



# The Thermometer Times

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

VOL. 19 NO. 5 Out of darkness . . . May, 2007

## Dates to Remember

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### 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 11 for address & map)

**Every Saturday**

**10 am-12 noon**

**May 5, 12, 19 & 26**



**Picnic at Jo Ann Martin's**  
**Monday, May 28, 12 noon**  
**Dir. below; also, see pg. 9.**



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.



16280 Whispering Spur  
Riverside, CA 92504  
951 / 780-3366

2nd driveway on the right



## Reframing Issues Into Blessings

By Cathy Waechter

“As every man had ever a point of pride that was not injurious to him, so no man had ever a defect that was not somewhere made useful to him... Every man in his lifetime needs to thank his faults.” Ralph Waldo Emerson

“The gem cannot be polished without friction, nor perfected without trials.” Confucius

“Bad times have a scientific value. These are occasions a good learner would not miss.” Ralph Waldo Emerson

“To be thrown upon one's own resources is to be cast into the very lap of fortune, for our faculties then undergo a development and display of energy of which they were previously unsusceptible.” Benjamin Franklin

“Much of your pain is the bitter potion by which the physician within you heals your sick self.” Kahlil Gibran

What does all of this mean? Most of the time we see “problems” as situations that must be avoided. But what if we could change our perspective to one that says that when we experience problems we could use them as an opportunity to learn? What if we could see these learning opportunities as a chance to expand or become more creative, or resourceful?

This is not to say that we are supposed to look forward to problems. But we can make ourselves more at peace with issues as they happen by looking for what we can do to turn these situations into something useful for our growth and

*Continued on page 8 (Reframing)*

a note from the Editor

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. You may write on any other mental health issue or problem that you are passionate about. You can tell us about yourself and how you spend your time and what's important to you. You may want to write a report on a mental health event you attended or a mental health book you have read. We would appreciate that, too.

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: *The Thermometer Times*

% Jo Ann 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



**Don't Forget!!!**

**WRITING  
CONTEST**



**see flyer enclosed in this issue**

**Deadline: June 30, 2007**

Please note that articles in *The Thermometer Times* are collected from many sources. They do not necessarily reflect the views of DBSA Riverside, nor do we make recommendations based on these articles. Editors.

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

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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.**

**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)**

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# Folate for Depression

**A** B vitamin found in leafy green vegetables, citrus fruits, and beans may be useful in the treatment of depression and other psychiatric symptoms. Folate or folic acid, also known as vitamin B<sub>9</sub>, is already known to be important for health. Pregnant women need a certain amount to prevent miscarriage and birth defects, and although there is no proof, some think that it provides protection against heart disease, stroke, and certain cancers. Since 1998, the FDA has required the addition of folate to enriched flour and other grain products. The recommended dose is 400 mcg (0.4 mg) a day—600 mcg for pregnant women. Older people may also need higher doses because they don't absorb folate well.

The evidence for a link between depression and folate levels comes from various sources.

Along with vitamins B<sub>6</sub> and B<sub>12</sub>, folate helps break down the amino acid homocysteine. High blood levels of homocysteine are associated with Alzheimer's disease and depression, although a cause-and-effect relationship hasn't been proven. The breakdown of homocysteine generates SAMe, a major constituent of brain cells and, some think, a possible treatment for depression (See *Mental Health Letter*, January 2004). Low levels of SAMe might explain any connection between folate and depression.

Some people carry a variant gene that prevents them from making full use of the folate in their diet. A meta-analysis published last year suggests that this variant is associated with schizophrenia, depression, and bipolar disorder. There's also some evidence that people with low blood levels of folate are less likely to get relief from antidepressant drugs.

Folate supplements have been tested as a treatment for depression, with mixed results. A recent review and meta-analysis found that folate by itself had no effect, but supplements might give a boost to antidepressant drugs. In one placebo-controlled study, 500 mcg of folate added to fluoxetine (Prozac) showed no clear added benefit. Although the combination appeared to improve the response by more than 30% compared to the drug alone among women, that could have been a chance effect. In men, folate levels increased, but homocysteine levels did not fall. Another study found that added folate was helpful for depressed patients who had been taking fluoxetine unsuccessfully for two months. Further trials are under way.

