



The Thermometer Times

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

VOL. 21 NO. 3 Out of darkness . . . March 2009

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 9 for address & map)

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

Lillian Barnes, MFT
"Self Help for Symptoms"
Saturday, April 4, 10:00 am

Web Site for DBSA, Riverside:
<http://californiadbsa.org>
E-mail for DBSA, Riverside:
dbsaofriv1@aol.com
E-mail for DBSA, California:
dbsaofca1@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.



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

Debate Swirls Over Psychiatric Manual

DISORDERS: The tome — still years away — will guide doctors' diagnoses and insurance coverages.

BY BENEDICT CAREY

NEW YORK TIMES NEWS SERVICE

The book is at least three years away from publication, but it is already stirring bitter debates over a new set of possible psychiatric disorders.

Is compulsive shopping a mental problem? Do children who continually recoil from sights and sounds suffer from sensory problems — or just need extra attention? Should fetishes really be considered mental disorders as many are now?

Panels of psychiatrists are hashing out just such questions, and their answers — to be published in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders — will have consequences for insurance reimbursement, research and individuals' psychological identity for years to come.

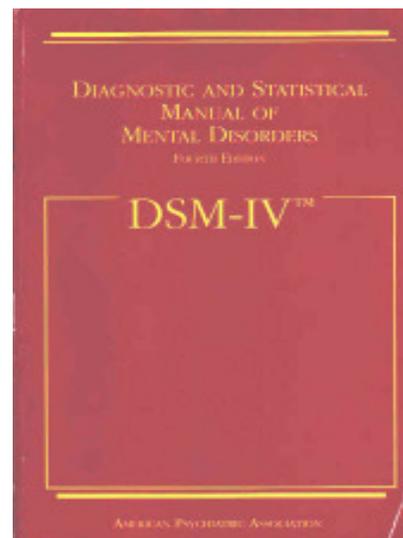
The process has become such a contentious social and scientific exercise that for the first time, the book's publisher, the American Psychiatric Association, has required its contributors to sign a nondisclosure agreement.

The debate is particularly intense because the manual is both a medical guidebook and a cultural institution. It helps doctors make a diagnosis and provides insurance companies with diagnostic codes without which the insurers will not reimburse claims for treatment.

The manual often organizes symptoms under an evocative name. Labels like obsessive-compulsive disorder have connotations in the wider culture and for an individual's self-perception.

"This is not cardiology or nephrology, where the basic diseases are well known," said Edward Shorter, a leading historian of psychiatry whose latest book, "Before Prozac," is critical of the manual. "In psychiatry no one knows the causes of anything, so classification can be driven by all sorts of factors" — political, social and financial.

"What you have in the end," Shorter said, "is this process of sorting the deck of symptoms into syndromes, and the



Continued on Page 3 (Debate Swirls)

a note from the Editors

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 your personal experiences with depression and/or bipolar disorder; what it is to live and cope with 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.
The Editors

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday of January

6:30 PM

Tuesday, March 10

“On Golden Pond”

**Henry Fonda and Katharine Hepburn
(Norman and Ethel Thayer)**

renew bonds of love with daughter

played my Jane Fonda. A touching movie.

Tuesday, March 24

“Ice Castles”

Teen ice skater on the way to the top

suffers a freak accident, but finds victory.

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.

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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

DEBATE SWIRLS *(Cont'd from page 1)*

outcome all depends on how the cards fall.”

Psychiatrists involved in preparing the new manual contend that it is too early to say for sure which cards will be added and which dropped.

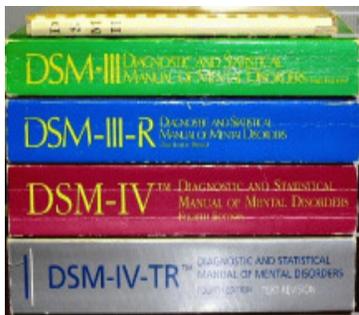
MORE DISORDERS

The current edition of the manual, which was published in 2000, describes 283 disorders — about triple the number in the first edition, published in 1952.

The scientists updating the manual have been meeting in small groups focusing on categories like mood disorders and substance abuse — poring over the latest scientific studies to clarify what qualifies as a disorder and what might distinguish one disorder from another. They have much more work to do, members say, before providing recommendations to a 28-member task force that will gather in closed meetings to make the final editorial changes.

Experts say some of the most crucial debates are likely to include gender identity, diagnoses of illness involving children, and addictions like shopping and eating.

“Many of these are going to involve huge fights, I expect,” said Dr. Michael First, a professor of psychiatry at Columbia University who edited the fourth edition of the manual but is not involved in the fifth.



BINGE EATING

One example, he said, is binge eating, now in the manual’s appendix as a tentative category.

“A lot of people want that included in the manual, and there’s some research out there, some evidence that drugs are helpful,” First said. “But binge eating is also a normal behavior, and you run the risk of labeling up to 30 percent of people with a disorder they don’t really have.”

The debate over gender identity, characterized in the manual as “strong and persistent cross-gender identification,” is already burning hot among transgender people. Soon after the psychiatric association named the group of researchers working on sexual and gender identity, advocates circulated online petitions objecting to two members whose work they considered demeaning.

The American Psychiatric Association says the contributors’ nondisclosure agreement is meant to allow the revisions to begin without distraction and to prevent authors from making deals to write casebooks or engage in other projects based on the deliberations without working through the association.

In a phone interview, Dr. Darrel A. Regier, the psychi-

How To Be Your Own Best Advocate

Gary McGuire, MFT (Marriage and Family Therapist) was our guest speaker at the January 10, 2009 DBSA — Riverside meeting.

