



# The Thermometer Times

Published by The Depression and Bipolar Support Alliance of Riverside, California

VOL. 18 NO. 8 Out of darkness . . . August, 2006

## Dates to Remember

\*\*\*\*\*

### CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome. Riverside County Mental Health Administration Building (see page 13 for address & map)

Every Saturday

10 am–12 noon

This month

August 5, 12, 19

& 26



Guest Speaker

Saturday, August 5

Linda Gort, LCSW

Topic: “Getting the Most Out of Therapy”

## WHY I GO TO GROUP

BY J. L.

I began going to a DMDA[ed. note: now known as DBSA] support group for the same reason most people go—I was hungry for information about this illness that had changed everything I thought about myself.

My doctor was no help. Then, after scrounging in the library and finding little, I discovered DMDA. At first, I was impressed by all the information, in flyers, brochures, copies of articles, names of books. But I found something more, something that keeps me going to meetings—I found the kind of information you can only get from other people who really know the illness.

These are some of the things I’ve learned from others in the group. They may not be endorsed by psychiatrists, or even by DMDA, but they work for me. Maybe you’ll find an idea you can use.

1. *Remember, you have a recurring illness.* Forget the “mental” part. Just remember you have a chronic illness. And like any other chronic illness, whether it’s high blood pressure, hypoglycemia, diabetes, cancer, or arthritis, you are more at risk. Take extra care of your health and recognize that even a cold or the flu can bring on a relapse.

2. *Know when to hold ‘em, know when to fold ‘em.* When you know your own pattern, you can plan ahead. People have different ways of tracking their illness, but the simplest is to use a calendar. Every day, give your emotional state a grade and mark it on the calendar. Use a scale of 1 to 10, or 1 to 100, whatever works for you.

Knowing your pattern helps keep you alert and prepared for the warning signs.

Continued on page 3 (Group)



Meetings start promptly at 10 am. Do yourself a good turn: Be on time to visit with friends before the meeting starts. If you come late, please enter quietly. Announcements will be made at the close of the meeting.

### 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 the right

16280 Whispering Spur

Riverside, CA 92504 951 / 780-3366

a note from the Editor

In our Creative Corner, this month, Pamela Judge has written a moving piece about her personal journey. This can be found on pages 5 & 6.

We invite you to submit material for review and possible publication in the newsletter. These kinds of articles allow us to get to know one another in greater depth and to learn of the many talents, interests and assets of our members.

Articles, poetry and/or drawings can be on anything pertaining to:

- \*Experiences you have to share regarding depression and/or Bipolar Disorder: what it is to live/cope with it; how you learned of it, what helps, what doesn't, etc., etc., etc..
- \* Any other mental health issue or problem that you are passionate about.
- \*Tell us about yourself and how you spend your time and what's important to you.
- \*A report on a mental health event you attended or a mental health book you have read.

Drawings should be black and white, line or half-tone.

Your work may be submitted to JoAnn, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to:  
JoAnn Martin  
16280 Whispering Spur  
Riverside, CA 92504

E-mail it to: JoAnnMartin1@aol.com  
FAX to: 951/780-5758

Materials submitted may or may not be published, at the discretion of the editors, and may be edited for length.

Get your creative juices flowing and share your knowledge and experience with your DBSA friends through *The Thermometer Times*.

Thank you.  
Lynne Stewart

"The intensity of their suffering lies in how much they are holding onto who they were a week ago."  
--Ram Daas

***The Thermometer Times***  
***16280 Whispering Spur***  
***Riverside, CA 92504***  
***(951) 780-3366***

**Publisher & Editor in Chief**

**Jo Ann Martin**

Senior Editor

**Lynne Stewart**

Copy Editor

**Karen Cameron**

Associate Editors

**Nelma Fennimore**

**Karen Cameron**

Staff Writer

**Judy Kaplan**

Medical Advisor

**Andrew J. Rooks, M.D.**

**Child, Adolescent & Adult Psychiatry**

**American Board of Psychiatry  
and Neurology**

**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.**

**Riverside Suicide Crisis Help Line**

Call **(951) 686-HELP [686-4357]** if you need to talk to someone. It is available 24 hours - 7 days a week.