Longer-term research may be needed, because some believe folate acts gradually and cumulatively to relieve or prevent depression. The required dose, too, is still uncertain. The main risk of folate supplements is disguising the symptoms of a vitamin B<sub>12</sub> deficiency. Apart from that, doses much higher than the daily recommended allowance—up to 15 mg a day—haven't been shown to cause serious side effects.

## References

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**Sachdev PS, et al.** "Relationship of Homocysteine Folic Acid, and Vitamin B<sub>12</sub>, with Depression in a Middle-Aged Community Sample," *Psychological Medicine* (April 2005): Vol. 35, No. 4, Pp. 529—38.

**Taylor MJ, et al.** "Folate for Depressive Disorders: Systematic Review and Meta-Analysis of Randomized Controlled Trials," *Journal of Psychopharmacology* (June 2004): Vol. 18, No. 2, pp. 251—56.

For more references, please see [www.health.harvard.edu/mentalextra](http://www.health.harvard.edu/mentalextra).

Source: Harvard Mental Health Letter  
[www.health.harvard.edu](http://www.health.harvard.edu) March 2007

## BURNOUT

Maslach Burnout Inventory --- any one of the following six problems can fry us to a crisp:

working too much;  
working in an unjust environment;  
working with little social support;  
working with little agency or control;  
working in the service of values we loathe;  
working for insufficient reward (whether the currency is money, prestige, or positive feedback)

Source: <http://nymag.com/news/features/24757/index.html>  
[www.peoplewho.org](http://www.peoplewho.org)  
December 7, 2006

# Peer Specialist Alliance of America is Created

People in recovery from psychiatric disabilities, researchers and others from around the country gathered on July 16-17, 2006 to create a new national trade association — the Peer Specialist Alliance of America (PSAA) — that will promote the emerging profession of certified peer specialist.

The participants — representing a “who’s who” of national and regional mental health advocacy, service and research organizations — met to establish the organization in response to the growing influence of the new profession of peer specialist — that is, people in recovery from psychiatric disabilities who are employed to help their peers work toward their own recovery, often in places where credentialing requirements have traditionally excluded consumers from staff positions.

“Peer specialists offer hope because they are walking, talking examples of recovery,” said Joseph A. Rogers, president and CEO of the Mental Health Association of Southeastern Pennsylvania (MHASP), which organized the meeting and which is fostering the peer specialist initiative throughout Pennsylvania. MHASP’s Institute for Recovery and Community Integration teaches aspiring peer specialists the skills for providing peer support — such as how to help others with problem solving and goal setting — as well as serving as a model for recovery.

Georgia was the first state to make peer specialist services Medicaid-reimbursable. Larry Fricks, who helped make this happen when he headed the Georgia Division of Mental Health Office of Consumer Relations, noted that the federal Substance Abuse and Mental Health Services Administration (SAMHSA) is due to release a resource kit called *Building a Foundation for Recovery — How States Can Establish Medicaid-Funded Peer Support Services and a Trained Workforce of Peers*. “Hopefully, a federally funded kit is another indicator that this peer specialist workforce is essential to system transformation, and that peer specialists are ready for a recognized association with nationwide membership,” said Fricks, who participated in the July meeting and who now heads the Appalachian Consulting Group.

Other states with Medicaid-reimbursable peer specialist services include Arizona, Iowa, Michigan and Washington, as well as the District of Columbia. Pennsylvania expected its peer specialist services to be Medicaid-reimbursable beginning in October 2006.

“New York State was the first state to develop and hire peer specialists,” said Peter Ashenden, executive director of the Mental Health Empowerment Project and another meeting participant. “We are proud of this fact but heartily support the work that has been developed in other states to much further expand upon this important initiative.”

