



The Thermometer Times

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

VOL. 20 NO. 6 Out of darkness . . . June, 2008

Dates to Remember ***** CARE & SHARE GROUPS

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

Saturday 10:00 am - 12 noon
June 7, 14, 21 & 28

Featured Speakers:
Saturday, June 7th
Jacqueline Gardner, Nutritional Cleansing:
The Foundation for Integrated Health

Saturday, June 21st
Doreen Van Leeuwen, LMFT
"Life Beyond Diagnosis"

Web Site: DBSA, Riverside:
<http://californiadbsa.org/dbsariv.html>
E-mail: DBSA, Riverside:
dbsaofriv1@aol.com.
DBSA, California: dbsaofcal@aol.com



Meetings start promptly at 10 am. Do yourself a good turn: Be on time...visit with friends before the meeting. 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

How to Battle a Broken Brain

Debbie Sesula was studying psychology, but didn't recognize the signs.



CREDIT: Jason Payne, The Province
Debbie Sesula at home in White Rock with her cat, Cashmere. 'Life isn't a scripted thing. We cross this bridge, we bang into that wall. Life happens,' she says.

Lora Grindlay
THE PROVINCE

Monday, March 31, 2008

Each Monday until May 5, The Province will profile this year's recipients of the Courage to Come Back Awards.

This is the 10th year the Coast Mental Health Foundation has honoured those who have inspired others by their ability to overcome great obstacles in their lives.

The six recipients will be saluted at a gala dinner May 8 at Vancouver's Hyatt Regency Hotel.

Today we profile Debbie Sesula, who is being recognized in the mental-health category.

Twenty years ago, when Debbie Sesula was completing a degree in psychology at the University of B.C., the days began to get difficult. Getting out of bed, brushing her teeth, attending classes: it all became too much.

A bubbly, friendly young woman, Sesula became withdrawn and quiet. Although she was filled with "textbook knowledge" of psychology, she didn't realize she had begun sliding into what would become seven long years of battling psychosis, an obsession to end her life, the compulsion to cut herself, depression and anxiety.

Mental illness had struck Sesula, but she figured she was tired.

"I just attributed it to burnout from university," said Sesula, 48, from her White Rock apartment.

"I had taken abnormal psych, but I didn't put two and two together.

"It was the hopelessness and the helplessness. Feeling totally worthless. Then I started blaming myself for everything."

A trip to Europe failed to make her feel like herself again. It was while she was in Langley Memorial Hospital for treatment following her second suicide attempt that a doctor uttered words she still carries with her.

Continued on Page 3 (Broken Brain)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Your 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 and cope with the disorder; 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

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday of June
6:30 PM

Tuesday, June 10 "Nobody's Child"

Marlo Thomas portrays Marie Balter and takes herself from tragedy to triumph, (a true story).

Tuesday, June 24 "What About Bob?"

Bill Murray and Richard Dreyfuss
Bob drives his new therapist crazy.

Enjoy pizza and an additional movie of your choice!

*Directions to Jo Ann's home on page 1, bottom of column 1 of this Newsletter.

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

BROKEN BRAIN (Continued from pg. 1)

He said: "This is an illness. It will do you no good to fight it on your own."

Although things became worse for Sesula before they became better, those words made her realize she was ill.

"Having a broken brain is no different from having a broken limb," said Sesula. "You need treatment. You need to take care of yourself."

In the seven years Sesula lived in the throes of mental illness, she attempted suicide time and time again. She entered a psychotic depression, in which cars would tell her to kill herself. She tried various medications that she doesn't believe helped.

She was diagnosed with depression, borderline personality disorder and bipolar affective disorder.

When she was psychotic, objects became alive, urging her to kill herself, but, she said: "The craziness was actually better than the depression" — because being disconnected from reality freed her from the turmoil and despair of her crippling depression.

As a last resort, Sesula received electro-convulsive therapy at Surrey Memorial Hospital.