**National Suicide Prevention Hotline**

Call **1-800-273-TALK (8255)** if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI). In addition, a new Web-site has been established at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

---

## GROUP (Continued from page 1)

Then adjust to your pattern. If you get depressed in the fall, don't plan to take on the world, or a new job, in October. Wait it out. If you are a rapid cyler who does better in the afternoons, arrange your job or your schedule so you can be a slug in the mornings.

3. *Learn to recognize your symptoms.* Listen to others in your group for familiar signs. A list of symptoms doesn't tell how it affects you, so listen for clues. You know one of the signs of mania is irritability, but you may not recognize "irritability" in yourself. Do you get the feeling everybody's trying to make life difficult for you or bait you into an argument? Do you stop listening to the radio when you get depressed? Do you feel everybody's dumping on you? Do you find "convenient" excuses to avoid social situations? Sometimes the signs of carelessness signal the beginning of an episode: burning your dinner two nights in a row; locking your keys in your car; bumping into furniture because you aren't paying attention.

4. *Listen to friends and family.* Manics, especially, aren't very self-aware when they're getting high. Depend on close friends in or out of DMDA. (You probably shouldn't rely on family members—they excuse too much out of love. And you'll resent feeling watched by them.) Let close friends or your group know your symptoms and ask them to tell you when you don't seem your usual self. Talking or shopping too much? Argumentative or hostile? Do you become aggressive? Can't concentrate on one idea?

Most of all, listen to your friends. After all, you *did* ask. They might be wrong, but if they're right, wouldn't you rather know?

5. *Fix things before they get worse.* An ounce of prevention is still worth a pound of cure, maybe more considering the state of psychiatric insurance. If only for economic reasons, don't wait for things to get worse. At the first sign of depression or mania, act to bring it in line.

If your first sign of mania is that you don't get sleepy until 3 in the morning, don't wait more than two days before you talk to the doctor and get something to help you sleep. If depression wakes you at four in the morning, call the doctor. It's easier to fix a small problem than the big one.

6. *O. T. Forever!* Remember Occupational Therapy in the hospital? You may have pictured basket weaving mental patients, but you got over that and actually enjoyed yourself. Hand work concentrates the mind and gives you some relief from the racing or painful thoughts.

Build birdhouses, put together thousand-piece puzzles, knit, paint (by numbers if you want), do yard work. I have a great-looking room-size hooked rug made by a friend when he was too depressed to do much else.

7. *Indulge yourself.* Contrary to the advice of doctors, friends, and relatives, forcing myself to get out more just makes me feel worse. Our bodies tell us to take it easy when we're fighting infection by raising our temperatures and making us tired. I figure, when I don't feel like socializing, my body's trying to tell me something. So I indulge it. Not all of us can afford trips to Paris or Hawaii, but we can give ourselves mini-vacations. I choose a place I can be around other people (to remind me there's still a world out there), but where I don't have to interact. The zoo is good. So is a movie, a walk in the malls, browsing in a flea market, visiting NASA. Pick a place you won't see people you know and don't bother to dress up. You won't feel like it, anyway. Wear your cleanest dirty shirt, skip the makeup, grab your dark glasses, and go hide in a crowd.

8. *Find something good the illness has done for you.* This is the kind of life experience writers and artists dream of. Maybe it has made you more patient with other people. Maybe you've met someone valuable you might not have known.

One thing about all those changes in mood, we are well-acquainted with emotions. A lot of people think that's a good thing—all those personal ads are looking for someone who's "sensitive and not afraid to express your feelings." Man, do we have feelings to share.

9. *Pay attention to yourself.* More than 23 centuries ago, Hippocrates believed: Ask the patient and he will tell you what is wrong. Learn to listen to what your body tells you. Know when it's time to back off and regroup. You remember the old joke—Patient: "Doctor, my arm hurts when I hold it like this." Doctor: "Then don't hold it like that."