Among other participants in the meeting was a representative of the Centers for Medicare & Medicaid Services. Additional representatives were from the National Mental Health Association and the NAMI STAR Center as well as several organizations run by people in recovery from psychiatric disabilities. Besides the Appalachian Consulting Group and the Mental Health Empowerment Project, the latter group included three federally funded consumer-run national technical assistance centers — CONTACT, the National Empowerment Center and the National Mental Health Consumers’ Self-Help Clearinghouse — as well as the Depression and Bipolar Support Alliance, the Copeland Center

for Wellness and Recovery, and Project Return of Los Angeles. Also attending were researchers from the University of Pennsylvania, the University of Massachusetts Medical School, and the Missouri Institute of Mental Health, as well as representatives of META Services in Phoenix, and the Mental Health Association in New Jersey, which started a statewide organization dedicated to the profession of peer specialist in 1999.

Plans are under way to incorporate the Alliance, whose board would comprise at least 75 percent peer specialists.

“Trained peers are powerful change agents and good fiscal investments for transformation to a strength-based recovery system,” Fricks said. For example, research shows that people who receive peer support services have fewer and shorter hospitalizations — which cuts costs — and an improved quality of life.

Montgomery County, Pa., is the first county in Pennsylvania to employ peer specialists. Nancy Wieman, the county’s deputy administrator for mental health services, is a cheerleader for the program. “It’s helped the entire system,” she says. “These peer specialists give everybody — consumers and staff and providers — a personal vision of hope. When this is funded through Medicaid, we’ll be able to have more consumers involved as part of the everyday work of an agency, and the culture of the agency will start to change. It will become a partnership where everyone will learn from one another, all the time. And that will enable us to grow and grow.”

Source: DBSA National Website  
January 31, 2007

## United Nations

### Convention Protecting Rights of Disabled OK’d

The U.N. General Assembly on Wednesday, December 13, 2006, adopted the first U.N. convention to protect the rights of the disabled, culminating a long campaign on behalf of the world’s 600 million people with disabilities.

The convention requires countries to guarantee freedom from exploitation and abuse for the disabled, while protecting rights they already have --such as ensuring voting rights for the blind and wheelchair-accessible buildings.

Source: Riverside Press-Enterprise  
December 14, 2006

**There are no great people in this world, only great challenges which ordinary people rise to meet.**

WILLIAM FREDERICK HALSEY, JR. (1882-1959)  
Military officer

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# Dependence on Antidepressants & Halting SSRIs

## PROTOCOL FOR THE WITHDRAWAL OF SSRI ANTIDEPRESSANTS

by Dr David Healy MD, FRCPsych  
North Wales Department of Psychological  
Medicine,  
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Following the benzodiazepine crisis of the 1980s, psychiatrists and general practitioners turned with relief to the antidepressants, which the Royal Colleges of Psychiatrists & General Practitioners assured us and our patients did not cause dependence and were not addictive. I shared this belief. And indeed antidepressants are not addictive in the sense that they lead to altered motivational hierarchies such that an individual would mortgage their livelihoods and all they hold dear for further supplies of the drug. But patients are worried about being “hooked” on antidepressants, and antidepressants can hook in the sense of making you physically dependent.

In the 1960s the concept of therapeutic drug dependence on antipsychotics and antidepressants emerged and it became clear that some individuals might never be able to halt these drugs. Withdrawal from antipsychotics, for instance, could lead to tardive dyskinesia, which it was later recognised could emerge in the course of treatment (1). The fact that “withdrawal” could emerge while still on treatment with drugs that were not euphorants and did not disrupt motivational hierarchies was completely incompatible with theories of addiction then and now. This, allied to the need to contain the use of opiates, LSD and amphetamines in 1960s, led to an eclipse of the concept of therapeutic drug dependence. Since the 1960s we have had a demonisation of some drugs and glorification of others. The bad drugs are supposedly characterized by dependence even though LSD and other bad drugs do not cause physical dependence. The good drugs are supposed to be free of this problem.

Against this background, therapeutic drug dependence on benzodiazepines provoked a crisis. Patients resented being hooked and resented not being warned about the risks of getting hooked and further resented being blamed as authors of their own misfortune. The emergence of the SSRI antidepressants offered the possibility of an almost “political” compromise.

