

The Thermometer Times

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

VOL. 10 NO. 3

Out of darkness . . .

MARCH 2000

February Educational Meeting

Dates to Remember

Please Note Changes

SATURDAY RAP GROUP

March 11, and 25 at
Riverside County Mental
Health Administration Building
(see page 9 for address)
10:00 am–12:00 noon
and
Tuesday, March 14 7:00 pm
at Jo Ann's,
see directions below

Educational Meeting

Sat., March 18 10am-12 noon

Guest Speaker:
Betsy Beavers

How The Crisis Line Program Can Help You



**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,
Riverside, CA 909/780-3366

Anxiety: What It Is, What To Do About It

Anxiety and panic attacks affect many people, including many who also have mood disorders. Clinical psychologist Antonette Zulli, Ph.D., of Riverside, spoke to our MDDA about the aspects of these troublesome conditions that might concern us. In an informal, relaxed way, she explained how these problems develop, what they feel like, and how to handle them.

Panic attacks are not always recognized as such when they happen. They are sometimes mislabeled — the sufferer may believe, for example, that a heart attack is occurring, or that death is imminent. The consequent fear feeds the attack, making it worse. While it is important that cardiac and other physical disorders be ruled out or properly treated, their existence does not mean that the patient cannot also have an anxiety disorder.

Anxiety and panic are notorious parts of the “fear spectrum,” which ranges from discomfort to disability. Unfortunately, fear can cause one to worry, “What would happen if I had an attack while I’m driving on the freeway, or while I’m alone?” Worrying escalates the fear and indeed increases the possibility of another occurrence. Some people have a steeper gradient, being more prone to attacks and more likely to consider a slight attack as a precursor to additional, and worse, ones.

The body produces adrenalin in response to fear. This stress hormone causes increased heart and breathing rates and arousal of the sympathetic nervous system. Normally, this is a protective mechanism to prepare the individual to flee or to fight danger. But when this “fight/flight” response occurs in the absence of imminent physical danger, it causes symptoms that can be frightening in themselves. Then the parasympathetic nervous system kicks in, causing dry mouth and possibly diarrhea and vomiting — then more adrenaline surges through the bloodstream, and the situation spirals out of control.

At this point, the temptation might be to sit down and try to control the problem by willing oneself to relax, but this can cause more harm than good. While the body is in a state of heightened arousal, vigorous exercise is healthier.

Hyperventilation is one annoying result of anxiety. The too-rapid breathing may cause a tingling feeling, and it may mimic an asthma attack as the throat tightens, breathing becomes more difficult and causes gasping, and dizziness occurs. The simple remedy is to breathe into a paper bag to restore the oxygen/carbon dioxide balance.

A panic attack is self-limiting — eventually it will cease spontaneously, or the person may briefly faint, in which case the attack will end.

It is healthy to be aware of one’s feelings, to be sensitive to pain instead of ignoring it. A lower pain threshold allows a person to deal with whatever is wrong. Very controlled, structured people may suffer “armchair panic attacks” in which the repressed feelings suddenly bubble up. Strong military men may be especially vulnerable because, instead of safely letting stresses vent, they plug up their sadness or anger until it converts to fear and anxiety. In fact, it may be said that “anxiety is not a wimp’s disease.” People who cry while they watch sad movies relieve their stresses

Anxiety Continued on page 8

The Editor

Spring is almost here, if you look at the calendar. But the weather is still trying to decide whether to catch up on the winter that started late or rush ahead into the warmth of sunny days. And it leaves me just as ambivalent—we need the rain, but I hate the gloom and sloppiness of drippy skies and the inconvenience of umbrellas, puddles, and ruined hair. We also love the sunshine—but dread the scorching heat of the southern California summer.

It reminds me of some concerns closer to the heart. We need challenging and useful work as well as refreshing relaxation. We enjoy happy get-togethers, with friends and music, food and laughter, and we also value our quiet times, free of stresses, when we can reflect on the meaning of life and on the showers of blessing we each have. The only problem is finding a balance, a “temperate zone,” where we have enough but not an excess of either mood. It’s a real challenge for those of us living with mood disorders, and we often need the help of professionals, mentors, medications, even occasionally institutions, to help us get or restore that balance and keep it.

