move through trauma.

This path is not possible on your own. Communities are necessary. In this newsletter we will first start out with a critical evaluation of the important role communities play in shaping how we become who we are, and how they can influence our mental health both positively and negatively. But it's not just this newsletter that will focus on community. Future newsletters will center around how you can take active steps to form and participate in communities, locally and/or internationally. Sometimes there is power in numbers, and this notion applies to mental health as well.

Let's get started.

Mental health challenges are often explained by brain chemistry imbalances and un-processed trauma that affects mood, thinking and behaviors. In that perspective, it makes sense that treatment regimens most commonly involve drugs, such as anti-depressants, and one-on-one talk therapy. We approach mental health challenges as an individual "issue" that ultimately can only be solved by "correcting" the person's own brain chemistry and trauma. This mental health and treatment perspective is supposedly supported by research, yet neuroscience studies still struggle to narrow down which and how brain chemicals are altered in mental health disorders (Lacasse & Leo, 2005; Nautiyal & Hen 2017), and studies measuring the effectiveness on antidepressants (or other drugs) and talk-therapy are more often than not under-powered (meaning that there are too few participants in the study), biased (meaning that the researchers are not impartial to the study's conclusion), and lack long-term evaluations of treatment effectiveness (Cuijpers et al., 2020).



Clearly, there is a need for reevaluating the treatment we offer to people with mental health challenges.

Trauma's long-term consequences for relationship-building impairs mental health

Growing up, I felt lonely, sad, and out of place. I did not belong anywhere, and where I wanted to belong, I felt rejected. We know that a large proportion of people with mental health challenges have experiences involving (perceived) loneliness, rejection, and parental abuse, and that these experiences have implications for brain development and brain function (Lippard and Nemeroff 2020). In fact, people growing up lonely, rejected or abused are more likely to suffer from a mental health challenge, such as depression, eating disorders, and anxiety, in adulthood (Rohner et al., 2019; Lippard and Nemeroff 2020). But we also know that parental warmth and supportive friendships can improve mental health, and even attenuate effects of abuse (de Moraes et al., 2018; Suwinyattichaiorn and Johnson 2020; Powers et al., 2009). *Yet, treatment strategies for mental health challenges rarely involve community building.* That is an issue because if you have grown up without healthy relationships, you do not have a pre-established template on how to form friendships or romantic relationships in the future. Indeed, research has long demonstrated a link between childhood trauma and unhealthy adult relationships (Hérbert et al., 2020; Feiring et al., 2000). You might be riddled with anxiety that your new friend will suddenly leave you behind, that your new team-mates are talking behind your back, and that your romantic partner has secret affairs. You might be ashamed of your past and present. I know I did. Personally, I had no clue on how to establish healthy friendships or feel safe in these. My coping mechanism was to either reject or cling to people, constantly watching their every move, attempting to read their thoughts, and predicting their intentions. Talk-therapy was not useless. It helped me name my traumas, and understand the abstract ways in which these shaped me into who I am. But it did not help me with forming new relationships. It did not provide the support I needed when I was most vulnerable, and to be honest, it was hopelessly inept at preventing my constant relapses into eating disordered behaviors. Research confirms that I am not the only one: large scale meta-analyses find only small to moderately positive effects of talk therapy in children, youth, and adults (Weisz et al., 2006; Eckshtain et al., 2020). In other words, on its own, talk therapy is not correlated with improving mental health. In the end, talk-therapy could not help me give up on my maladaptive coping behaviors that gave me a



sense of emotional control. This was true, even when it was paired with drug treatment.

Community-building as a front-line therapeutic strategy

Over the years I have mentored and coached young adults with experiences like my own, and the cry for community rings loud from them. While we cannot change our family or control how classmates treat each other, we can give people the sense of belonging and the skills to know when relationships are healthy and when they are not. Don't be with someone who abuses you, is much easier said than done. Our cry for community is even more pertinent now in the current wave of worsening mental health (Reinert et al., 2021; Curtin 2021; See recent reports from CDC published in 2019), a trajectory that has been further exacerbated by the pandemic (Jones et al., 2022; See Press Release (March 2022) from CDC). How do we build community in the face of increasing mental health challenges? How do we implement community building as a part of our treatment regimens? Research is telling us that residential group homes may not be as effective as we wish they were, instead it's the post-residential support and environment that carries most of the effects of long-term wellbeing (Pumariega, 2007). Said differently, what matters most is what community you go home to *after* the residential treatment. What if you don't go home to a healthy, supportive community? What if you don't have a home? Group therapy is another common avenue for mental health treatment that has scientific support in some groups of folks, for example people with certain types of anxiety (Wolgensingler 2022), but not others, for example adults with PTSD (Schnurr et al., 2003). Excitingly, research on other forms of group-oriented behaviors that engage social skills report that these activities improve mental health in diverse groups of people, including community-based volunteering and group dancing (Yeung et al., 2017; Jenkinson et al., 2013; Koch et al., 2007). We still do not know which specific aspects of volunteering, dancing, or other forms of community-building drive improvements in mental health (Jenkinson et al., 2013; Maratos et al., 2008), but it is interesting to consider a world where *we prescribe community-building as a first-line therapeutic strategy* (Cuijpers et al., 2020). To paraphrase Granerud & Severinsson (2006), we need to focus on giving people with mental health challenges a sense of belonging in the community, ultimately enabling them to achieve social integration and fulfillment. Survivors and professionals alike must stand together in the efforts to create accessible community-building to all people struggling with mental health challenges.