From 1960 to 1990, the antidepressants were generally prescribed only to severely depressed patients, and in these patients evidence of relapse on discontinuation could often reasonably be seen as evidence of relapse of an illness. This position became harder to maintain in patients who had formerly been cases of Valium but who now became cases of Prozac, Seroxat, Lustral and Effexor. These patients did not have the severe conditions that might have been expected to lead to early relapse on discontinuation. Reports of withdrawal

streamed in to regulators.

### SSRIs

SSRI stands for selective serotonin reuptake inhibitor. This does not mean these drugs are selective to the serotonin system or that they are in some sense pharmacologically “clean”. It means they have little effect on the norepinephrine/noradrenaline system. There are 6 SSRIs on the market:

SSRI	US TRADE NAME	UK TRADE NAME
Fluoxetine	Prozac	Prozac
Paroxetine	Paxil	Seroxat
Sertraline	Zoloft	Lustral
Citalopram	Celexa	Cipramil
Escitalopram	Lexapro	Ciprallex
Fluvoxamine	Luvox	Faverin
Venlafaxine	Effexor	Efexor

**Note:** Venlafaxine in doses up to 150mg is an SSRI; over 150 mg. It also inhibits noradrenaline reuptake.

### FEATURES OF WITHDRAWAL/WITHDRAWAL SYMPTOMS

The common symptoms on withdrawal from SSRIs break down into two groups(2). The first group may be unlike anything you have had before and include:

- Dizziness
- Headache
- Muscle Spasms
- Tremor
- Electric Shock-like Sensations
- Other Strange Tingling or Painful Sensations

*Continued on page 6 (Protocol for Withdrawal)*

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## PROTOCOL FOR WITHDRAWAL *(Cont'd from pg. 5)*

Nausea, Diarrhoea, Flatulence  
Dreams, including Vivid Dreams  
Agitation

The second group overlaps with general nervousness and may lead you or your physician to think that all you have are features of your original problem. These symptoms include:

Depression  
Lability of Mood  
Irritability  
Agitation  
Confusion  
Fatigue/Malaise  
Flu-like Feelings  
Insomnia or Drowsiness  
Mood Swings  
Sweating  
Feelings of Unreality  
Feelings of being Hot or Cold

These symptoms appear in anything between 20% to 50% of patients taking SSRI's, sometimes within hours of the last dose. Paroxetine and Venlafaxine appear the most problematic agents at the moment but similar symptoms are liable to occur with all SSRI's and to a lesser extent with tricyclic antidepressants. In milder cases problems may clear up after a week or two, but in others symptoms may continue weeks or months after the last dose and for some patients it may not be possible to stop treatment. Specialist help may benefit some patients. In this latter group, if only to provide suggestions on antidotes to continuing drug induced problems such as loss of libido.

### IS THIS WITHDRAWAL?

There are three ways to distinguish withdrawal from SSRIs from the nervous problems that the SSRI might have been used to treat in the first instance.

First, if the problem begins immediately on reducing or halting a dose or begins within hours or days or perhaps even weeks of so doing then it is more likely to be a withdrawal problem. If the original problem has been treated and you are doing well, then on discontinuing treatment no new problems should show up for several months.

Second, if the nervousness or other odd feelings that appear on reducing or halting the SSRI (sometimes after just missing a dose) clear up when you are put back on the SSRI or the dose is put back up, then this also points towards a withdrawal problem rather than a return of the original illness. When original illnesses return, they take a long time to respond to treatment. The relatively immediate response of symptoms on discontinuation to the reinstatement of treatment points towards a withdrawal problem.

Third, the features of withdrawal may overlap with fea-

tures of the nervous problem for which you were first treated - both may contain elements of anxiety and of depression. However, withdrawal will also often contain new features not in the original state such as pins and needles, tingling sensations, electric shock sensations, pain and a general flu-like feeling.

