

The Thermometer Times

Published by The Manic Depressive and Depressive Association of Riverside, California

VOL: 10 NO. 1

Out of darkness . . .

JANUARY 2000

Dates to Remember

SATURDAY RAPGROUP

January 8, 15, 22
Riverside County Mental
Health Administration Building
(see page 9 for address)
10:00 am-12:00 noon

Educational Meeting

Tuesday, January 11 - 7:00 pm
Guest Speaker:
Clarence Miller, CAADAC
Certified Alcohol & Drug Abuse
Counselor,
(Dual Diagnosis, International)
The Role of Support Groups in
recovery and prevention



**IT IS ESSENTIAL
TO BE ON TIME**
in consideration
for others in the group. In fact,
please come early to socialize,
sign in, or help set up the room.

Directions to Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go
south 4.2 miles on Van Buren to
Whispering Spur. Turn left.



2nd
driveway
on right

16280 Whispering Spur
(909) 780-3366

Hope: An Anchor for the Soul

Dr. Mary S. Pratt, Ph.D., L.M.H.C., spoke to the Tampa Bay Depressive and Manic Depressive Association on October 12, 1999. Dr. Pratt has practiced as a mental health counselor for over 20 years and is currently the Chairperson of the Professional Development Committee of the Suncoast Mental Health Counselors' Association.

Dr. Pratt stated that hope is a subject that is seldom talked about. In our society, people, and particularly people with mental illnesses, often don't want to think in terms of hope. It is easier not to face or accept feelings of hopelessness. The purpose of hope is always life-enhancing, and people who are depressed may sometimes feel that they have lost all hope. Hope is a desire for different circumstances, a longing for a better situation than we have.

There are ways of thinking that can result in a healing response. We can actually produce positive physiological changes in ourselves when we view our lives, our world, and ourselves with hope. Hope engenders a healing response from many resources such as faith, peace, nature, contentment, and positive images. In 1959, in one of his lectures, Karl Menninger, M.D., described a powerful image of hope as guarding the light of a little candle in the darkness.

Many ancient peoples, including the Greeks and Romans, used the anchor as a symbol of hope. As Dr. Pratt said, "Hope moors the soul to life". At a time when ships at sea were a major means of livelihood and commerce, the anchor was used, literally, to secure life in storms. Another symbol of hope from long ago is the bridge. A bridge connects us to other people and places, and symbolically, to life. Both anchors and bridges are connected to the earth, hence, grounded.

Hope is a feeling whose physiological response is a feeling of anticipation or expectancy. A pregnant moment is a graphic description of hope. Hope must have some grounding in reality. For example, recovery from serious illness may result in learning how to live with the consequences of the illness and move forward despite the illness. When a person has a mental illness, hope is possible when the illness is accepted and faced honestly.

Realistically, we must all accept that we are not perfect and we need to find ways to deal with one moment at a time, learning from the past and moving toward the future. Perfection is an illusion. Through hope, we can accept our challenges and limitations and deal with them. Hope is a state of mind, a way of the heart and spirit that assists us to observe life's circumstances and make the best of them.

Dr. Pratt spoke of ways that we can generate hope. first, our realization of the spirit is a resource we can tap into through prayer, meditation, sacred writings, and people who are important to us. Secondly, medical science provides new medications and treatments, giving us hope for improvement of illnesses or symptoms. Information can help us to live with the illness in the moment knowing that the next moment, can be full of possibilities.

continued on page 2 (Hope)

Hope (continued from page 1)

Third, the fact that modern medicine can be incorrect can actually engender hope. Finally, hope can be derived from self-renewal. Eating properly, exercising, following our doctor's treatment plan, being honest and living in harmony with others all instill hope. Reading as much as possible about any medical problems, that is, being informed and accepting reality enhances healing.