The electric shocks to her brain took away the desire to kill herself, but damaged her memory. She could think more rationally, but the depression had her in a state of constant battle.

Not long after, she resorted to self-harm, cutting herself on her arms and wrists. "Self-harm became an obsession," she said.

"It showed me that I was real. It alleviated the inner pain. It's that moment of connecting to this real act that you are doing."

It's difficult to explain the euphoria it provided her and Sesula realizes only those who have participated in the behaviour really understand.

She now understands her motivation was hate.

"I was still thinking I was to blame for all this. Hate for yourself is really what it boils down to," she said.

She finally realized she would cut too deep and die or disfigure herself.

"I didn't want to live like this any more. It was getting

ridiculous," she said.

Sesula said her life began to change for the better with a weekend workshop, an "amazing" exercise in interpreting one's own behaviour.

"That was a major turning point," said Sesula, who now works as the peer support program co-ordinator for Fraser South and Vancouver Coastal Health's mental health services.

For two years, she worked with a counsellor trained in reality therapy and says she became responsible for her needs and learned she could change her behaviour.

For two years, she "went broke" to pay for the pricey private counselling. She was on disability benefits at the time, but she persevered.

"You can't put a price on your health. I wanted to take control of the mental illness and not continue letting it control me," she said.

Sesula is now certified in reality therapy and uses it daily in her work. She has not taken medication since 1996 and controls her illness with hard work and strict "self-management." Once a week she has a "me day" and shuts out the world and recharges.

She now knows her limitations, knows when to say no, and is keenly aware of the early warning signs that tell her things are breaking down.

She has a daily maintenance plan, a crisis plan, a personal wellness recovery action plan and says maintaining her health is incredibly hard work.

"There are still things that interfere," she said.

"Life isn't a scripted thing. We cross this bridge, we bang into that wall. Life happens," she said.

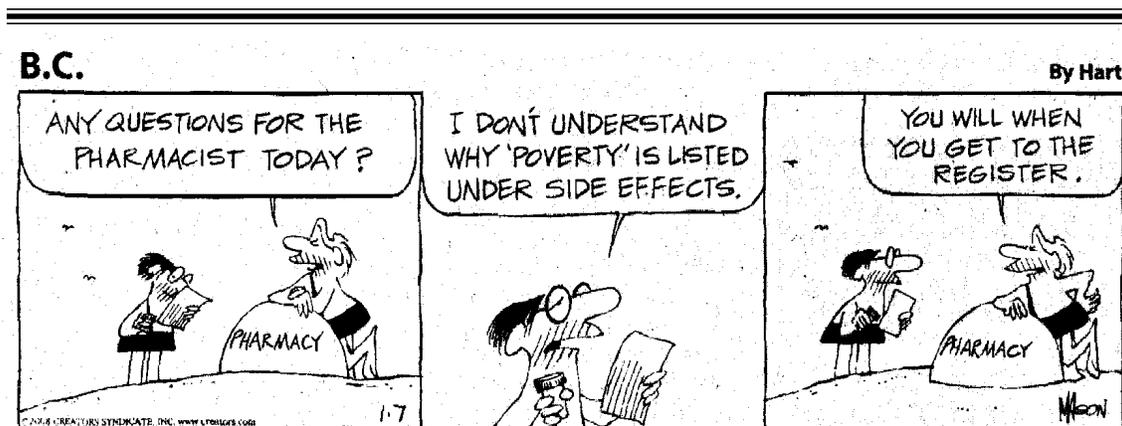
"It's amazing the spirit that we — everyone — has. The spirit of our being to conquer, to get through, survive."

Sesula travels, she laughs, she helps those who are a lot like she used to be. And she shares her story to help others.

"I say to people: 'You may feel this hell right now, but how do you know what tomorrow is going to bring?' She said.

"If I had successfully ended my life, look at all this stuff that I would have missed out on. That's big."

