"Education" MDDA "Support"

The Thermometer Times

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

VOL. 11 NO. 8 | Out of darkness . . . | August 2001

Dates to Remember

****

CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome.

Saturdays, August 4,

11, 18, & 25

10am–12 noon
at
Riverside County Mental Health

Administration Building

(see page 9 for address)

IT IS ESSENTIAL TO BE ON TIME in consideration for others in the group.

I n 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

Waiting and Waiting

by Nan Dickie

Those of us who experience episodes of depression usually find them painful, frustrating, frightening, and isolating. As if that's not bad enough, while we are in the throes of an episode and desperately want to get out of the darkness, we are forced to wait. We have to wait for medication to take effect. We have to wait for our mood to lift. We have to wait for our energy to return. We have to wait for our intellect to get back to normal. That's a lot of waiting.

What do we mean by "wait"? How best can we wait? What can we do while we wait?

Wait means different things to different people in different circumstances. The basic implication in "waiting" is the passage of time. People have different approaches and attitudes to waiting, and they do different things when they have to wait. Consider standing on a street corner, waiting for a bus. People in this situation might:

- Walk briskly to the next stop, hoping to arrive there before the bus does.
- Stand at the bus stop and stare expectantly, as if their fixed gaze will hasten its arrival.
- Twirl their umbrellas or shuffle their feet, indicating that their frustration threshold is just approaching.
- Become angry at the bus, the bus driver, and, if they have to wait a very long time, the entire bus company.
- Read a newspaper or magazine, daydream, or chat to the stranger next to them.

Clearly some of the ways in which people wait for a bus are constructive, some are destructive, and some are just a matter of putting in (some would say wasting) time.

For those of us who experience recurring depression, there are times when we ***must wait,*** times when we ***should wait,*** and times when we ***should not*** *wait* but do so anyway. We need to know when it is appropriate to wait and when it is mandatory to act.

Between Episodes. We should not wait in dread of our next episode when we are in

Continued on page 2 (Waiting)

Waiting (continued from page 1)

perfectly good health. We must live fully and meaningfully while we are well.

When early symptoms of depression appear, we should not wait to address them. They have a tendency to gather momentum, like a toboggan gaining speed as it goes downhill. We can't always avert an episode even if we act quickly. However, the possibility is there if we do act and not if we don't.

If an episode is inevitable, we should not just wait to hit rock bottom. We should do those things that simplify our lives, give us comfort, and help us to feel safe. We may employ strategies that helped during our previous episode: tell family and close friends about our difficulties, make lists of things we must do each day, make sure we have recorded for ourselves our passwords for the bank, for our computers, and so on. We must remember, too, that while we are administering this necessary self-help, we need to remain open to the possibility that this episode could recede at any time.

During an Episode. When we are in the depths of an episode, we must continue to take good care of ourselves, do whatever we can to feel secure, look after our vulnerabilities, and generally make life as tolerable as possible. In the midst of our darkness, despair, and self-care, we wait. We wait for the darkness to lift, we wait for our vulnerabilities to fade and our fears to disappear, and we wait for any sign that tells us good mental health is again a possibility for us.

While we are waiting and waiting, someone may say to us, "This too will pass," or some other maxim that is meant to be inspirational. Unfortunately, these words may have the opposite effect and upset us. They may depress us further when we cannot imagine an end to our agony. But remember the person who offers us the maxim is often sincere and caring and the maxim is true. The episode will pass some day, some week, or some month hence. Our supporters want to encourage us during our waiting, and they wait, as we do, for our good health to return. There are many different approaches and attitudes to waiting for an episode to end, some negative and some positive.

Continued on page 2 (Waiting)

We are now officially on the web.
Check it out at:

http://www.geocities.com/mddariv/

The Thermometer Times
16280 Whispering Spur
Riverside, CA 92504
(909) 780-3366

Publisher & Editor in Chief
Jo Ann Martin

Senior Editor
Yen Cress

Copy Editor
Karen Cameron

Associate Editors
Nelma Fennimore
Karen Cameron
Georgia Peterson
Chris Majalca

Staff Writer
Yen Cress

Medical Advisor
Andrew J. Rooks, M.D.
Child, Adolescent & Adult Psychiatry
American Board of Psychiatry and Neurology

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

Conference News for 2001

National DMDA
August 17-19 Cleveland, Ohio
call 800/826-3632
or 312/642-7243 for registration & credit card info.