Dr. Pratt asked us all to do some imaging, to create visual symbols in our minds, using a word that each person felt epitomized hope for them. Some very meaningful images were described by various DMDA members:

- ◆ The word "dream" connected by a rainbow to the earth on both sides
- ◆ The sight and song of a dove
- ◆ A light at the end of a tunnel
- ◆ The word "change" and the image of a (mathematical) sine curve
- ◆ The word "wish" written with ribbons in three dimensional cursive and the "i" dotted with a star
- ◆ "Hope" written with clouds in a space of sky between the clouds

Whatever our circumstances, we can continue to search for hope in what may seem to be a sea of hopelessness.

Jane Trilling

Source: Tampa Bay DMDA Newsletter, Jan. 2000

Thank you for renewing your memberships and newsletter subscriptions.

De-Stress

Excerpt from *Stress Relief* by Lawrence Balter, Ph.D., in Family Circle 8/4/98

The next time you feel tension building, straighten your back and push your shoulders down. Make sure that your mouth isn't drooped and your eyebrows aren't knitted. Then take a deep breath and blow it out slowly. Congratulations! You just reduced your stress level.

**You can call us at
(909)780-3366**

Since we have no full-time staff, leave a message and one of our volunteers will call you back. Due to budget constraints, we are unable to return long distance calls unless you give us permission to call you collect.

The Thermometer Times

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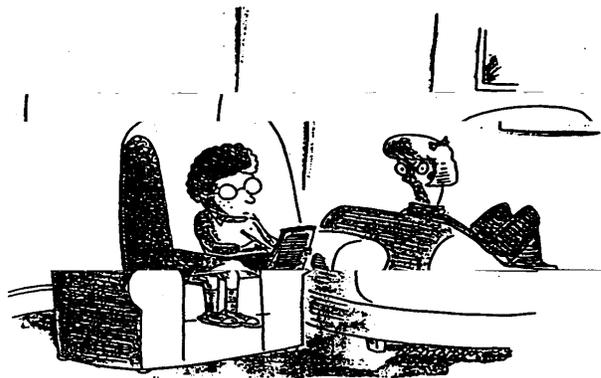
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You may now contact us via E-Mail at:
MDDARIV@AOL.COM

Board See everything.
Overlook a great deal.
Improve a little.
— Pope John XXIII



You always get to be the therapist! I never get to be the therapist!

Mick Stevens, The New Yorker, 11 Jan. 1999

A Manic Depressive's Prayer

*Lord, help me in this hour
of Great Despair.
Let me know that You,
if no one else,
will always care.
Help me look beyond the pain,
the dark, dark night.
To stop the tears from falling down,
like heavy rain.
Show me that my broken mind,
broken spirit, broken heart,
will soon know happy healing,
hope and love,
the singing Lark.
I'll begin again a new dream,
a new goal.
Knowing God will guide me,
somehow, make me whole.
When sunshine comes tomorrow,
after this night of hell,
to warm and release a tiny spring of hope
that lies buried deep,
it will swell and swell within.
I will know that God's joy is there
and all will be well with me again.*

by Judy Smith

THE POST-HOLIDAY "BLAHS"

Once the Thanksgiving/Christmas/New Year's Day holidays are over, many people experience a big letdown—a post-holiday depression. A number of causes bring on the post-holiday blahs, according to Carol Russell, psychiatric social worker at Dreyer Medical Clinic, who suggested some actions to help combat this depressed feeling.

"For the last two months of each year we are saturated with the 'buy urgings' in every form of media. The tremendous emphasis on commercialization of the holidays, particularly Christmas, places an undue burden on families who are just making ends meet or worse yet, are unemployed or on relief. There is a temptation to buy anyway, using credit. Then, when the bills arrive, there is the agony of trying to pay them. So, the holidays are an economic disaster for many people."

But, according to Mrs. Russell, the post-holiday blahs are not just confined to the economically disadvantaged. The affluent also have problems dealing with the let-down feeling. For them, there has been the pressure of preparation—planning, entertainment, shopping, wrapping packages, decorating the house, seeing friends, traveling. Suddenly, this flurry of activity ceases—at a time when dark, dreary, miserable weather is setting in.