Source: *canada.com network*
March 31, 2008



Sometimes anxiety is just a normal reaction

By CHRISTOPHER LANE

IN THE US, almost half of the population is described as being in some way mentally ill, and 200 million prescriptions are written annually to treat depression and anxiety. These statistics have sparked a debate about whether people are taking more medication than is needed, for problems they may not have.

Those who defend such widespread use of prescription drugs insist a significant part of the population is under-treated and under-medicated. Those opposed note that, for example, diagnosis of bipolar disorder has rocketed by 4,000 per cent and that over-medication is impossible without over-diagnosis.

To help settle this dispute, I studied why the number of recognised psychiatric disorders has ballooned in recent decades. In 1980, the Diagnostic and Statistical Manual of Mental Disorders added 112 disorders to its third edition (DSM-III). Some 58 more appeared in the revised third and fourth editions. The manual is the bible of American psychiatry, and the addition of even one new disorder has serious consequences. So why add so many?

I was granted access to unpublished memos, letters, and voting data from 1973-1979 when the DSM-III task force debated each disorder. Some of the work was meticulous, but the overall approval process was more capricious than scientific.

DSM-III grew out of meetings that many participants described as chaotic. The expertise of the task force was limited to neuropsychiatry, and the group met for four years before it occurred to members that it might be biased.

Some lists of symptoms were knocked out in minutes and the field studies used to justify their inclusion sometimes involved a single patient. Experts pressed for the inclusion of illnesses as questionable as “chronic complaint disorder”, whose traits included moaning about taxes and the weather.

Social anxiety disorder was given official recognition in 1980 and by the 1990s experts insisted as many as one in five Americans suffered from it. Yet Isaac Marks, the specialist who originally recognised social anxiety in the 1960s, resisted its inclusion as a separate disease. The list of behaviours associated with the disorder, such as avoidance of public toilets, gave him pause. By the time a revised task-force added dislike of public speaking to the symptom list in 1987, the disorder seemed sufficiently elastic to include virtually everyone on the planet.

To counter the impression it was turning common fears into medical conditions, DSM-IV added a clause stipulating social anxiety had to be “impairing” before a diagnosis was possible. But the prescribers’ understanding of impairment was looser than that of the task-force.

Over-medication would affect fewer Americans if we could rein in examples of over-diagnosis by resurrecting the distinction between chronic illness and mild suffering. Failure to reform psychiatry will be disastrous for public health. Sanity must prevail: if everyone is mentally ill, then no-one is.

*Source: The Scotsman, Edinburgh
April 14, 2008
NEWS Scotsman.com*

To win without risk is to triumph without glory.
~Pierre Corneille~

**You may be deceived if you trust too much, but
you will live in torment if you don't trust
enough.**

~Frank Crane~



ANNIE'S MAILBOX
Kathy Mitchell and Marcy Sugar

Tips for Dealing with Depression

HEALTH: Know the symptoms and ways to help prevent it.

Dear **Annie:** I was so grateful to see that you mentioned angry moods and increased energy as episodes of mania in bipolar disorder.

I was diagnosed with depression in college and, despite various medications throughout the years, I continued to struggle with extreme anger and an inability to sit still. I self-medicated with alcohol. I never considered my moods abnormal, so I never elaborated upon them in therapy. A suicide attempt prompted a trip to a new psychiatrist. I accidentally arrived an hour early, and by the time I saw the doctor, I literally could not sit still.

When the doctor diagnosed me as bipolar, I was shocked. I had depressive episodes, but never happy ones. It is really important to understand that the opposite of the "low" in bipolar is not necessarily "happy." It could be excessive energy or anger. The diagnosis saved my life, my marriage and my friendships. I finally realized other people were not experiencing the same mood swings. I only wish I could get back the 20 years of not knowing. — Looking Forward in North Carolina

Dear N.C.: We're sorry it took so long for you to get a proper diagnosis, but please know your letter will surely help others. Thank you.