A friend was becoming obsessive about the Gulf War news on TV. The obvious solution: Turn it off. If horror movies give you nightmares or daymares, stop seeing horror movies. Avoid whatever hits your button, whether it's two beers or reading the newspaper.

10. *Remember what your grandmother told you.* Exercise, eat regular meals, get plenty of rest, don't work too hard. That's good advice to everyone, but especially for people with a chronic illness. Avoid extremes. Motion is exercise, too—you don't have to start with handball or ice hockey. Ping pong, maybe. Golf. Walking. Gardening. Steer a steady, middle course and stay in balance.

11. *Living in a fool's paradise.* While you may have to deny your illness publicly, don't deny it to yourself. Sometimes we get so used to denying, we forget to give ourselves some of the privileges of illness—a little sympathy now and then, a bad day here and there. Enjoy the privileges of illness without feeling guilty. If you had a stomach virus, you'd give yourself a day off from work. Why not when you're having a bad day emotionally?

Because our hurts aren't open wounds, we think we have to keep proving something and go on as if nothing's wrong.

Continued on page 4 (Group)

## **GROUP** (Continued from page 3)

Keep the middle course: Don't let your brain (kidney, heart, skin, stomach) problems keep you from living a life. Lots of people live out their lives in pain, adjusting to it by taking advantage of the good days and coping with the bad ones. Read number one again.

12. *Don't give in.* We've all had times when the illness was the only thing in our lives and everything else took a back seat. It doesn't have to stay that way. Make the illness a small part of your life. Don't let worry about the illness keep you from enjoying the good days.

We all have inner resources we can count on to help us through the tough times. Discover your resources and learn to count on those resources when you need them. In the Old Testament, Job was blessed for his trials. Maybe we're blessed too.

Source: *Mood Points*, Summer Issue, 1991

As seen in *THE ROLLERCOASTER TIMES*, September, 1991

## **Patients with bipolar disorder may benefit from less sugar**

According to an article in the Spring 2006 issue of bp Magazine, a decrease in the amount of sugar you consume may actually sweeten your mood!

The article reports that a 2002 study, published in *Depression and Anxiety*, has shown that countries with a higher sugar intake appear to have a higher rate of depression.

In addition, the 2005 Dietary Guidelines issued by the U.S. Department of Health and Human Services, state, "the greater the consumption of foods containing large amounts of added sugars, the more difficult it is to consume enough nutrients without gaining weight."

Thus, the intake of nutrients important to good mental and physical health, like Vitamins A, B12 and C, folate, calcium, phosphorus, magnesium and iron, tends to drop dramatically. This compounds the problems of bipolar disorder and weight gain.

Karen Fink, a senior nutritionist at Timberlawn Mental Health System in Dallas, Texas, explains another problem. A sugar high can result in jitters or a temporary energy surge followed by an energy drop and feelings of lethargy. She notes, "For those with bipolar disorder, this can accentuate their mood symptoms and make them feel worse."

One last, rather startling fact: One 12-ounce can of sweet soda a day add up to more than 50,000 calories in a year. With no change in eating or exercise habits, you would gain about 15 pounds over that year.

Source: Reprinted with permission of <http://www.methcalnewstoday.com>.

Article URL: [www.medicalnewstoday.com/medscalncws.php?newsid426S9](http://www.medicalnewstoday.com/medscalncws.php?newsid426S9).

As seen in *MOODPOINTS-VOL.,2, 2006*

## **For Patients with Bipolar Disorder: Getting More from your Doctor's Appointment**

Today patients are increasingly frustrated with the brevity of scheduled appointments with their doctors. Many physicians are constrained by outside factors, such as too few practitioners, too many patients, or restrictions from health insurance companies.

It is important for patients to use communications and organizational skills that will maximize the effectiveness of the visit. By bringing strong communication skills to your office visits, you can feel you have done all you can to get the help you need.