The perfect host and hostess and the parents who cater to the whims of their children will begin to question whether everything lived up to their expectations. They place great pressure on themselves getting ready for the holidays; they often forget to relax and enjoy it all. After the holidays, they sigh—practically collapse and say "Thank goodness, it's all over!"

At least some of the post-holiday blahs can be avoided if in advance of the holidays you—

- (1) **Learn to say "no"**. Don't try to cram so much into the holidays. Decide what you can reasonably do and stick with it.
- (2) **Begin talking with the family early** to discover what they really want. Pare down the gift list to a reasonable amount. Don't be afraid to discuss your economic situation with your family.
- (3) **Shop as early as possible** to avoid time pressures and to spread the costs over a longer period. Try to pay as you go instead of amassing large debts which will all come due at the same time.
- (4) **Emphasize the religious nature** of the holidays instead of the commercial aspects. Go caroling, Get involved in

continued on page 4 (Post Holiday)

AN AUSTRALIAN CHILD GROWING UP WITH AN MD MOTHER

When it was first suggested I write about my experience of my mother's manic depressive episodes, I was very keen. The effects of mental illness on immediate family weren't acknowledged back in the sixties. While my parents were in agonized crisis, my sister and I were expected carry on as normal. So I was glad to write about it now. But in practice I have found it virtually impossible.

My mother had three nervous breakdowns during my childhood. These involved periods of hallucination, depression and tranquillised blankness. She seemed to disappear at these times in a void of fantasy and anguish, and be replaced by a terrifying woman who lashed out at us every now and again with uncharacteristic anger. So it was as if the breakdowns happened to someone we hardly knew. They were still profoundly upsetting. My mother is very affectionate when she is well and we relied on her - as all young children do. We missed her and were hurt by the anger. Yet there was an expectation from the wider family - and ourselves - that we rise above these feelings because the situation stemmed from illness. I remember a well-intentioned relative telling my sister she was insensitive because she had shouted in response to something my mother had said. Perhaps this is why I find it so hard to write about now.

My father always told us what was going on and talked about his own fears. This really helped and we became very close in the bad times. Yet I don't remember my sister or I ever telling him of our upsets. He so clearly had enough difficulties of his own and was often out at the pub.

There were positive aspects. For much of the time we grew up as if without parents. As we lived in Australia, we could run about semi-wild outside, eating watermelon, white bread and chocolate instead of proper meals. In some ways it was a child's paradise. There was no insistence we finish roast dinners or tripe as in the stable times. School lunches were more of a problem. In Australia everyone took their own lunch to school and this apparently trivial event became a real focus of humiliation. In the mornings my sister and I grabbed whatever came to hand. I usually had a scrappy carrier bag with a loose apple and banana while the other children sat with colour co-ordinated drink bottles and boxes eating radish roses and two-tone white and brown sandwiches. Their lunches probably represented another sort of suburban madness.

I rarely brought friends home. They often made comments about our strange mum. Some had friends at the school where she'd taught and knew about the time she'd been sent home in a ranting rage. We were blatantly not like the normal families on ads that my friends seemed to belong to. At first I was really bothered about this. I wished my mother would get high heels and a tan and that with the other mums in the school yard. But later when punk came in, our strangeness

What Do These Famous People Have In Common?

Audrey Hepburn	Actress
King Herod	Biblical Figure
Hermann Hesse	Writer
Abby Hoffman	Activist
Sir Anthony Hopkins	Actor
Gerard M. Hopkins	Poet
Howard Hughes	Industrialist
Victor Hugo	Author
Helen Hutchison	Broadcaster
Heinrich Ibsen	Playwright
Henry James	Writer
William James	Writer

All of them are believed to have suffered from depressive disorders. Yet they are known not for their illnesses, but for **their achievements!**

became a bit of an asset. It still is, in a different way. As my friends are criticised by parents about their careers and child-rearing techniques, my mother is full of admiration that I simply survive another day.