Before starting to withdraw, it should be noted that many people will have no problems. Some will have minimal problems, which may peak after a few days before diminishing. Symptoms can remain for some weeks or months. Others will have greater problems but these can be helped by the management plan outlined below.

Finally however, there will be a small group of people who are simply unable to stop. It is important to recognise this latter possibility in order to avoid punishing yourself. Specialist help may make a difference for some people in this latter group, if only to provide possible antidotes to attenuate the problems of ongoing SSRIs such as loss of libido.

### MANAGEMENT OF WITHDRAWAL

Withdrawal from SSRIs is something to be done in consultation with your physician. You may wish to show this to your GP. Over-rapid withdrawal may even be medically hazardous, particularly in older persons.

1. Convert the dose of SSRI you are on to an equivalent dose of Prozac liquid. Seroxat/Paxil 20mg, Efexor 75mg, Cipramil/Celexa 20mgs. Lustral/Zoloft 50mgs are equivalent to 20mg of Prozac liquid. The rationale for this is that Prozac has a very long half-life, which helps to minimize withdrawal problems. The liquid form permits the dose to be reduced more slowly than can be done with pills.

2. Stabilize on the Prozac for a week, then halve the dose.

3. If there has been no problem with step 2, the dose can be further halved. Alternatively, if there has been a problem from this point on, the dose can be reduced even more slowly in weekly increments.

4. From a dose of Prozac 10 mgs liquid, consider reducing by 1mg every few days over the course of several weeks - or months if need be. With Prozac liquid this can be done by dilution.

5. If there are difficulties at any particular stage, the answer is to wait at that stage for a longer period of time before reducing further.

6. Withdrawal and dependence are physical phenomena. But some people can get understandably phobic about withdrawal, particularly if the experience is literally shocking. If you think you may have become phobic, a clinical psychologist may be able to help manage the phobic problem.

7. Self-help support groups can be invaluable. Join one. If there are none nearby, consider setting one up. There will be lots of other people with a similar problem.

There is anecdotal evidence and some theoretical

*Continued on page 7 (Protocol for Withdrawal)*

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**PROTOCOL FOR WITHDRAWAL** *(Cont'd from pg. 6)*

grounds to believe that another option is to substitute St. John's Wort for the SSRI. If a dose of 3 tablets of St John's Wort is tolerated instead of the SSRI, this can then be reduced slowly - by one pill per fortnight or even per month.

Some people for understandable reasons may prefer this approach. But it needs to be noted that St John's Wort has its own set of interactions with other pills and its own problems and you may wish to consult your physician if this is the option you choose.

**FOLLOW-UP**

The problems posed by withdrawal may stabilize to the point where you can get on with life. But in either this case or in cases where it is not possible to withdraw, it is important to note ongoing problems and to get your physician or someone to report them if possible.

There are clear effects on the heart from SSRIs. The list above does not include cardiac problems occurring during the post-withdrawal period. Such problems, if they occur, may however be related to withdrawal and should be noted and recorded.

SSRIs are well-known to impair sexual functioning. The conventional view has been that once the drug is stopped, functioning comes back to normal. There are indicators, however, that this may not be true for everyone. If sexual functioning remains abnormal, this should be brought to the attention of your physician, who will hopefully report it.

Withdrawal may reveal other continuing problems, similar to the ongoing sexual dysfunction problem. It is important to report these. The best way to find a remedy is to bring the problem to the attention of as many people as possible.

1. Mealy D (2001). *Psychiatric Drugs Explained*. Churchill Livingstone, Edinburgh; Healy D (2001). *The Creation of Psychopharmacology*. Harvard University Press, Cambridge Mass.

2. Rosenbaum JF, Fava M, Hoog SL, Ashcroft RC, Krebs W (1998). Selective serotonin reuptake inhibitor discontinuation syndrome: a randomised clinical study. *Biological Psychiatry* 44, 77-87;

*Source: <http://www.benzo.org.uk/healy.htm>*

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## **Helping Ourselves**

Sometimes it is difficult to ask for help. We prefer to solve problems on our own. Most of the time we are able to do so, using the resources we already have: family, friends and community. We all have "ups and downs." We all have normal grief at the death of a loved one and normal concerns about our children.