What's next?

So far, we have discussed what's lacking in mental health treatments and the research supporting community building as a first line treatment approach. What does this mean for you? It means that nurturing healthy friendships and engaging with your community are evidence-based ways of improving your mental health. If you do not currently have supportive and meaningful friendships, the first step is, of course, to find communities that you connect with. I remember when I had to start that journey. It was scary and overwhelming, and it often felt easier to just stay at home. What are some of the ways you can overcome this hurdle? There are several that worked for me, which may also work for you:

- **Participate in a positive group-based activity:** the research cited above identified improvements to mental health by joining dance groups and in other ways engaging with your community. Find an activity you think is fun (or aspire to find fun!) and go regularly. Approach this place as a community you want to take part in. It may not be where you find your new best friends, but it likely will be a place where you connect with one or more people and build the beginnings of a community. It's critical to step away if you find that the people in the group-based activities perpetuate unhealthy mindsets. Unhealthy mindsets could involve body-shaming, idealizing self-harm, or disseminate hateful ideas about certain groups of people (e.g. racism and anti-LGBTQIA+). Do your best to find positive environments.
- **Volunteer:** the research behind the positive effects of volunteering and mental health are difficult to question. Across ages and mental health, volunteering elevates wellbeing. There are so many ways to volunteer, but the research has mostly focused on social volunteer activities (in contrast to volunteer activities you can do on your own). Are you passionate about trees? Find a tree-planting conservation group. Do you love animals? Contact your nearby animal shelter. Want to make a difference for the homeless? Volunteer at a homeless shelter. There are so many ways to make a difference *and* to find a meaningful community. Personally, I think one of the reasons that volunteering has such an impact on mental health stems from the type of people that volunteer. In my experience, these are people with a broader, more tolerant mindset that value community. Those are the people I needed to be around in my earlier days of recovery, and the people I



strived to become.

- **Nurture previous or “budding” relationships:** Building friendships and communities take work. It can be scary and overwhelming but there is not way around it, you must participate if you want the relationships to flourish. For me, it helped to simply let people know that building relationships, including friendships, was scary to me. That I sometimes became anxious of rejection without any “rational” reason, and that in those situations it would mean a lot to me if I could reach out to them and double-check that we were all good. Would that be ok? It turns out that everyone thought that was completely fine, and the moment I started the practice with them I became much more confident in our relationship. I did this with both new and former relationships that I wanted to strengthen. It helped me a lot to already understand my attachment style and the ways in which it guided my behavior. In a few months we will dive into the science of attachment styles, and hopefully it can help you as well.

Building community takes work and unfortunately our healthcare system does not, yet, help us do that in times of mental health challenges. Despite research backing up the power of community the focus still turns to drugs and talk-therapy when other options are as effective and potentially more long-term. A lot of people also hesitate to start any drug treatment, I was one of them, and having known of the positive impacts of community building would have been transformative for me back then.

My goal with this newsletter is to give you an understanding of the research supporting community building and participation as an effective way of improving your mental wellbeing and give you concrete steps on how to practice it. I hope it was meaningful.



References:

Cuijpers, P., Stringaris, A., Wolpert, M. (2020). Treatment outcomes for depression: challenges and opportunities. *The Lancet Psychiatry* 7(11).

Curtin S. (2020). State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States, 2000-2018. *National Vital Statistics Reports* 69(11).

De Moraes, C.L., Sampaio, P.F., Reichenheim, M.E., da Veiga, G.V. (2018). The intertwined effect of lack of emotional warmth and child abuse and neglect on common mental disorders in adolescence. *Child Abuse & Neglect* 83.

Deiring, C., Rosenthal, S., Taska, L. (2000). Stigmatization and the Development of Friendship and Romantic Relationships in Adolescent Victims of Sexual Abuse. *Child Maltreatment* 5(4).

Eckshtain, D., Kuppens, S., Ugueto, A., Ng, M.Y., Vaughn-Coaxum, R., Corteselli, K., Weisz, J.R. (2020). Meta-Analysis: 13-Year Follow-Up of Psychotherapy Effects on Youth Depression. *Journal of the American Academy of Child & Adolescent Psychiatry* 59(1).