Now we are best friends. She has been well for 15 years and she often talks about the episodes. I still wouldn't tell her about my own experience of those times - she has enough to deal with in her own memories. But her resilience has given me a brilliant example. I wouldn't change her for the world.

Jill Gibbon

Source: Pendulum, MD Fellowship,
Surrey, England, Autumn, 1999

POST HOLIDAY (continued from page 3)

church activities.

- (5) **Look around to see who are needy** and who could use cheering up. Visit a retirement home or volunteer some time at a hospital or nursing home. Help out a family in need. When people are concerned about others, they do not have time to think about themselves.
- (6) **Carrying out the true spirit of Christmas after the holidays and continuing the spirit throughout the year is a good antidote for feeling sorry for yourself."**

Source: "Here's What To Do for Post-Holiday Blahs", by Carol Russell, Dreyer Medical Clinic Newsletter, Fall 1984
and Fox Valley DMDA Newsletter Nov./Dec. '99

Arm Yourself With Knowledge to Get the Care You Deserve

By PETER V. LEE
SPECIAL TO THE TIMES

Not long ago, your family doctor decided the type of care you needed and made the necessary arrangements. Today health care is much more complicated. While your primary doctor is responsible for overseeing your medical care and treatment, lots of others may also play a role. Other doctors, nurses and health professionals, as well as insurance companies, administrators and your employer may also have a say in the type of care you receive, where you get it and who provides it.

Surveys of consumers have confirmed again and again that people are having problems with their health care plans. We see these problems every day at the Center for Health Care Rights, a Los Angeles-based group that helps consumers with health care issues. People are confused about how to navigate a complex system how to get appropriate care, what to do about disputes over coverage and why they can't see the doctor they want to see.

Unfortunately, many of those problems never get resolved. A statewide survey in 1997 found that 43% of people who had a problem with their health plan did nothing about it. A separate survey of Sacramento-area consumers in 1997 found two main reasons why people did nothing to resolve problems with their health plans:

(1) They didn't know where to turn for help, and (2) they didn't think trying to resolve the problems would do any good.

The first step to resolving these and other problems is realizing that you have rights. Here are some tips on how to take charge and get the health care you need:

◆ Understand your coverage. Familiarize yourself with your health plan benefits, policies and procedures. This information should be contained in the materials provided by your health plan and is usually called an "Evidence of Coverage," or EOC, or "Summary Plan Description." This is essentially your contract with the plan. So if there are parts you don't understand, or if you can't find your EOC, call your health plan's customer service department, your employer, or your insurance agent or broker.

◆ Keep good records. Get in the practice of keeping a written record of your contacts with your doctor, your medical group and your health plan. Make a note of the date you called, whom you talked to and what you were told. If a problem arises, this information may be important to getting the help you need. Organize your medical records, health plan documents and billing records so that they are easy to find.

◆ Understand your medical condition. It is important to learn about your medical condition and to talk openly about

REMEMBER ME? MY NAME IS GOSSIP

MY NAME IS GOSSIP. I HAVE NO RESPECT FOR JUSTICE.

I MAIM WITHOUT KILLING. I BREAK HEARTS, AND RUIN LIVES,

I AM CUNNING, MALICIOUS, AND GATHER STRENGTH WITH AGE,

THE MORE I AM QUOTED, THE MORE I AM BELIEVED,

I FLOURISH AT EVERY LEVEL OF SOCIETY,

MY VICTIMS ARE HELPLESS. THEY CANNOT PROTECT THEMSELVES AGAINST ME BECAUSE I HAVE NO NAME OR FACE.

TO TRACK ME DOWN IS IMPOSSIBLE. THE HARDER YOU TRY, THE MORE ELUSIVE I BECOME,

I AM NOBODY'S FRIEND.

ONCE I TARNISH A REPUTATION, IT IS NEVER THE SAME.