The article, appearing in the Spring 2006 issue of bp Magazine and written by author and patient, Julie Fast, suggests the following:

- Prepare ahead for appointments.
- Try to stay calm and focused.
- Have a list of what you want to cover. Let the doctor read this list so you don't have to spend so much time talking.
- Be clear on what you need.
- Respect the fact that your doctor probably didn't choose this time limit and would also like to see you more.
- Voice your concerns. Ask your doctor how your appointments might be more effective.

Finally, help your family and friends understand what you go through so that they can be a support between appointments.

Source: Reprinted with permission of <http://www.medicalnewstoday.com>. Article TJRL: [www.mcdicalncwstoday.com/medicalnews.php?newsid4266O](http://www.mcdicalncwstoday.com/medicalnews.php?newsid4266O).

As seen in: *MOODPOINTS - VOL. 2, 2006*

Shortcuts may get you to your final destination, but isn't it the journey that really takes you where you want to go?

**A friend is one who knows you as you are, understands where you have been, accepts you for who you have become, and still invites you to grow.**

Source: *MOODPOINTS - VOL. 2, 2006*

## “NAMING HORSES”

### Is dedicated To:

The doctors and nurses at Queen of the Valley and Huntington Memorial hospitals. For ensuring that I continued to live.  
Shari K. Valentine. For helping me understand.

Reiko V. Russin. The best and my favorite doctor for 36 years and counting.

Dr. Denise, Mind Police. For mutual respect and admiration.

Bernadette Regan. For authorizing my transfer West, and letting me keep DJ.

Pastor John and Robin Milhouse. For excellent teaching.

My Mom, dad, and stepfather. For trying their best. It wasn't all bad.

And especially- - -

To God my Creator, who spared my life. For loving me eternally. Giving me the talent to write, a story to share, and His own gentle compassion.

## NAMING HORSES

By Pamela M. Judge

Fairfax Morrow chose the title of the short story she would write next, first.

Details must be sorted through and chosen. Verbs, adjectives, pronouns, adverbs and all such, selected.

Fact or fiction. Reveal or hide. It was her choice. And it was time.

A favorite English teacher, Babette Corrigan, had advised her to “write about what you know.”

About what did Fairfax know?

That . . .

Chlorophyll gives plants their various shades of green.

One of the many facts she had learned in Horticulture classes in college.

That . . .

“Shirley” and “Sadie,” her cats, needed love.

They received love and affection from her daily.

That . . .

Certain people could not be trusted.

This Fairfax had experienced.

Should she begin her short story by describing her appearance? She looks like you. With your color hair and eyes. Even your nose. And disposition. As well as your past.

Well, almost .

Fairfax had been raised by wolves. And having been raised by wolves, things had gone the way things had gone.

Being taken from the mother wolf when Fairfax was six months old. Intervention, it was called. She was placed in a shelter for those abused and neglected. MacLaren Hall, it is still called.

Being at MacLaren gave her a chance to be held. Loved. Protected. Safe. Maybe even cherished. For too brief a time.

Then, released from the shelter and reunited with the mother wolf. The physical abuse was ceased. The neglect continued.

The male wolf arrived at the scene of the crime approximately two years later. Seemingly drawn to such. Knowing the scent of his next victim, his next prey.

Again, the usual events.

As the worst of all nightmares began.

Fairfax attacked when the mother wolf wasn't around. She only three. Screaming into the night until she was ten.

*Continued on page 6 (Horses)*

---

---

## HORSES *(Cont'd from pg. 5)*

Using her best voice to cry: "Mommy! Mommy!"

With him on top of her. Snarling. Tearing apart mind, body, heart, soul and spirit. Claws used. Pain. Brutality. His rasping breathing, remembered. Her trust in his adoptive paternal protection laying mangled and mutilated on the floor.

Once the parent wolves had died, Fairfax slowly dared to become human. Lost the ability to fight like a wolf. The change required much time.

Fairfax felt that she alone was to blame in the seconds, minutes, hours, days, weeks, months, years and decades that followed.

To blame. For sincerely believing twice, that suicide was the answer. Good wolves, real wolves, didn't hurt like this. The guilt, shame and pain luminous in her eyes.