CDMDA
October 26 & 27 Visalia, California

Plan for these now...you won't want to miss them!
More information in next issues.

Waiting (continued from page 2)

The **negative approaches** may be something like the following:

- We can try to run away, pretending we aren't in the episode. This often exacts a heavy price, as episodes have their own timetables, and those timetables are never revealed to us.

- We can chase from one activity to another. But in doing this we risk becoming confused, exhausted, and discouraged. In our vulnerable state, we may encounter any number of situations that make us feel worse than we already do.

- We may "twiddle our thumbs." This is often difficult to do for any length of time during an episode. Just sitting for a long time when we're depressed doesn't necessarily stop our minds from tormenting us. Staring out the window or at a wall may be comforting for a while, but eventually we return to our own heads and our depression.

- After months, or even only weeks, we may become very frustrated and angry at the waste of valuable living time. We turn our anger towards ourselves, our families and friends, and even (or especially) at the medical system that hasn't yet figured out how to cure our illness. Such anger is understandable, but counterproductive nevertheless.

The **positive** and **productive approaches** are more difficult, but they do exist. As hard as it may be to imagine, let alone accomplish, we can try to wait with some faith that good health will return. We can attempt to be patient.

But how do we do this? What do we do while we are waiting, when we feel despondent, useless to our families, friends, and the world in general?

- We can take good care of ourselves. We can do what we have to do to feel safe. If we feel frightened of being alone, we may choose to go to a library, or walk in a busy park, where we may feel safer with other people around.

- We can be kind and polite to other people, especially those who support us emotionally. We need as much love, care, and comfort as we can get when we are ill, but it is all too easy to strike out in pain at those close to us. This hurts everyone.

- We can maintain reasonable good physical health by eating properly, by getting enough sleep (taking one or more naps during the day, if necessary), and by exercising (even if it means just walking around inside our home once a day).

- We can formulate and employ useful strategies for getting through each day. Make a list of when to take how much of which medication. Establish a routine that works well. We may choose to reread an inspirational work that has helped us during earlier episodes. We may even have highlighted special passages and have them handy to read when we are feeling particularly despondent.

- We should do those things that give even momentary relief from our pain, as long as they don't cause harm to ourselves or to others. Go to a movie in the afternoon. Have salad for breakfast and cereal for dinner, if that is comforting to us.

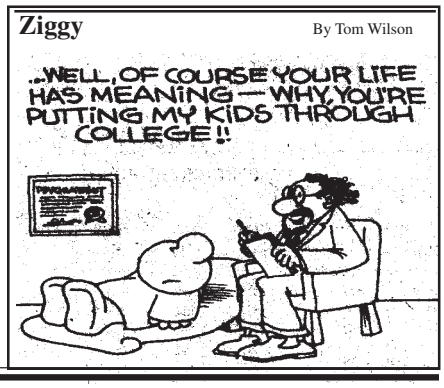
- It helps if we can find even one small something that makes us feel useful each day. It could be emptying the dishwasher or taking the recycling out or some other task that requires minimal thought and energy.

It is almost impossible for me to do anything smoothly or properly when I'm deeply depressed. Sometimes, all I can do is make batches of scrap paper out of used computer paper. I cut a stack of the used paper in two, making all the sheets *5.5* inches by 8.5 inches. I then staple about ten sheets together, blank side up. Voila! My task is complete, and I feel a tiny bit better, if only for a minute. It's not much of an achievement under normal conditions, but it helps to know that I can do something useful when I'm depressed. Besides, it provides me with lots of paper on which I can write reminders to myself that are essential when I am in an episode.

Having to wait five months for an episode to lift makes having to wait five minutes for a bus seem trivial. But we can make waiting for the end of an episode more bearable by finding ways to help ourselves during that time. We can **make the long wait worth something.**

Nan Dickie is a freelance writer living in Vancouver. Her book A Map for the Journey: Living Meaning- fully with Recurring Depression will be published this year.