One of the best things you can do for yourself is to become an active member of MDDA. At the scheduled meetings, we focus on solutions that are aimed at mental health, that sometimes tantalizingly elusive state of balance. We are people who understand what you are coping with, and who are willing to reach our hands out in friendship. Our annual statewide conferences provide workshops, experts, and a pool of peers. What you learn there and the friends you find will be a priceless resource in your journey to a better life. And don’t forget—you have something to contribute to others, too.

The Thermometer Times is another resource we hope is of benefit to every reader. We need your questions, suggestions, contributions, compliments, criticisms, and other comments. This is your paper, and we want it to be as useful and helpful as we can make it.

We’re in this together. No one wants or needs to carry their burdens all alone, and your support group is here to help. Join us and see!

—Yen Cress

Thank you for renewing your memberships and newsletter subscriptions.

**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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Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

**You may now contact us via e-mail at:
MDDARIV@AOL.COM**

*Begin planning now to attend the
11th Annual CDMDA Conference
—in beautiful San Francisco!
October 2000*

IF I CAN STOP ONE HEART FROM BREAKING,
I SHALL NOT LIVE IN VAIN;
IF I CAN EASE ONE LIFE THE ACHING,
OR COOL ONE PAIN,
OR HELP ONE FAINTING ROBIN
UNTO HIS NEST AGAIN,
I SHALL NOT LIVE IN VAIN.

—Emily Dickinson

SAFE PEOPLE

Speak Without Offending—

Listen Without Defending

How To Find Relationships That Are Good For You and Avoid Those That Aren't

by Dr. Henry Cloud and Dr. John Townsend

Have you ever given your best and gotten the worst in return? Too many of us have invested ourselves in relationships that left us deeply wounded. We've lost our sense of security and personal value in the process. And what's worse, we tend to either repeat the same mistakes of judgment over and over ...or else lock the doors of our hearts entirely and throw away the key.

This book will help you recognize 20 traits of relationally untrustworthy people.
Discover what makes some people relatively safe, and how to avoid unhealthy entanglements.