Alone in a hospital room, she had learned that even a self-induced, five-day coma brought no one near. Her doctor telling Fairfax that she had ingested enough Phenobarbital to kill five people.

Pronounced "not expected to live," she did exactly that. Later, when she broke into pieces, Fairfax was not much alarmed. It would happen. Again and again.

The diagnosis of a certain chronic, severe illness of the mind in 1981 hardly phased her. She refused to be dominated, consumed, controlled and limited by irrational fears. Her sheer determination being a priceless asset.

With a certain sharp edge dulled, she raged when the light seemed to be dying. Sensing what the future would bring: another attempt at self-destruction.

Alone in the Pacific Ocean. On a cold, lonely, lightless November night. The water icy. With Fairfax feeling only agony. Wanting to be held gently. For eternity.

Fairfax not knowing how to swim. Crying out: "God- -please forgive me for this- -the sin of suicidal"

Her despair and pain soothed as a gentle voice whispered while the others raged. Hearing: "Forgiveness takes place in this life, Fairfax, not in the next. Go back to shore."

In subsequent months, despite her pleading, her imploring, one by one, friends fell away.

Fairfax longed deeply to give others hope and encouragement. And didn't know if she had, ever. Or could.

A story can be as lengthy or as short as the writer chooses.

Fact or fiction. Give all the grisly details, or spare both writer and reader. She had chosen to spare.

Fairfax believed that living well was the best revenge.

She lived well, yet occasionally howled at the moon. Rather than having reasons to write her story, Fairfax would have preferred to have gone to the track.

No longer to run.

To name horses.

By: Pamela Mary Judge  
2006 Copyrighted Intellectual Property

---

---

## Bipolar Disorder And Sleep

"The quest for sleep" is an elusive dream for many in today's busy society. Although people with bipolar disorder appear particularly vulnerable to sleep problems, the article emphasizes that an estimated 75 percent of American adults experience symptoms of sleep problems at least several times a week.

While the medications used to treat bipolar disorder sometimes disrupt sleep, good choices and habits can greatly improve matters. James Maas, PhD, professor of psychology at Cornell University and a sleep expert, recommends the following "Four Rules for Sleep":

- Determine your need for sleep and meet it nightly.
- Emphasize a regular sleep/wake schedule.
- Get continuous, uninterrupted sleep whenever possible.
- Make up for lost sleep (but don't nap for longer than 30 minutes).

And remember, sleep deprivation doesn't have any good side effects.

Source: Reprinted with permission of  
<http://www.medicalnewstoday.com>.

Article URL: [www.medicalnewstoday.com/medicalnews.php?newsid42658](http://www.medicalnewstoday.com/medicalnews.php?newsid42658)

As seen in *MOODPOINTS*, VOL. 2, 2006

---

# When Depression Gets Physical

*John Hopkins White Papers, 2005*

Physical manifestations of mood disorders may be more common than the psychological symptoms.

Most people think of depression as a condition of the mind, affecting one's mood and outlook on life. But that's only part of the story. For many people, the more common manifestations of depression are physical, not mental. In fact, a 2004 Japanese study *lu-Psychiatric Research* found that, of the three most distressing symptoms reported by people with depression, a majority were physical in nature, not psychological.

Why does depression sometimes take a visceral turn? One reason may be the stigma associated with mental illness:

Physical symptoms may become a "legitimate" way of seeking help from a professional without admitting an emotional or mental problem. For example, a study of Canadian patients with depression or panic disorder reported that only 15% had a purely psychological complaint when they first went to their family medical clinic. In addition, an estimated 60% to 70% of doctor visits are by people with no physical illness or who have an illness worsened by psychological or social factors.

## **Somatization: What Is It?**

Expressing depression through bodily symptoms is a process called somatization. The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* recognizes three somatic symptoms associated with depression: sleep disturbance,

energy. But depression can cause many more physical symptoms. These include headache, diarrhea, dizziness, excessive sweating, fever, palpitations, ringing in the ears, and nausea and vomiting.