I TOPPLE GOVERNMENTS, AND WRECK MARRIAGES.

I MAKE INNOCENT PEOPLE CRY IN THEIR PILLOWS.

Ron dossey

it with your doctor about your concerns and treatment options. When you visit the doctor, you may want to take a list of questions and notes about your symptoms. Ask your doctor where you can get more information. You can also research your medical condition at public libraries, through support groups and on the Internet. If you have a problem, there are a number of steps you can take. No matter what you do, be persistent and notes. If you don't get a timely response to your question or problem, call again. You may want to write to your medical group or health plan if you aren't able to get an answer over the phone. Many problems can be resolved by a simple phone call, but in some cases, you may need to write a letter or file a formal appeal or grievance.

◆ Talk to your doctor. Your most important health-care relationship is the one you have with your doctor, nurse or other health-care provider. Your doctor should be your partner in health care. Choose a doctor you feel comfortable with, who answers your questions and fully explains your treatment options. If you feel you can't talk to your doctor,

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FAMILIES NEEDED FOR BIPOLAR GENETIC STUDY

The Bipolar Genetic Study at Columbia University needs family members to participate in a genetic study of bipolar disorder.

Families with at least two living members who have had a manic or schizo-affective manic episode (with or without depression) may be eligible. The study involves key family members giving blood samples and talking to a clinician by phone. A small payment will be given in thanks to all participants.

Identifying genes for bipolar disorder will have important implications for education, prediction, prevention and treatment. Many more families are needed to further this work.

For information, call (888) 219-2140 toll free or (212) 543-2147 in New York City, or write: The Bipolar Genetic Study, Unit 123, 1051 Riverside Drive, New York, NY 10032-2695.

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you have the right to change doctors. .

◆ Contact your medical group. In many health plans, when you choose a primary-care doctor you are automatically assigned to his or her medical group. Most medical groups have patient assistance departments that can help you find a doctor, work out billing problems: or help you obtain necessary referrals and authorizations for services.

◆ Call your health plan A customer Service representative at your health plan should be able to explain the plan's policies and procedures. Many problems can be resolved if you work with your health plan. Your plan can also tell you how to appeal a decision or file a grievance.

◆ Consider getting someone to help you. When you are sick, you may not be your own best advocate. Consider having a family member or friend make calls for you or go with you to appointments. You can also seek help from independent sources. Unfortunately, there is a patchwork of resources whose availability depends on how you get your care and the type of health plan you are in.

If you are eligible for Medicare and live in Los Angeles County, you can call the Center for Health Care Rights at (800) 824-0780 if you live in other counties, call (800) 434-0222. If you are low-

MDDA WANTS TO THANK:

Nelma - Birthday cards
Sandy - Get well and Welcome Cards
Kevin - E-mail correspondence
Refreshments at meetings - Leslie
Newsletter assembly

Marcy W.

Sandy W.

Callers

Josie R.

Cheryl D.

Ann S.

income or receive health insurance through Medi-Cal, call the Health Consumer Center of Los Angeles; at (800) 896-3203. And if you are in an HMO, call the California Department of Corporations' HMO hotline at (800) 400-0815. (The Department of Corporations is the regulatory agency for HMOs in the state.)

Also if you are thinking of writing a letter to your health plan, the Center for Care Rights is launching a new Website

continued on page 8 (Arm Yourself)

ORIGINAL MATERIAL WANTED

Do you have a story to tell,
or a poem or art work? We
welcome submissions to our newsletter.
If you have something you think we
could use, please send it to:

EDITOR

MDDA P.O. Box 51597 
Riverside, CA 92517-2597
FAX 909/780-5758



Phone Phriends

If you need someone to talk with,
you may call one of
the following members
at the corresponding times.

Leroy

6 a.m. to 9 p.m.

909/686-5047

Sandy

3 p.m. to 9 p.m.

909/688-0368

Cathy

9 a.m. to 9 p.m.