Josh McDowell, author and speaker, says, "*Safe People* is an outstanding, practical book that brings the light of Scripture into that enormous arena of personal relationships ... (It is)a very helpful tool for avoiding toxic entanglements and strengthening good relationships."

~~~~~

## Personal Traits of Unsafe People:

1. Unsafe people think they "have it all together" instead of admitting their weaknesses.
2. Unsafe people are religious instead of spiritual.
3. Unsafe people are defensive instead of open to feedback.
4. Unsafe people are self-righteous instead of humble.
5. Unsafe people only apologize instead of changing their behavior.
6. Unsafe people avoid working on their problems instead of dealing with them.
7. Unsafe people demand trust, instead of earning it.
8. Unsafe people believe they are perfect instead of admitting their faults.
9. Unsafe people blame others instead of taking responsibility.
10. Unsafe people lie instead of telling the truth.
11. Unsafe people are stagnant instead of growing.

## Interpersonal Traits of Unsafe People:

1. Unsafe people avoid closeness instead of connecting.
2. Unsafe people are only concerned about "I" instead of "we." (Safe people are empathic, and safe people act on their empathy. )
3. Unsafe people resist freedom instead of encouraging it.
4. Unsafe people flatter us instead of confronting us.
5. Unsafe people condemn us instead of forgiving us.
6. Unsafe people stay in parent/child roles instead

of relating as equals.

7. Unsafe people are unstable over time instead of being consistent.

8. Unsafe people are a negative influence on us, rather than a positive one.

9. Unsafe people gossip instead of keeping secrets.

## A Safe Person is:

- A person who accepts me just as I am.
- A person who loves me no matter how I am being or what I do.
- A person whose influence develops my ability to love and be responsible.
- Someone who creates love and good works within me.
- Someone who gives me an opportunity to grow.
- Someone who increases love within me.
- Someone I can be myself around.
- Someone who allows me to be on the outside what I am on the inside.
- Someone who helps me deny myself for others and God.
- Someone who allows me to become what God intended.
- Someone whose life touches mine and leaves me better for it.
- Someone who helps me be like Christ.
- Someone who helps me to love others more.

—As seen in *Mood Challenge*, DMDA, Peoria, Ill. 12/99-1/00  
from DMD Group of Henry County - Nov/Dec 99

A loving heart is the  
truest wisdom. —Charles Dickens

# CHOOSING TO BE

# ~Creative~

By Margaret Williams, M.S., C.T.R.S.  
Director of Recreational Therapy Services for CenterPointe, Inc.

Excuses for not changing often flow easily. Saying I have no time, it is not my problem, it is too much work, it is impossible and it has never been done before are often accepted reasons for not trying.

Creative problem-solving is simple yet often avoided. First, look at the problem as a challenge. You will be surprised at how your attitude changes and your motivation increases.

Second, brainstorm ideas without analyzing or judging. Being too critical can stifle your creative juices. Every idea could at least be considered.

Next, combine ideas. Throw away the black and white thinking. Maybe the best solution is a combination of several ideas.

Utilize the talents of others. It really is true that two heads are better than one.

Try new things. If you throw out the excuses, what you have left are possibilities.

Finally, use and build on your personal strengths. Are you good at talking, writing, researching, helping others, attending to detail, planning? How can these strengths be used to conquer the challenge?

Change is often feared. By choosing to develop a creative problem-solving plan, change can be positively anticipated.

—Support, DMDA Lincoln, Nebraska  
Jan. 2000

A recent study showed that mentally ill patients complaining of cardiac problems received significantly fewer tests, surgery, and follow-up care than “normal” people. As a mental health services provider, consumer, or concerned other person, do you know of any case in which a client has received inadequate care for any medical condition because of being identified as a mental patient? *The Thermometer Times* is interested in your story. Call, write, fax, or e-mail us and tell us about it! See page 2 for our address.

## What Do These Famous People Have In Common?

|                       |                |
|-----------------------|----------------|
| Larry King            | Talk Show Host |
| Ernst Ludwig Kirchner | Artist         |
| Heinrich von Kleist   | Poet           |
| Percy Knauth          | Journalist     |
| Charles Lamb          | Poet           |
| Edward Lear           | Artist         |
| Frances Lear          | Publisher      |