Somatization differs from hypochondria in that someone who somatizes has an essentially accurate perception of a real physical symptom whereas someone with hypochondria has an exaggerated response to benign symptoms or normal sensations.

## **Treating the Body Through the Mind**

Depression tends to be more difficult to diagnose in patients who somatize, primarily because the doctor is looking for a physiological, rather than a psychological cause for the symptoms. Treatment is also more difficult because both the physical and mental symptoms must be addressed.

Physical symptoms of depression can be treated with cognitive-behavioral therapy, antidepressant medication, or a combination of the two. Unfortunately, the somatic symptoms may remain after the psychological symptoms improve. Although selective serotonin reuptake inhibitors may be effective for treating bodily symptoms, some evidence indicates that tricyclic antidepressants and serotonin and norepinephrine reuptake inhibitors such as venlafaxine (Effexor) may be better for patients with depression and chronic pain. Mirtazapine (Remeron) has shown effectiveness in people with depression and sleep disturbances.

*Source: DBSA TAMPA BAY Newsletter  
June-July-August 2006*



## **Humor Can Increase Hope, Research Shows**

By Ryan Garcia and David Rosen

COLLEGE STATION, Apr. 11, 2005 — Laughter might be the best medicine for transforming the faintest of glimmers of hope into an eternal spring, reveals research at Texas A&M University that shows humor may significantly increase a person's level of hope.

The experience of humor can positively influence a person's state of hopefulness, says Texas A&M psychologist David H. Rosen who, along with colleagues Alexander P. Vilaythong, Randolph C. Amau and Nathan Mascaro, studied nearly 200 subjects ranging in age from 18-42.

### **Comedy Videos "Makes Light of it"**

As part of the study, which appeared in the *International Journal of Humor Research*, select participants viewed a 15-minute comedy video. Those who viewed the video had statistically significant increases in their scores for hopefulness after watching it as compared with those that did not view the video, Rose notes.

The finding, he says, is important because it underscores how humor can be a legitimate strategy for relieving stress and maintaining a general sense of well-being while increasing a person's hope. Previous studies have found that as high as 94 percent of people deem lightheartedness as a necessary factor in dealing with difficulties associated with stressful life events, he says.

### **Humor Fosters Hope**

Rosen says humor may competitively inhibit negative thoughts with positive ones, and in so doing, foster hope in people. Positive emotions, such as those arising from experiencing humor, can stimulate thought and prompt people to discard automatic behavioral responses and pursue more creative paths of thought and action, he explains.

Such a process, Rosen says, could lead to a person experiencing a greater sense of self-worth when dealing with specific problems or stressful events. He says these positive emotions could, in turn, lead to an increase in a person's ability to develop a "plan of attack" for a specific problem as well as increase a person's perceived ability to overcome obstacles in dealing with that problem — two aspects that psychologists believe comprise hope.

### **Humor as a Coping Strategy**

During the course of the study, Rosen found that there was little or no relationship between hope and the number of stressors experienced throughout the past month, but did find a relationship between severity of the stressors and a decrease in hope. This suggests that the accumulated severity of recent stressors seem to have more of an impact on hope than the actual number of stressors, he says.

In the study, sense of humor was not only represented as the tendency to display laughter, smiles, and other similar responses, but was measured across four factors — humor production, humor as a coping strategy, attitudes toward humorous people, and attitudes about humor.

Source: [http://eurekaalert.org/pub\\_releases/2005-04/tau-hci041105.php](http://eurekaalert.org/pub_releases/2005-04/tau-hci041105.php)

As seen in : *The Initiative*, Summer, 2006

## **Mini-meditation**

Whenever you find yourself under pressure during the day, take a couple of minutes to do the following abbreviated, three-step Mindfulness-Based Cognitive Therapy meditation, created by Zindel V. Segal, PhD, director, cognitive behavioral therapy unit at the Centre for Addiction and Mental Health, which is affiliated with the University of Toronto.