Source: The Rollercoast Coaster Times, Orange County DMDA, Summer 2001



Vagus Nerve Stimulation Update

Results of a recent pilot study suggested that electrical stimuIation of a specific nerve might succeed in combating the most devastating form of the blues—those that have resisted medications, psychotherapy, and other treatments.

Researchers from Baylor College of Medicine in Houston have announced that nearly half of the 60 treatment-resistant patients with depression implanted with a vagus-nerve stimulator [in their study group] were doing well a year later.

The vagus nerve passes from the brain through the neck and into the abdomen, delivering information to and from the brain regions that control mood, sleep, and other functions. A vagus nerve stimulator is a pacemaker-like device implanted in the chest that sends electrical pulses up the neck into the brain. According to Lauren Marangell, MD, lead author of the study: "At the evaluation one year after the implant the majority of patients who had responded acutely to VNS seemed to be holding their own—even doing better." A continuing improvement for refractory depression is highly unusual, Dr. Marangell added.

The VNS device costs $12,000 and the cost of surgery to implant the device can be as high as $15,000.

McMans Depression and Bipolar Weekly, May 16, 2001

Source: the Initiative, Colorado Springs DMDA, summer 2001

Motivation is what gets you started.
Habit is what keeps you going.
—Jim Ryan

Communication tips for family members

Taken from Laura Rosen's book, *When Someone You Love Is Depressed.* Note: The book is part of the Resource Room collection.

1. Never talk behind a depressed person's back. Using a third party as an intermediary can quickly lead to misunderstandings.

2. Avoid name-calling. Labeling someone as "lazy," "selfish" or a "couch potato" doesn't help.

3. Don't resort to "kitchen sink" tactics in which every grievance is thrown into an argument including money problems, neglected chores and so forth.

4. Avoid sweeping, accusatory generalizations like: "You never like to get out anymore." A better approach: "I'm concerned because you haven't wanted to go out for the past week."

5. Even when frustrated, it is important to keep calm. Shouting only impedes understanding.

6. Watch non-verbal behavior. Averting your eyes or fidgeting is likely to lead a depressed person to believe you feel he or she has nothing interesting to say.

7. When listening to a depressed person, try to acknowlege what has been said by showing empathy. Let the person know you understand and can imagine what it must be like to be in his shoes.

8. Take responsibility for the role you have played if a communication breakdown occurs. But also help the depressed personthink about his or her contribution to the trouble.

9. Humor can help diffuse tensionin a relationship, be able to laugh at yourself and point out absurdities or humor in a stressful situation.

From the Tampa Bay DMDA Newsletter, April-May 2001.

Source; ADAMhs ADVANTAGE, June/July 2001

Empowerment May Speed Recovery From Depression

A feeling of being in control of their health may help patients recover from depression, according to results of a U.S. study. Other factors in the study included milder depression and the absence of major medical illness.

"What you think you can do in terms of helping yourself get well is important," said lead author Dr. Charlotte Brown of the University of Pittsburgh School of Medicine in Pennsylvania.

Feeling helpless in life is part of the phenomenon of depression, which may be why having a sense of control over treatment works, she explained. Other studies have indicated that having a sense of control over your health speeds recovery in a variety of diseases, not just depression, Brown noted. Also, "we specifically looked at its relationship to reduction of symptoms and recovery status" in the primary care setting because many people with depression do not see psychiatrists but are treated in their regular doctor's office. Brown and colleagues analyze the outcomes of 181 patients who received eight months of treatment for moderate to severe depression in the primary care setting. Although those who received standardized treatment, including use of antidepressants

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A SON'S STORY

Being the son of an MD sufferer has been a mixed blessing. Battered by Dad's rages but humbled with gratitude for my own mental stability. Terrified and ashamed of his manic verbosity yet proud to be the son of such a unique and passionate man.