| Robert E. Lee         | General        |
| Vivian Leigh          | Actress        |
| Abraham Lincoln       | President      |
| Vachel Lindsey        | Writer         |
| Joshua Logan          | Producer       |

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

## Survey of workers finds 1 in 6 angry enough to hit

One employee out of six reports being so angered by a co-worker in the past year that he or she felt like hitting the person — but didn't, a new poll finds.

Workers under age 35 and those in clerical, office and sales jobs were even more likely to feel like socking somebody, with about 22 percent in each of those groups admitting as much.

“This is a serious problem for people who manage any of these groups. Their ability to recognize and deal with anger and potentially violent behavior is absolutely critical,” said Frank Kenna, president of The Marlin Company, a North Haven, Conn., publisher of motivational, educational and safety materials for companies.

Marlin commissioned the telephone survey, focusing on workplace anger and stress, which was conducted July 6– 27 by the Gallup Organization. Pollsters interviewed 750 full-time or part-time American workers aged 18 or over. The poll's margin of error was plus or minus 4 percentage points.

This time, nearly half of respondents — 49 percent — said they generally are at least a little angry at work, compared to 42 percent in 1998.

—Associated Press  
LA Times, 9/6/99

**WHAT THE WORLD NEEDS  
MORE OF IS LESS PAPERWORK**

—Pearl Bailey

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# Gene May Be Linked to Suicide

Scientists have discovered a gene that may predispose people to suicide and could lead to the development of tests to identify individuals at risk of killing themselves.

The discovery follows a 10-year study by a team at the Royal Ottawa Hospital in Canada into the causes of suicide. The team found that depressed people with a mutation in a gene that encodes for a serotonin 2A receptor — a chemical linked to mood — were more than twice as likely to commit suicide than depressed people without the mutation.

In other words, depression was not the simple, single reason for their taking their own lives. It was the additional possession of a particular genetic mutation which led them to suicide.

“Suicidal tendencies were more frequent in depressed individuals carrying the mutation,” said Dr. Pavel Hrdina, a team member. “This is a warning sign, an early marker. There might be depressed people who wouldn’t know at the time they had the mutation. Those patients would be more closely watched than others.”

The team’s findings were published in the Feb. 7 issue of the *American Journal of Medical Genetics*.

Suicide was the 12th leading global cause of death in 1998, with 948,000 people dying of self-inflicted injuries. The discovery of a gene that might pinpoint, and ultimately help, people predisposed to carry out such acts therefore has the potential to ease human suffering.

However, the discovery also carries considerable moral implications, as do other recently developed genetic tests — such as those that can spot Alzheimers’ victims years before they develop symptoms. What would happen if companies forced their employees to take tests? Would sufferers be denied life

insurance or barred from flying planes or driving school buses?

The Ottawa researchers started their project by analyzing the brains of people who had killed themselves in Hungary, which has one of the world’s highest suicide rates. The tests showed large amounts of the mutated gene. The team then carried out a long-term study on a group of 120 depressed Canadians.

“We divided the patients into suicidal and non-suicidal, and we found the frequency of the gene variety was significantly higher in the suicidal patients,” Hrdina said. “We concluded that the carriers of this particular combination in the gene were at double the risk for suicidal tendencies.”

Hrdina said the Royal Ottawa Hospital team was now looking at whether people suffering from other mental disorders, such as schizophrenia, also carry the mutation.

However, British researchers counseled caution. “I sigh every time I hear of a gene linked to a piece of behavior,” said Dr. Til Wykes, of the Institute of Psychiatry, London.

“Often these so-called discoveries are not replicated and end up being quietly forgotten. And even if it is repeated by other researchers, what will it tell us about those people who possess this ‘suicide’ gene but who do not kill themselves? Did this occur because of life experiences, or their families, or therapy, or what?”

“There is a stigma about these things. People shy away,” Hrdina said. “But it will help them when they realize being suicidal is not a crazy state, or something that comes out of the air and cannot be handled, but has a biological link.”