Granerud, A., Severinsson, E. (2006). The struggle for social integration in the community – the experiences of people with mental health problems. *Journal of Psychiatric and Mental Health Nursing* 13(3).

Hérbert, M., Lapierre, A., MacIntosh, H.B., Ménard, A.D. (2020). A Review of Mediators in the Association between Child Sexual Abuse and Revictimization in Romantic Relationships. *Journal of Child Sexual Abuse* 30(4).

Koch, S.C., Morlinghaus, K., Fucks, T. (2007). The joy dance: Specific effects of a single dance intervention on psychiatric patients with depression. *The Arts in Psychotherapy* 34(4).

Jenkinson, C.E., Dickens, A.P., Jones, K., Thompson-Coon, J., Taylor, R.S., Rogers, M., Bamba, C.L., Lang, I., Richards, S.H. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health* 13.



Jones, S.E., Ethier, K.A, Hertz, M., DeGue, S., Le, V.D., Thornton, J., Lim, C., Dittus, P.J., Geda, S. (2022). Mental Health, Suicidality, and Connectedness among High School Students During the COVID-19 Pandemic – Adolescent Behaviors and Experiences Survey, United States, January-June 2021. *MMWR Suppl* 71.

Lacasse, J.R. & Leo, J. (2005). Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature. *PLOS Medicine* 2(12).

Lippard, E.T.C., Nemeroff, C.B. (2020). The Devastating Clinical Consequences of Child Abuse and Neglect: Increased Disease Vulnerability and Poor Treatment Response in Mood Disorders. *American Journal of Psychiatry* 177(1).

Maratos, A., Gold, C., Wang, X., Crawford, M. (2008). Music therapy for depression. *Cochrane database of Systematic Reviews*.

Nautiyal, K.M. & Hen, R. (2017). Serotonin receptors in depression: from A to B. *F1000 Research*, 6(123).

Powers, A., Ressler, K.J., Bradley, R.G. (2009). The protective role of friendship on the effects of childhood abuse and depression. *Depression & Anxiety* 26(1).

Pumariega 2007. Residential Treatment for Children and Youth: Time for Reconsideration and Reform. *American Journal of Orthopsychiatry* 77(3).

Reinert, M, Fritze, D. & Nguyen, T. (October 2021). “The State of Mental Health in America 2022” *Mental Health America*, Alexandria VA.

Rohner, R.P., Putnick, D.L., Molaver, A.D., Ali, S., Butt, M.M., Ibrahim, D.M., Aurino, C., Blom, M.J.M., Darwesh, F.H., Auricchio, S., Radha, A.H., Miranda, M.C., Adamsons, K., Senese, V.P. (2019). Psychological maladjustment mediates the link between remembrances of parental rejection in childhood and loneliness in adulthood: A cross-cultural comparative study. *International Journal of Psychology* 5(4).

Schnurr, P.P., Friedman, M.J., Foy, D.W., Shea, T., Hsieh, F.Y., Lavori, P.W., Glynn, S.M., Wattenberg, M., Bernardy, N.C. (2003). Randomized Trail of Trauma-Focused Group Therapy for Posttraumatic Stress Disorder. *Archives of General Psychology* 60(5).



Suwinyattichaiorn and Johnson (2020). The Impact of Family and Friends Social Support on Latino/a First-Feneration College Students' Perceived Stress, Depression and Social Isolation. *Journal of Hispanic Higher Education*.

Weisz, J.R., McCarthy, C.A., Valeri, S.M. (2006). Effects of Psychotherapy for Depression in Children and Adolescents: A Meta-Analysis. *Psychological Bulletin* 132(1).

Wolgensinger, L. (2022). Cognitive behavioral group therapy for anxiety: recent developments. *Dialogues in Clinical Neuroscience* 17(3).

Yeung, J.K., Zhang, Z., Kim, T.Y. (2017). Volunteering and health benefits in general adults: cumulative effects and forms. *BMC Public Health* 18.



About the Author



Pernille Bülow is a science writer, research consultant, and mentor. Originally from Denmark, she moved to the U.S. to finish her B.S. in psychology at UC Berkeley, followed by a PhD at Emory University and a subsequent Post-doctoral fellowship at Harvard Medical School/Massachusetts General Hospital (MGH). Pernille is an expert on brain development and mental health research, topics on which she consults and writes. She currently lives in Boston with her two cats and guinea pig. Pernille has a monthly newsletter on neuroscience research and mental health (<https://www.subkit.com/pernillebuelow>), and offers scientific writing, mentoring and research consultation. Contact Pernille via her website: www.pernillebuelow.com.