We lost a lot to MD. On 4th March 2000, I lost a father as he flung himself before a train and so chose annihilation in preference to life with MD. But the loss began much before his body was destroyed. MD destroyed our family as Dad's paranoia focused on all those close and especially his wife. MD crushed Dad's career from him forcing him to take medical retirement from management in Social Services. Within a couple of years Dad even lacked the mood stability to drive a cab. Dad lost contact with many life-long friends and strained relationships within the family. Alcohol and marijuana filled the void Dad felt. Debt and isolation engulfed his crushed spirit. Social occasions became a source of great anxiety and even gathering the strength to drag a comb through his hair became an overwhelming task at times.

Yet MD taught all those who knew Dad lessons more precious than any material possession. MD proved to me at an early age that love existed and was a force that could burn as well as heal. It was only love that allowed me to forgive Dad his drunken hatred. Love that kept me visiting Dad in hospital despite my fear of being contaminated with madness. Love that enabled us to find ways of coping with his instability and love mingled with tears that poured from our eyes at his funeral. MD took Dad's life but taught me how to live.

Source: The Pendululm ,
The Manic Depressive Fellowship
London, Summer 2001

What Do These Famous People Have in Common?

Keith Tibidal - Actor	(Little Rickie in the I Love Lucy Show)
Jane Russell	Actress
Wolfgang Puck	Chef Supreme and Restaurnteer
Amy Tan	Writer
Al Pacino	Actor
Drew Carey	Actor
Adam West	Actor

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

"Empowering Our Future " Theme for 14th Annual National DMDA Conference, August 17-19

The National Depressive and Manic-Depressive Association (National DMDA) will hold its 14th annual conference August 17 - 19, 2001, in Cleveland, Ohio. The conference is the largest gathering of consumers, family members and professionals to examine issues surrounding depression and bipolar illness.

This year's conference program features three tracks: research and treatment, wellness, and special populations. Leading mood disorder researchers and clinicians, consumers, and mental health advocates will be sharing new discoveries, research and useful information for people living with a mood disorder, their family and friends. Topics include developments in depression and bipolar research; treatment advances; legal issues; women's issues; and mood disorders in children and adolescents. Nationally renowned experts will speak at the plenary session and during the popular "Ask the Doctors" session, where consumers can query a panel of mood disorder experts.

To register, contact NDMDA at (800) 826-3632, or register online today at www.ndmda.org. National DMDA members will also receive registration discounts.

Who Are You?

Sandy would like to interview members for a brief personality profile that we can publish in *The Thermometer Times.*
If you would enjoy participating in this, please call her at 909/688-0368.

Alliance Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1 p.m. to 3 p.m.
Tuesday, Wednesday,
Thurday, and Friday.

654-7569
927-2546
658-5335
927-5642

The public is invited to check out books, videos, audio tapes and materials on emotional disorders, their causes and treatments. Education and knowledge are powerful tools to develop understanding and compassion.

From Florida Ave., go north on San Jacinto Ave. to Esplanade. Turn left. Turn right at Buena Vista. Continue to the end of the street, and turn into the driveway. Suite K.

Riverside Suicide Crisis Help Line

Call

(909) 686-HELP

[(909) 686-4357]

24 hr. Hotline

7 Days a Week

GOT E-Mail?

If so, join **NAMI Stigma Busters** E-mail network. Help flood stigma-builders when they do or say offensive things that create stigma. Go to NAMI website: http:/www.nami.org click on **Campaign Page** then **Stigma**. Leave your name and address. Done!

Empowerment

(continued from page 4)

and interpersonal psychotherapy, did best, those who reported feeling control over their health were likely to recover by the end of eight months.

Physicians need to find out a patients's views on his or her health and ability to manage the illness. Patients who feel helpless may recover better if they are empowered, which can be as simple as educating the patient on depression.

"Depression is treatable," Brown stated. Furthermore, being involved in one's own care - asking questions and being proactive - is likely to speed the recovery process.