—Scripps Howard News Service  
Riverside Press-Enterprise  
2/1/2000

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

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## Self-Esteem vs. Self-Respect

Our culture is concerned with matters of self-esteem. Self-respect, on the other hand, may hold the key to achieving the peace of mind we seek. The two concepts seem very similar but the differences between them are crucial.

To esteem anything is to evaluate it positively and hold it in high regard, but evaluation gets us into trouble because while we sometimes win, we also sometimes lose. To respect something, on the other hand, is to accept it.

The word *acceptance* suggests to some readers that our culture does indeed deal with this idea of self-respect; after all, don’t we have the concept that it is important to accept our limitations? Aren’t many of us encouraged “to change the things we can change, accept the things we cannot change, and know the difference between the two”?

The person with self-respect simply likes him- or herself.

This self-respect is not contingent on success because there are always failures to contend with. Neither is it a result of comparing ourselves with others because there is always someone better. These are tactics usually employed to increase self-esteem. Self-respect, however, is a given. We simply like ourselves or we don’t. With self-respect, we like ourselves because of who we are and not because of what we can do or cannot do.

My recent research with Judith White and Johnny Walsch at Harvard University points to the advantages of self-respect. Compared to those with high self-esteem who are still caught in an evaluative framework, those with self-respect are less prone to blame, guilt, regret, lies, secrets, and stress.

—Excerpted from an article by Ellen Langer, Ph.D.,  
in *Psychology Today*, December 1999

Thanks to *Tampa Bay DMDA Newsletter*, February/March 2000

## Pacemaker-like device tested on depression

The first small study where doctors implanted a pacemaker-like device in the brain helped lift the moods of about 40 percent of severely depressed patients, doctors reported recently on an Internet version of the medical journal *Biological Psychiatry*.

A generator the size of a pocket watch is implanted into the chest. Wires snake up the neck to the vagus nerve, which runs from the neck into a brain region thought important for regulating mood. Every few minutes, the stimulator sends tiny electric shocks to that nerve and thus on to the brain.

Several study participants took antidepressants along with the brain stimulator, and it is possible the implant somehow helps medicine work better, said co-researcher Dr. Lauren Marangell of the Baylor College of Medicine.

—*Riverside Press-Enterprise*  
2/1/00

**IT IS RAINING STILL. . .  
. MAYBE IT IS NOT ONE OF  
THOSE SHOWERS THATSHERE  
ONE MINUTE AND GONE THE  
NEXT, AS I HAD SO BOLDLY  
ASSUMED. MAYBE NONE OF  
THEM ARE. AFTER ALL, LIFE  
IS A CHAIN OF RAINY DAYS.  
BUT THERE ARE TIMES WHEN  
NOT ALL OF US HAVE UM-  
BRELLAS TO WALK UNDER.  
THOSE ARE THE TIMES WHEN  
WE NEED PEOPLE WHO ARE  
WILLING TO LEND THEIR UM-  
BRELLA TO A WET STRANGER  
ON A RAINY DAY. I THINK  
ALL GO FOR A WALK WITH  
ME UMBRELLA**

—Sun-Young Park

## Timing the Dose in Lithium Maintenance

The pharmacokinetics of lithium have been the subject of a great deal of attention in the medical literature, as have the advantages and disadvantages of various lithium preparations and schedules of administration. Clinical investigators have argued extensively about these issues and whether the greater cost of sustained-release preparations is justified.

It has been suggested that renal side effects (secondary to decreased concentrating ability) are somewhat less frequent when a single daily dose is used, the lower rates presumably due to the rest given the kidneys during the trough in plasma lithium levels 18 to 24 hours after the dose. Several clinical investigators in our survey reported that side effects were exacerbated or illness recurred in some patients shifted from standard preparations to a sustained-release preparation, or vice versa.

Patients prefer as few doses a day as possible. Once a day dosing is more convenient, easier to remember (especially when there are few, if any, symptoms to serve as reminders), and less socially embarrassing; as a result, compliance is better. If the entire dose is taken at bedtime, the peak blood level and the worst side effects occur at night, when the patient is unaware of them. There is extensive evidence that the prophylactic results of once a day administration are as satisfactory as those of divided doses. Some patients require relatively high maintenance levels of lithium but are exquisitely sensitive to its cognitive side effects. They may do better on divided doses or sustained-release preparations, which make it possible to avoid the morning carryover of nighttime peak levels from regular lithium.