Annie's Mailbox is written by Kathy Mitchell and Marcy Sugar, longtime editors of the Ann Lander's column. Please e-mail your questions to anniesmailbox@PE.com or write to Annie's Mailbox c/o The Press-Enterprise, P.O. Box 792, Riverside, CA 92502-0792

CREATORS SYNDICATE

*Source: The Press-Enterprise
Riverside, CA*

To laugh often and much; to win the respect of intelligent people and the affection of children...to leave the world a better place...to know even one life has breathed easier because you have lived. This is to have succeeded.
—Ralph Waldo Emerson

WOMANS DAY

Nearly 19 percent of American adults struggle with an anxiety disorder and 5 percent to 8 percent deal with depression in a given year, and nearly half of those don't get the help they need. Women are at least two times as likely as men to experience these conditions. Woman's Day asked experts in the field to outline the symptoms you may not recognize, and offer a prevention plan.

Symptoms:

- Lack of emotion can be a sign of depression. You may feel flat, apathetic or too sad to cry.
- Excessive worrying that gets in the way of daily functioning may be a sign of generalized anxiety disorder.
- Trouble focusing that continues without an apparent cause could signal depression.
- Chronic aches and pains with no clear cause. There may be a chicken-and-egg element at work, but it can reveal itself physically.

Prevention:

- Exercise: Any activity, even if it's just 10 minutes of walking, can stimulate the release of mood-boosting brain chemicals.
- Sleep: studies suggest that chronic sleep loss tends to desensitize your brain of feel good neurotransmitters such as serotonin.
- Cultivate social ties: Friendships can help buffer anxiety and depression. Nurture them by picking something you enjoy and making it social: Take a pottery class or sign up to do volunteer work, for example.
- Try not to ruminate: Instead of stewing about a problem, set aside a time to think about what happened and why you're upset, and postpone worrying until this time.
- Manage stress: We all have stress, but how you cope is key. Don't take too much on, and be sure to include some relaxation in your regular schedule.

Source: The Press-Enterprise
Riverside, CA
May 7, 2008

Unhappy? Work a bit harder at bliss

AUTHOR: A UCR professor writes in detail about how to achieve more joy, and she claims evidence.

BY AMANDA STRINDBERG
THE PRESS-ENTERPRISE

There's new hope for those in pursuit of happiness.

Happiness takes work, but with some effort, everyone can become happier.

That's what Sonja Lyubomirsky, a psychology professor at UC Riverside, has found in her almost two decades of researching happiness. In her new book, "The How of Happiness: A Scientific Approach to Getting the Life You Want," she lets readers in on the scientific secrets of reaching their innate potential for joy, drawing on her own and others' research.

The book is garnering national attention. Lyubomirsky has appeared on "20/20" and "Good Morning America," and her book has been written about in Newsweek magazine and The Wall Street Journal.

With a myriad of books dishing out advice on the how of happy, what makes this one different?

Unlike other books, it's based on evidence, Lyubomirsky said. For years, she put off writing the book because the proof wasn't quite there, she said. But now researchers have an understanding of how to achieve happiness.

"Everyone can become happier if they put effort into it," she said. "It's through your decisions, how you think and how you act."

For those hoping a new home, job promotion or proposal might be the key, don't count on it, Lyubomirsky said.

In her book, she proposes that 50 percent of individual differences in happiness are based on genetics and only a mere 10 percent are determined by circumstances, such as being wed or wealthy.

That's because people adapt quickly to life's joys and the luster wears off, Lyubomirsky said.

That leaves 40 percent of our capacity for happiness within our power to change, she said.

For so long people have said, 'If only I had that boyfriend then I would be happy or if only I wasn't born this way.' I argue people can become happier. They can do something about it.

In the book, Lyubomirsky offers 12 research-based happiness strategies.

What strategies work for one person might not be a good fit for another, she said.

The book includes a quiz to develop a customized set of recommendations to bolster happiness.

Strategies include practices such as expressing gratitude, nurturing relationships and committing to goals.

Lyubomirsky compares forming these happiness habits to

losing and maintaining weight.