Mediconsult.com August 25. 2000

Source: MDDA of Greater Detroit, Michigan, newsletter, July 2001

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

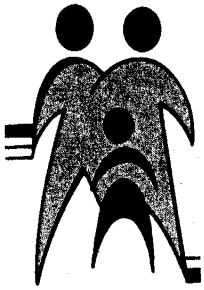
Josie
10 a.m. to 9 p.m.
(909) 822-1928

Arnold Oberg
(909) 783-2933

Georgia Ann
6 a.m. to 9 p.m.
(909) 352-1634

Georgia Peterson
12 noon to 6 p.m.
(909) 354-8727

Marlene and George
Before 9:30 a.m.
and from 8 p.m. to
12 midnight
(909) 685-6241



Family/Friends Support Groups

Riverside County Dept. of Mental Health
Offers Support groups for families and friends
of people with severe
and persistent mental illness.
These Support Groups are offered
throughout the County of Riverside.

The County also offers the
NAMI Family-to-Family Education Program
This program is a 12-week series of
educational meetings for
family members.
There is NO COST TO YOU.

For information on dates, times and location,
Please contact:

Riverside Co. Dept. of Mental Health
The Family Advocate Program
(909) 358-4987/1-800-330-4522

Columbia Presbyterian Medical Center

is conducting Bipolar Genetic Studies. These are for families with at least two living members who have had a manic or schizo-affective episode. You may learn more by logging on to their website: (http:bipolar.hs.columbia.edu) or by calling the toll free number 888-219-2140. Some handouts will be available for you to pick up at our weekly meetings.

These are important studies...join in to make a difference!

Columbia Presbyterian Medical Center,
Department of Medical Genetics & Department of Research Assessment and Training. 1501 Riverside Drive, Unit 123
New York, NY 10032-2695

Depression therapies converge in brain

People diagnosed with major depression display many of the same brain changes when their condition improves whether in response to antidepressant drug treatment or to a type of psychotherapy, two preliminary investigations find.

If confirmed in further work, these results will highlight common brain regions through which various medications and talk therapies fight the melancholy, apathy, and hopeless feelings of major depression.

Both new reports appear in the July ARCHIVES OF GENERAL PSYCHIATRY.

'This is pioneering work," says psychiatrist Wayne C. Drevets of the National Institute of Mental Health in Bethesda, Md. "There's been little research on psychotherapy's effects on the brains of depressed people."

In Drevets' view, the new data also point to some neural differences in recipients of psychotherapy and antidepressant drugs.

The first study, led by psychiatrist Arthur L. Brody of the University of California, Los Angeles Medical School, included 24 depressed adults who hadn't previously received treatment and 16 adults with no psychiatric diagnosis. Volunteers underwent positron emission tomography upon entering the study and then 12 weeks later. These scans measured glucose use—an indirect sign of neural activity—in various brain areas.

Depressed participants chose the form of treatment that they preferred. The day after the initial brain scan, 10 depressed volunteers began treatment with an antidepressant drug, paroxetine. This medication enhances the activity of serotonin, a chemical messenger in the brain.

During the week after the first scan, the remaining 14 depressed individuals attended the first of 12 psychotherapy sessions. This therapy focused on ways to improve relationships with friends and family.

Compared with nondepressed adults, depressed individuals began the study showing increased activity in parts of three brain areas—the prefrontal cortex, the caudate, and the thalamus. Activity markedly declined in these regions following either course of depression treatment.

Earlier studies had linked antidepressants' effects to activity surges in the same prefrontal regions. However, that work

continued on page 8 (Depression therapies)

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

Depression Therapies

(continued from page 7)

examined hospitalized patients Whose emotional unresponsiveness and slowed movements may have greatly lowered prefrontal activity, Brody's team says.

Data in the new study also show that psychotherapy, but not medication, heralded activity increases on the left side of the insula, Drevets remarks. This brain area helps to regulate sad feelings and, when particularly revved up, dampens symptoms of depression, he notes.

The strongest evidence for a shared brain response to psychotherapy and medication was an activity decline in a part of the caudate that regulates motor activity, Drevets holds. It's unclear why caudate activity eased up as symptoms of depression lifted, he says.

The second study, led by psychiatrist Stephen D. Martin of Cherry Knowle Hospital in Sunderland, England, found activity increases in the basal ganglia—which are also involved in movement—following six weeks of either antidepressant use or psychotherapy. Increased activity in brain areas involved in emotion showed up after only the psychotherapy.