909/684-8715

Josie

10 a.m. to 9 p.m.

909/822-1928

Donna

10 a.m. to 9 p.m.

909/736-9665

Georgia Ann

6 a.m. to 9 p.m.

909/352-1634

Marlene and George

Before 9:30 a.m.

and from 8 p.m. to

12 midnight

909/685-6241

**MDDA
of Riverside
NEEDS
YOU!**

We need responsible people to volunteer to organize and help with fundraising events such as craft or bake sales. You could fill a need and have a lot of fun helping MDDA! Please call

(909) 780-3366



**Family/Friends
Support Group**

Riverside Co. Dept of Mental Health

JOURNEY OF HOPE

Second Wednesday of

Each Month

2-4 p.m.

Hemet Mental Health Clinic
1005 N. State Street, Hemet

and

Third Wednesday of

Each Month

6:30-8:30 p.m.

Meadowview Clubhouse

41050 Avenida Verde

Temecula

These support groups are for families and friends of people with severe and persistent mental illness. The County is also offering a 12-week series of educational meetings. There is

NO COST TO YOU.

Please contact:

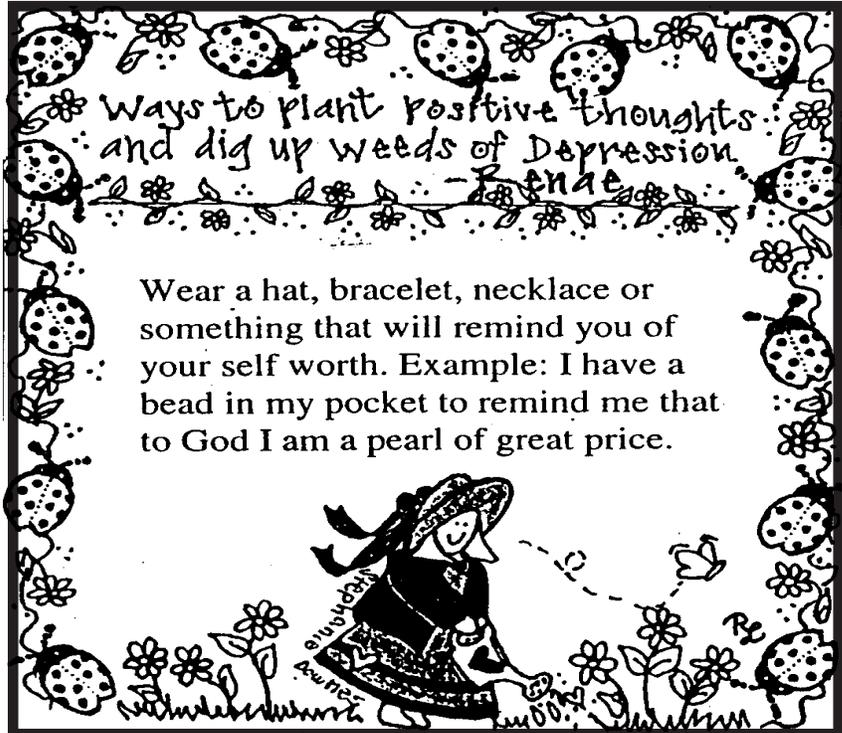
Camille Dirienzo-Callahan

909/765-1569 or

Mekhia deSanchez

909/694-5055

Renae's Thoughts

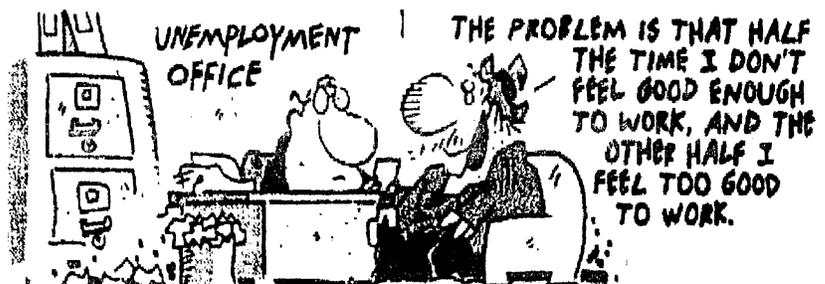


THE UNIVERSITY OF CALIFORNIA, IRVINE, DEPARTMENT OF PSYCHIATRY. IS CONDUCTING RESEARCH ON SIBLINGS WITH MANIC DEPRESSIVE ILLNESS (BIPOLAR I DISORDER)