However, occasionally, life piles on too many stresses at once. Circumstances may overwhelm our usual coping skills. A normally "good kid" may start going bad. You or a loved one may lose a job. You may suffer a prolonged or difficult illness. Stress may weaken your body's defenses, disrupting your sleep, appetite or zest for life. You may not feel comfortable discussing the problem with friends or family.

It is hard to ask help from a stranger. Asking for help may make you feel vulnerable or ashamed. A good mental health therapist should help you feel at ease quickly and remind you that you have every right to pursue all avenues to feeling better. Needing help is not a moral weakness. In fact, all of us have a responsibility to seek help for our own sake and the sake of our loved ones. There are many barriers to seeking help, but the first usually resides in our own reluctance to ask for assistance.

Another barrier is the concern "what will people think of me?" We worry: "What if my boss finds out?" "What will the neighbors think?" It is true that many people are uncomfortable around issues of mental upset or stress. For the most part, our culture expects us to be rugged individualists, solving our own problems and riding off into the sunset in a ruggedly individualistic way. That is a fine approach, if we have the resources to solve the problem.

Historically, there has been some stigma attached to seeking mental health help. But modern day life can be stunningly complex. We no longer expect to be our own accountants, doctors, lawyers or bankers. Whatever our chosen profession, sometimes we need to seek consultation from experts in other fields. No one thinks less of us for seeking consultation from an accountant or lawyer. Similarly, we should insist on the opportunity to seek consultation from a mental health professional. You and you alone are the judge of your own needs.

*Source: Reprinted From St. Vincent Health Website  
[www.stvincent.org/ourservices/mentalhealth/locations/indy/consumers/asking.htm](http://www.stvincent.org/ourservices/mentalhealth/locations/indy/consumers/asking.htm)*

*As seen In: **Life in Balance**  
DBSA Metro Detroit  
March/April, 2007*

Pride is concerned with who is right.  
Humility is concerned with what is right.

EZRA TAFT BENSON (1899-1994)  
Statesman

**You're only given a little spark of madness.  
You mustn't lose it.**

ROBIN WILLIAMS  
Actor and comedian

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# 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

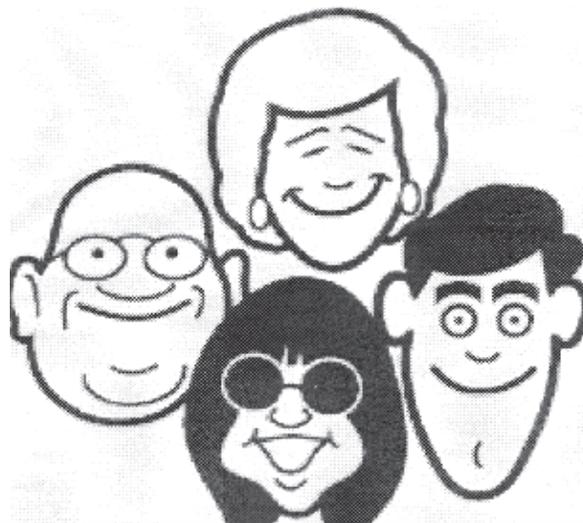
During the course of the study, Rosen found that there was little or no relationship between hope and the number of stressors experienced throughout the past month, but did find a relationship between seventy of the stressors and a decrease in hope. This suggests that the accumulated severity of recent 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, Newsletter of the DBSA of Colorado Springs, CO, Summer 2006*



## REFRAMING (Cont'd from pg. 1)

upliftment.

The University of Santa Monica always said to us, "How you relate to the issue is the issue", or in other words, "How you relate to yourself while you go through the issue IS the issue."

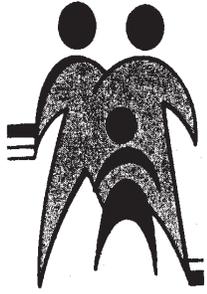
We can ask ourselves when we are going through a difficult time, and then write the answer in a journal, "What am I telling myself about this situation?"