Martin's team had studied 28 depressed adults, most of whom the researchers had randomly assigned to a treatment. However, the study didn't include people free of psychiatric disorders.—*B. Bower*

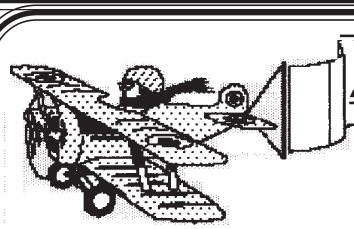
Source: Science News, Vol.160, July 21, 2001

FAMILY

Family means sharing inadequacies, imperfections, and feelings with each other and still loving each other. But even when you set out to love, you may not always be a likable person.

And when you're not perfect, forgiveness for yourself and others becomes inportant. Then you get up the next day and start again. It is a process, like the opening of a bud. It is a flowering, a blooming and blossoming.

–Bernie Siegel



ANNOUNCEMENTS

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

UPLAND DMDA
FONTANA DMDA
Meet Thursday evenings
Call David or Samantha Johns
(909) 947-1307 OR
e-Mail dmjbf@aol.com

HEMET SUPPORT GROUP
"Foundations" meets every
Tuesday 7–9 pm.
Trinity Lutheran Church
Please call (909) 658-5013

TEMECULA DMDA
Meets every Tuesday 11 am–1 pm.
41002 County Center Dr.
Contact Mark at: (909) 507-1365

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)

Calling all interested consumers.

We are looking for consumers who are interested in sharing their personal recovery story.

Living With Schizophrenia and Other Mental Illnesses *(LWSIOMI)* is a recovery-education program given by trained consumer presenters for other consumers, family members, friends, professional, and lay audiences.

Individuals need not be active in mental health advocacy at this time, but they:

- *"have been there"*
- are in recovery
- believe in treatment, with medication as the cornerstone for recovery
- must be able to present professionally
- have the time to be trained, and periodically present 1 1/2 to 2 hour workshops, often during working hours.

Stipends will be paid for presentations.

NAMI - - Living With Schizophrenia
and Other MentaI Illnesses

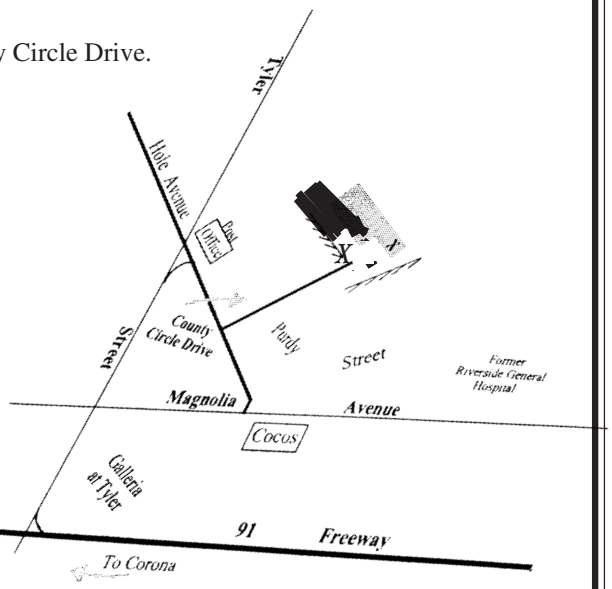
Please call for more information:
Lisa Partaker, Program Coordinator (909) 686-5484 or email: llpartaker@excite.com

A collaborative effort brought to you by:
Riv. County MH Dept. — NAMI, Western Riverside County —
Jefferson Transitional Programs

MDDA of Riverside
Map Legend

= Meeting Location
= Parking

Buses 1 and 13 stop on Hole near County Circle Drive.
Bus 12 stops at Tyler and Hole



ABOUT MDDA

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. Directions are printed on the lower left corner of the front page of this newsletter. 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 Drive (off Hole Avenue near Magnolia), Room A.

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 _____ CITY _____ STATE ___ ZIP _____

Please check one of the following:

I have: ❒ Manic-Depression ❒ Depression I am a: ❒ Family Member ❒ Professional

❒ None of the above 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. ❒