**Step #1 Awareness** Bring yourself into the present moment by deliberately adopting an erect and dignified posture. If possible, close your eyes. Then ask, "What is my experience right now in thoughts, feelings, and bodily sensations?" Acknowledge and register your experience, even if it is unwanted.

**Step #2 Gathering** Gently redirect full attention to breathing, to each breath in, and to each breath out, as they follow, one after the other.

**Step #3 Expanding** Expand the field of your awareness around your breathing, so that it includes a sense of the body as a whole, your posture, and your facial expression.

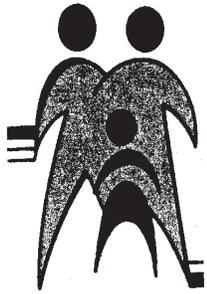
Open your eyes and bring yourself back into the room. You'll feel more grounded as you go about your day. Repeat anytime you need to.

Source: *bp Magazine*, Summer, 2006

## **Dog Philosophy**

The benefits of "doggie milieu therapy" in the words of famous people:

- "It often happens that a man is more humanely related to a cat or a dog than to any human being."  
—Henry David Thoreau
- "The greatest pleasure of a dog is that you may make a fool of yourself with him and not only will he not scold you, but he will make a fool of himself, too."  
—Samuel Butler
- A dog is the only thing on earth that loves you more than he loves himself.  
—Josh Billings
- "If dogs could talk it would take a lot of the fun out of owning one."  
—Andy Rooney
- Until one has loved an animal, a part of one's soul remains unawakened.  
—Anatole France
- There is no psychiatrist in the world like a puppy licking your face.  
—Ben Williams
- Dogs are not our whole life, but they make our lives whole.  
—Roger Caras



### 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  
951 / 358-4987 or 800 / 330-4522

### The Starting Point SUPPORT GROUP FOR DEPRESSIVES AND BIPOLARS

Mesa Clinic, 850 Foothill Blvd., Rialto  
Mondays from 10:30 to 12:10  
For more info: \*82 (909) 864-4404

### 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

DBSA P.O. Box 51597 Riverside, CA 92517-2597  
FAX 951/780-5758

Join us for the  
**Holidays**  
Picnics or dinners  
at noon at Jo Ann's

Swimming, badminton, spa, food and more...  
during summer months.  
Friendly sharing during the winter.

Bring a salad, main dish,  
or dessert.  
If you can't bring a dish, come anyway.  
Meat & beverage will be furnished.

Holidays include: Memorial Day,  
4th of July, Labor Day,  
Thanksgiving, and Christmas.

See page 1, lower left column of this  
newsletter for directions.

### Check us out on the web!

Website for DBSA Riverside:

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

E-mail addresses: DBSA, Riverside: [dbsaofriv1@aol.com](mailto:dbsaofriv1@aol.com).

DBSA, California: [dbsaofca1@aol.com](mailto:dbsaofca1@aol.com).

### Do you have a Medic Alert Bracelet?

Do you wear it? All the time?

In an emergency, would others know what  
medication you are taking and why?

Always wear your  
Medic Alert bracelet.  
It could save your life.

If you don't have one,  
**ORDER ONE TODAY!**

(Available through most pharmacies)





## Phone Phriends

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

**Leroy**

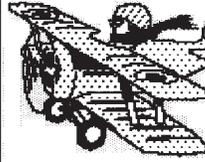
**6 a.m. to 9 p.m.  
951/686-5047**

**Yen**

**951/315-7315**

**Kevin**

**kevin2004n@aol.com**



## ANNOUNCEMENTS

### TEMECULA DMDA

Mark Monroe  
951/926-8393

### UPLAND DMDA

#### FONTANA DMDA

Meet Thursday evenings  
Call David or Samantha Johns  
909/947-1307 OR  
e-Mail dmjbf@aol.com

### HEMET SUPPORT GROUP

Hemet Support group meets at  
Trinity Lutheran Church  
Tuesdays, 7 to 9 pm. Fridays,  
1:30 to 3:30 pm  
Please call 951/658-0181 (Lyla)

### THE UPLIFTERS

(Christian emphasis) meets at  
The Grove Community Church  
Contact Sheri 951/789-6564  
sl\_matsumoto@sbcglobal.net