If you are 12 or older and have been diagnosed with manic depression (Bipolar I disorder), and have a brother or sister who has also been diagnosed with manic depression, both of you may be eligible to participate in a nation-wide research study to determine the genetics of manic depression.

If you participate, you will be interviewed at a convenient time for approximately 2 hours either at the Gillespie Building on the UCI campus, in your home or by telephone if you live far away. You will also be asked to give approximately 6 tablespoons of blood and will receive \$100 for your participation.

For more information please call Therese or Jane toll free at 1-877-259-4355. We can also be reached via email at: ntewari@uci.edu



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(<http://www.healthcarerights.org>), which will have sample letters you can use along with links to other consumer resources.

The main thing to remember is that it's your health and you have the right to quality care. The best way to make sure that happens is to take charge.

Peter V. Lee is executive director of the Center for Health Care Rights a Los Angeles-based consumer advocacy organization.

Source: L.A. Times,
Sept. 27, 1999

**Riverside Suicide Crisis
Help Line: Call
(909) 686-HELP**

A Viral Cause for Mental Illness?

Bipolar Network News

Stanley Foundation Satellite Symposium, March 1999, Excerpts

Dr. E. Fuller Torrey, of the Stanley Foundation, spoke on the "epidemiological comparison of schizophrenia and bipolar illness:" highlighting the overwhelming evidence from 100 studies that there is an increased incidence of late winter and early spring births of people who later develop schizophrenia, suggesting a potential infectious etiological agent. Eight of nine studies in bipolar disorder also show an excess of winter births, consistent with a possible infectious age.

Dr. S. Buka, of the Harvard School of Public Health, spoke on the "association of prenatal and perinatal complications with subsequent bipolar disorder and schizophrenia." Dr. Buka presented exciting data from the National Collaborative Perinatal Study, which collected blood from mothers of 17,700 children born from 1959 to 1973. He followed these children until his research team had identified 100 individuals who eventually developed schizophrenia, 100 with bipolar disorder, and 200 controls (no psychiatric diagnosis). In the first group of subjects with psychosis studied, he found a 7-fold increased risk for

maternal antibodies to herpes simplex virus type-2 (HSV-2) (associated with genital herpes). In addition, he found a 4-fold increased risk of antibodies to toxoplasmosis in the mothers of children who later developed schizophrenia or affective psychosis. There was no evidence of infection in the umbilical cord blood, suggesting that the infants themselves were not infected. It is possible that mothers had been previously infected, and infections in the perinatal period reactivated the viral process. There was a dose/response relationship such that increased levels of antibody titer were associated with increased risk for psychosis in the offspring.

DMDA Editor's Note:

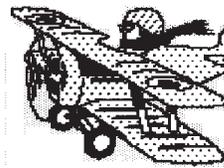
Toxoplasmosis is an infection caused by a protozoan found in some birds and animals. The infection may be so mild that it is not diagnosed. The prenatal consequences for the fetus can be profound.