"Everyone can lose weight and become fit if they want to," she said. "It just might be easier for some than others. If you're not naturally skinny, you'll have to work harder. The same is true for happiness. Those prone to unhappiness aren't doomed. They'll just have to work harder at it"

The payoff is worth it, she said. Happy people live longer, are more likely to get married and stay married, make more money, are liked by others and are more productive in their jobs.

"It's work, but it's fun work," said Lyubomirsky, who considers herself "generally happy." "There are a lot of reasons to be happy"

Does the professor follow her own advice? She admits reluctance to try some of the strategies because of their "hokeyness."

"I've never been the type of person to read inspirational quotes or try counting my blessing," she said. "Now I know that practicing certain happiness activities in specific ways has the potential to change people's lives. I still am not a fan of inspirational quotes or most self-help books, but I do try to swallow my own medicine."

HAPPINESS STRATEGIES

- Express gratitude
- Cultivate optimism
- Avoid over thinking
- Practice acts of kindness
- Nurture relationships
- Develop strategies for coping
- Learn to forgive
- Do more activities that truly engage you
- Savor life's joys
- Commit to your goals
- Practice religion and spirituality

Reach Amanda. Strindberg at 951-368-9667 or astrindberg@PE.com

*Source: Riverside Press-Enterprise
February 19,2008*

*If a home doesn't meake sense,
nothing does.
~Henriettat Ripperger, writer~*

MOVIE NIGHT AT JO ANN'S*

2nd and 4th Tuesday
of June
6:30 PM

Tuesday, June 10

“The Flying Scotsman”

“Graeme Obree’s struggle with manic depression (bipoar disorder) is given respectful depth - especially since his illness was an integral part of what drove him obsessively to achieve.”

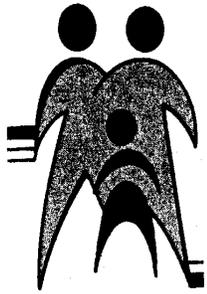
-John Frame Brisbane, Queensland Australia-

Tuesday, June 24

Pizza is ordered and a second movie of your choice is shown during the evening.

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Whispering Spur. Turn left.
2nd driveway on the right (cat mailbox)
16289 Whispering Spur Drive

**(THIS PAGE FOR
MEETING AD)
see page 23**



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 friends of DBSA-Riverside

*At Jo Ann Martin's**

for the

Holidays

Picnics or dinners
at noon

~

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.

~

*Directions to

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Buren to

Whispering Spur. Turn left.

2nd

driveway
on the right



16280 Whispering Spur
Riverside, CA 92504

951 / 780-3366

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.

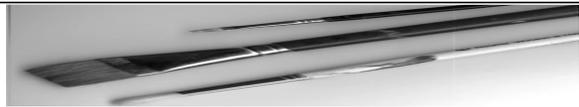
It could save your life.

If you don't have one,

ORDER ONE TODAY!

(Available through most pharmacies)





The Art Connection

**Rhue Pritchard
is in charge.**

June 14 - writing

June 28 - mixed media collage

at Jo Ann's after lunch

**Many of us who are dealing with
depressive or bipolar disorders are
creatively gifted. Here is a chance
to try your "wings", learn from others,**

**For more details:
call us at: 951 / 780 - 3366**

DBSA - Riverside

Coming soon on KCET



Millions of Americans are overcome by feelings of sadness, long periods of inactivity, difficulty thinking and concentrating, changes in appetite and time spent sleeping, feelings of hopelessness, and sometimes thoughts of suicide. These are all symptoms of depression – a public health crisis that needs our attention as it continues to go startlingly underdiagnosed and undertreated. **"Depression"** is a documentary that – by weaving together the history, science, and treatment of depression with intimate portrayals of families and individuals coping with its effects – paints a picture of the illness that has never before been seen

on television. Stay tuned after the documentary for a 30-minute discussion show that brings together a panel of experts and community activists to discuss this issue further.

Check your local listings for date and time. ~

by Rina Pico