"Can I let go of the judgments I am making about this, and see a way I can use this situation for my advancement?"

"What can I learn from this that is helpful to me?"

"How can I use this situation for the highest good of all concerned?"

When we go through trials, we have the opportunity to gain richness of character. We can come out feeling deeply compassionate for others, more understanding and less judgmental, less arrogant, and can develop a real heart for caring and assisting those who suffer. Thank God for those of us who have a heart for service, because the community sorely needs those who care and get things started! The community needs those of us who have suffered because they or a loved one has suffered from something too, and our compassionate hearts can reach out to them and prove that a path to healing and usefulness does exist.



### 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 Memorial Day Picnic

Monday, May 28, 2007  
at 12:00 noon at Jo Ann's

**Swimming, badminton, spa, food and  
more...**

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

Other Holidays include:  
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://californiadbbsa.org/dbsariv.html>

**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)



Join us for the  
**Memorial Day Picnic**

Monday, May 26, 2007  
at **12:00 noon** at Jo Ann's

**Swimming, badminton, spa, food and more...**

**Bring a salad, main dish,  
or dessert.**

**If you can't bring a dish, come anyway.  
Meat & beverage will be furnished.**

*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



## 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

### Georgia

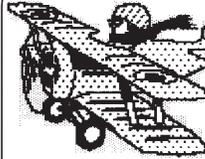
6 a.m. to 9 p.m.  
951/352-1634

### Yen

951/315-7315

### Kevin

knenstiel@sbcglobal.net



## ANNOUNCEMENTS

### 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 19900Grove Community Drive (off Trautwein) Riv. 92508 951/571-9090 - meets 1st & 3rd Saturday, Room # D-4. Contact Sheri 951/565-8131 smatsumoto@sbcglobal.net

### TEMECULA DMDA

Mark Monroe  
951/926-8393

### UPLAND DMDA

Meet Thursday evenings  
Call David or Samantha Johns  
909/944-1964 OR  
e-Mail dmjbf@aol.com

### 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

## 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 a component for recovery.
- ▶ They periodically present at 1 1/2-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



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

**Lisa Partaker, IOOV Coordinator**  
**(951)686-5484, ext. 102**

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



### Gays In Search of Hope

Online Support Group

Gays In Search of Hope is a Depression and Bipolar peer support group (Yahoo Group) for the Lesbian, Gay, Bisexual, Transgender, Intersexual and Questioning Community (LGBT). Please Check our website for more info and resources.

Gays In Search of Hope Website:  
<http://geocities.com/gayhope1/index.html>



Kevin, Founder and Moderator  
E-mail Address: [gays4hope@yahoo.com](mailto:gays4hope@yahoo.com)  
Phone: (951) 359-0739

I am available by phone from 8am to 10pm. If I am unavailable, please leave a message and I will return your call as soon as possible.

**DBSA- Riverside**

Map Legend

- ★ Meeting Location
- TTTT = Parking

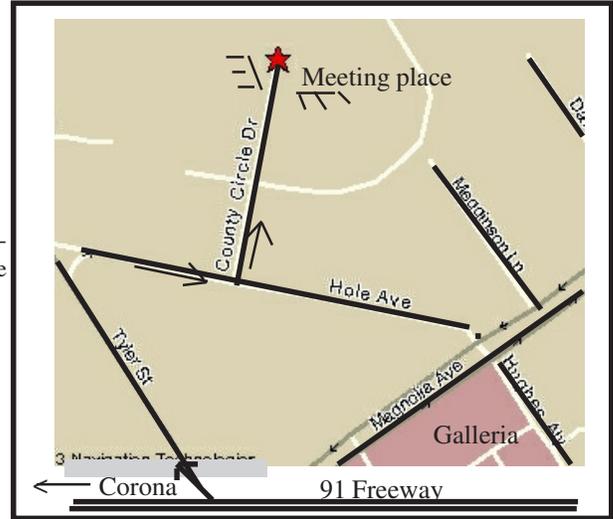
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For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