Source: Tampa Bay DMDA Newsletter,
Dec. 1999/Jan. 2000

Happy New Century



ANNOUNCEMENTS



THE UPLIFTERS

(Christian emphasis) meets at
Victoria Community Church
Contact Arlie (909) 780-0379

INLAND VALLEY DMDA

EAST (Fontana)
Call Phil (909) 796-0615

UPS & DOWNS - Riverside

Call Family Services at
(909) 686-3706

For Support People: AMI - Riverside Mental Health Administration

Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia) 7:30 pm,
1st & 3rd Monday each month (909) 737-5747 (call FIRST)

HEMET SUPPORT GROUP

"Foundations" meets every
Tuesday 7-9 pm.
Trinity Lutheran Church
Please call (909) 929-1223

TEMECULA DMDA

Meets every Tuesday 11 am-1 pm.
Contact Mark at (909) 696-7496
or (909) 507-1365

UPS & DOWNS - San Bernardino

Meets Saturdays at Noon-2 pm.
Call David Avila at (909) 862-1096

If It Ain't Broke Don't Fix It

One day a close friend of mine called to say that she had decided to go off her antidepressant. I was taken aback, particularly because this woman has changed tremendously for the better during three years on medication. While taking medication she had been stable and happy.

In an embarrassed voice she said that her mother had encouraged her to go off the medication because she thought her daughter would do just fine without it. Her mother didn't like the idea of my friend being "on drugs" and she preferred to think that she could be "normal" without them. I and others convinced my friend that she had become a much healthier person while taking the antidepressant and after several days she decided to continue the medication. The decision probably didn't please her mother but was correct for my friend.

It's very hard to accept the idea that we may be prone to a biological imbalance. If you are feeling "bad" about needing medication or someone else is pressuring you to get off antidepressants, ask yourself what is truly in your best interests. Learning what you must do to enjoy mental equilibrium—and then actually doing it—is the most important step you can take toward feeling better.

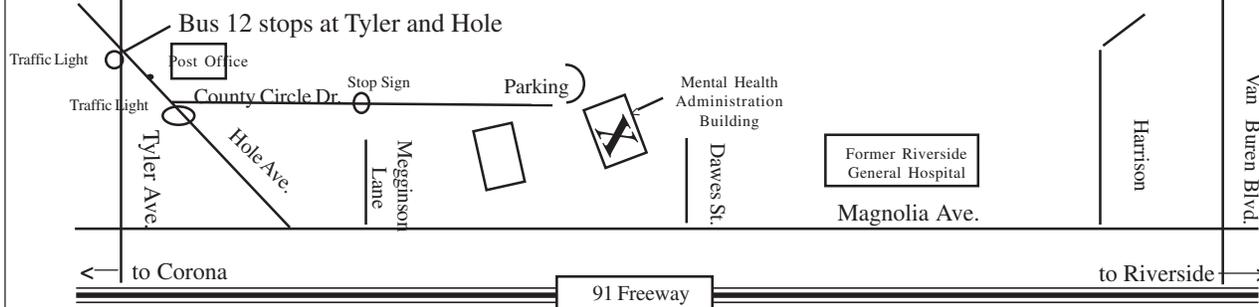
Whatever steps I need to take to be happy, vital, and optimistic are right for me.

Source: MDA Newsletter, Vancouver,
B.C., Canada

WHAT MDDA IS ALL ABOUT

MDDA of Riverside is a support group for manic-depressives and depressives who have sought or are seeking treatment for their illness. **MDDA** is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning, and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last Rap Group Meeting of each month to assemble the newsletter for mailing. Please call for directions. You may reach Jo Ann or Leroy at **(909) 780- 3366**. Our Rap Group Meetings are on the second, third and fourth Saturdays of the month from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia), Room A.

Buses 1 and 13 stop on Hole near County Circle Drive.



MEMBERSHIP INFORMATION

Individual membership for the Manic-Depressive and Depressive Association of Riverside is \$15.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$8.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, indicate below.

Mail to MDDA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print New Renewal

NAME _____ PHONE _____

ADDRESS _____ ZIP _____

Street City State

Please check one of the following:

I am Manic-Depressive Depressive Family Member Professional

Other Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for MDDA Membership _____ \$15.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only _____ \$8.00 (12 issues per year).

I would like to volunteer my time and talent to help.