—Excerpted from,  
*Manic-Depressive Illness* (page 678)  
by Frederick K. Goodwin  
and Kay Redfield Jamison  
Oxford University press, 1990



## 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**

**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**

**ATTENTION:**

If you find errors on your mailing label, including the renewal date, please contact us at: 909/780-3366

**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**

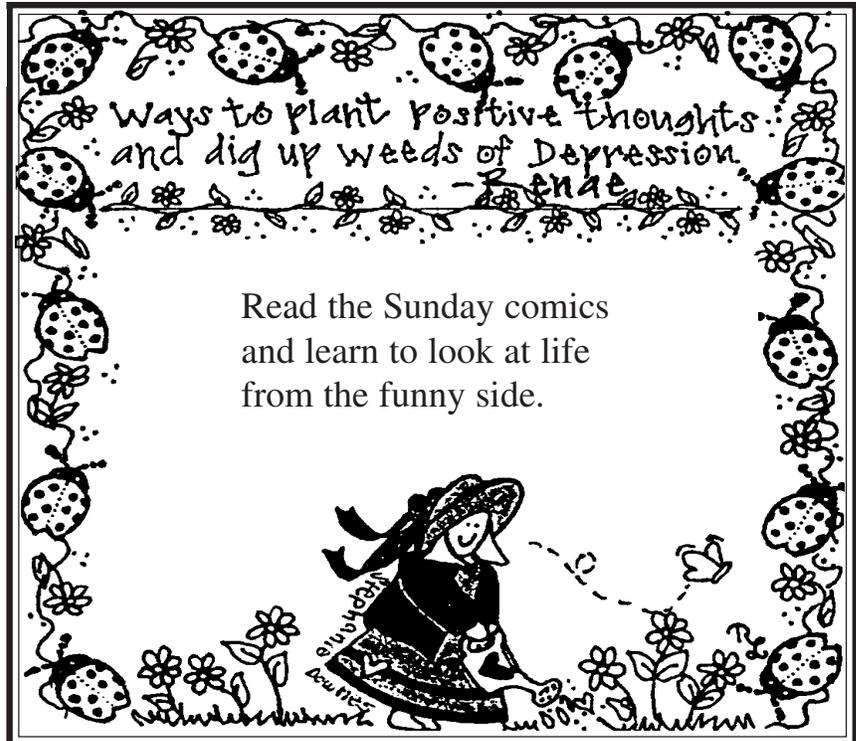
Third Wednesday of  
Each Month  
6:30-8:30 p.m.

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**  
Mekikia deSanchez  
**909/694-5055**

*Renae's Thoughts*



Read the Sunday comics  
and learn to look at life  
from the funny side.

**Chuckleheaded  
headline writers  
provoke chuckles**

Exerpts from really, really bad headlines compiled by the New York Times News Service as seen in the *Tampa Tribune*, 10/23/99

Half of U.S. high schools require some study for graduation

Cancer Society honors Marlboro man

Blind woman gets new kidney from dad she hasn't seen in years

Flaming toilet seat causes evacuation at high school

Defendant's speech ends in long sentence

Stiff opposition expected to casketless funeral plan

Police discover crack in Australia

Many antiques seen at D.A.R. meeting

Scientists to have Ford's ear

Caribbean islands drift to left

—Thanks to *Tampa Bay DMDA Newsletter* February/March 2000

**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 1-877/259-9355. We can also be reached via email at: [ntewari@uci.edu](mailto:ntewari@uci.edu)

**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

## Anxiety *Continued from page 1*

in a harmless way.

Worry can serve a useful purpose when it is under control. It helps us to remember important things that we could easily forget, and it helps us to solve problems. Some people never worry about anything; as though they can ignore problems and expect them to disappear.

The fear of getting lost can be reduced by using maps and guides; calendars and lists help relieve the anxiety of forgetting. Generalized or free-floating anxiety differs from other anxiety disorders (such as phobias) in that there is nothing specific to focus on. It occurs when the patient doesn't know what is really bothering him. Therapy is sometimes difficult because of the lack of a specific thing to which the patient can become desensitized.

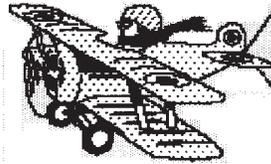
Barbiturates and other chemicals with a short half-life (including alcohol and benzodiazapines such as Ativan and Xanax) carry with them the risk of addiction, and therefore should not be used for any extended period, as in the case of chronic anxiety, but may be useful for acute episodes. Death from seizure may occur if these things are suddenly withdrawn. Tricyclic antidepressants may be better for recurrent acute panic attacks.

Pain management may include medications to help relieve the associated anxiety. The only effective cognitive way to reduce pain is by doing those things that can also relieve depression, such as keeping busy and helping others.

Post-traumatic stress disorder is not limited to warriors. Victims of rape, abuse, and severe job stresses can exhibit the same symptoms and need similar therapy.

Dr. Zulli may be reached at (909) 369-9842.

—Yen Cress



## 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

## Here's Josie!

*One in a Series of Short Biographies  
to Acquaint You With  
Riverside MDDA Members*

Should you meet Josie Richards one of these days, you'd never believe she is a mother of five and a grandmother of ten. Her sparkling eyes and ready smile set in a youthful face would immediately suggest, however, that she is someone you'd like to know better.

A socially-conscious and hard-working young lady, Josie has kept busy with jobs in physical therapy, hospital-based alcohol and drug rehabilitation, and as a psychiatric technician, as well as work-

ing with senior citizens.

Josie's voice can be heard regularly in her church choir. She likes to collect spoons, stamps, bells, stickers, and confetti. She also loves her cat, Ernie; the color purple; Mexican food, hamburgers, and lobster; and the performances of Tony Banderas, Julia Roberts, and Michael Bolton.

Someday Josie would like to visit Hawaii, and a trip to Israel's Holy Lands would be just her cup of tea.

Josie enjoys and benefits from attending her MDDA support group meetings. Come to Riverside MDDA meetings and you'll have a chance to meet Josie and lots of other nice people!

—Interviewed by Sandy Waples  
Written by Yen Cress

## NON SEQUITUR By J. D. Crowe