### For Support People:

**NAMI** - Riverside Mental Health Administration Building  
4095 County Circle Dr. (off Hole Ave. near Magnolia)  
7:00 pm, 1st Monday each month 951/369-1913 - Rosanna  
No meeting July or August

## Calling all interested consumers!

*NAMI—In Our Own Voice:*

*Living With Mental Illness*

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (*IOOV*) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as the cornerstone for recovery
- ▶ They periodically present at 1½-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



**For more information, or to be put on a waiting list, please call:**

**Allison Hoover, IOOV Coordinator**  
951/ 686-5484

A collaborative effort brought to you by:  
—The Riverside County Mental Health Department—  
—NAMI, Western Riverside County—  
—Jefferson Transitional Programs—

### GAY, LESBIAN, BISEXUAL AND TRANSGENDERED FRIENDS OF THE INLAND EMPIRE



*Gays In Search of Hope*

<http://www.geocities.com/gayhope1/index.html>

**THIS IS A GAY, LESBIAN, BISEXUAL AND TRANSGENDERED DEPRESSION AND BIPOLAR SUPPORT GROUP**  
Parents, family and friends are welcome here and are encouraged to participate in the support group in a relaxed non-threatening atmosphere. Please join us!  
**No One Should Suffer in Silence!!!**

**WHERE:** County of Riverside,  
Mental Health Administration Building  
4095 County Circle Drive, Room A  
Riverside, CA 93503

**WHEN:** The 2nd ~~and 4th~~ Saturdays, 1p to 2:30p



**Kevin: (951) 359-0739**  
**E-Mail: gdsbsa@aol.com**

Flyer Updated 1/7/2006

Beginning August, 2005, *Gays In Search of Hope* will be meeting on the 2nd Saturday of the month ONLY, rather than the 2nd and 4th. Our meeting in August will be the 12th from 1PM to 2:30PM.

## DBSA-Riverside

Map Legend

★ Meeting Location

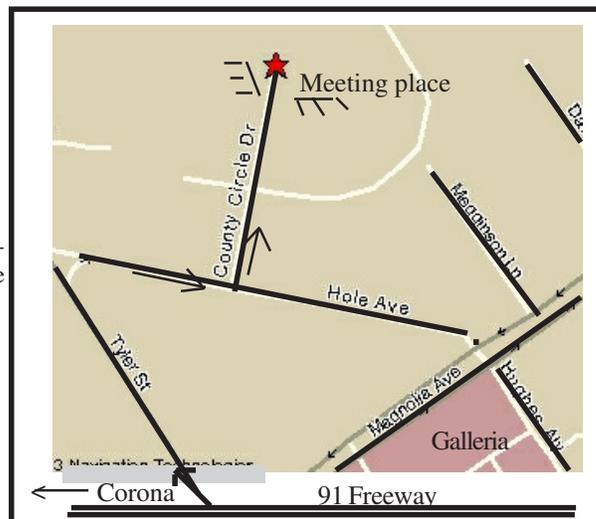
TTTT = Parking

Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For meeting-day

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. \* as well as other parts of Riverside.

## About DBSA-Riverside

**DBSA of Riverside** is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA 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 JoAnn Martin on the Saturday afternoon following the last sharing 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 JoAnn or Leroy at 951/780-3366. Our sharing meetings are held every Saturday of each week 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. We welcome professional care providers and adult family members and friends. Please note our new area code - 951, effective on July 17, 2004.



### MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 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 \$10.00 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, please indicate below.

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

DATE \_\_\_\_\_ Please Print  New  Renewal  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Please check one of the following:

I have:  Bipolar Disorder (Manic-Depression)  Depression  
I am a  Family Member  Professional  
None of the above

Birth Date (Optional): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Enclosed is my payment for DBSA Membership \_\_\_\_\_ \$20.00 (includes newsletter).

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

I would like a subscription to the newsletter only. \_\_\_\_\_ \$10.00 (12 issues per year).

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