Gary began and ended his talk with suggestions regarding the Internet. “The Internet is an excellent resource for help and information at a deep and rich level.” He urged us to access the Internet on computers at the library if we don’t have one at home. He said, “Use the resources of earlier thinkers.” When asked to make recommendations for specific sites to go to he said, “The internet is huge and daily growing more resources. Many more

people are being allowed to input into topics than ever before. Therefore, making referrals to sites is not really possible.” Gary suggested using “search engines” by putting in every word that is related to your topic. You’ll get the ten most visited sites listed first. Keep adding more words to get it specific to what you want. Then pick from the ten most popular, the ones that make most sense to you. He warned us to have less trust in “sponsored” sites. “If you get five sources saying the same thing and they have nothing to gain, then you can pretty much trust the information.” He cautioned us not to trust, for instance, drug representatives as reliable resources since they are motivated by profit. A good source would be graduate students who publish their own studies. It was suggested they could be found by using the search engine, “Google” with the words “scholar.com.”



Another resource he suggested was volunteering. He said, “Volunteering is a key to getting out of our current national slump, as well as a way to personally feel more worthwhile

Continued on Page 4 (Advocate)

atric association’s research director, who with Dr. David Kupfer of the University of Pittsburgh is co-chairman of the task force, said experts working on the manual had presented much of their work in scientific conferences.

Some critics, however, say the secrecy is inappropriate.

“When I first heard about this agreement, I just went bonkers,” said Dr. Robert Spitzer, a psychiatry professor at Columbia and the architect of the third edition of the manual. “Transparency is necessary if the document is to have credibility; and, in time, you’re going to have people complaining all over the place that they didn’t have the opportunity to challenge anything.”

*Source: The Press-Enterprise
December 20, 2008*

ADVOCATE (Cont'd from page 3)

and positive. Do something for someone else. It doesn't have to be large. A small gift is adequate to help you feel valued. You need to not get stuck in the idea that it's me, alone in the world."

Gary emphasized balance of body and mind. He said, "It is necessary to strain your body once in while by walking, standing, just moving. It's also important to stretch your mind with emotional involvement. Stretch your mind by reading or doing Sudokus or crosswords. Go to the point of failure then when you go back to that, go a little beyond where you failed before. Also, jump around; don't necessarily go in sequence. Routines are good, but, it is good to break up the routines once in a while." He said, "Failure is the beginning of learning." In addition, he quoted Merv Griffin, who said, "I never learned anything until I failed."

"Don't be afraid of 'experts,'" Gary explained. "If you're walking out of a place and you have questions, go back and get them answered in a useful way that makes sense to you. It's vitally important that you get the information you need to do what you want. Make sure your information is the best for you."

Gary discussed the question of making decisions. He said, "Making decisions has fear involved, anxiety involved, looking ahead involved." He said to "ask yourself questions, such as, what would the world look like if you could make it come true? Where do you want to be in one to five years? What's important versus what's urgent?" In making decisions "you have to know what is important to you." He said, "Have touchstones, people you can ask. Have both, ones we agree with and those we have differences with. Balance, is again, the important thing. Decide for yourself. Your life is your own."

At the end of his talk, Gary urged us to, "Be bold. Take care of yourself in all ways."

Gary currently has hours available for treatment of people who have depression or bipolar disorder, as well as any other diagnosis or issue. He takes any insurance. He has a Medical contract with the County of Riverside Department of Mental Health. His base rate is \$90 per hour. Based on a person's "dedication" level (dedication to the therapeutic process) he will make payment arrangements and/or develop sliding scale rates.

Gary McGuire, MFT

Suite B 30-18, 2900 Adams Avenue, Riverside, CA
92504

Off The Couch and Into the Lab

As the use of Freudian therapy wanes, scientists study a basic question: Does it work?

By Carey Goldberg, Globe Staff I January 11, 2009

The patient bemoans the girlfriend he dumped because he couldn't let her get too close. He berates himself as a loser who purposely fails in order to show his parents how badly they messed him up.

The therapist listens closely, humming "uh-huhs" and sometimes asks a question or makes a probing point. In a conference room at Massachusetts General Hospital, researchers watch the therapy session on video intently and score it using a set of 100 numerical ratings.

Did the therapist draw attention to uncomfortable emotions such as guilt or anger? Yes, a 9 out of a possible 9. Did the patient gain new insight? Not in today's session - a 2 on the 9-point scale.

Painstaking work like theirs, translating complex human interactions into hard data points, may be the last, best hope for saving what remains of Sigmund Freud - by showing that the style of deep, prolonged talk therapy he originated can work.

Freudian therapy rose early in the 20th century and reigned supreme for decades, dominating American psychiatry and permeating popular thinking with concepts like ego, repression, and the Oedipal complex. Psychoanalysts often developed years-long relationships with patients, delving into childhood memories, dreams, and hidden desires.

More recently, however, Freud's ideas have lost favor, and his style of therapy has fallen on hard times, victim of cost-conscious insurers and a focus on mental illness as biological brain disease. This decline has only been accelerated by many practitioners' insistence that what goes on between a therapist and a patient is too individual to lend itself to scientific research.

Left largely without studies demonstrating its positive effects, long-term talk therapy has been hard-put to justify itself to insurers, patients, and grant-givers. Treatment has shifted to drugs and quicker types of therapy with more evidence to

Continued on Page 5 (Off the Couch)

Wizard of Id



OFF THE COUCH (Cont'd from page 4)

back them up. They include cognitive behavioral therapy, which aims to change thinking and behavior in the here and now, and often lasts just a few weeks.

Of 650,000 therapists in the country, probably fewer than 200 make their living practicing traditional psychoanalysis, estimated Jonathan Engel, author of the new book, "American Therapy: The Rise of Therapy in the United States."

At Mass. General and elsewhere, researchers are ramping up a fight for long-term psychotherapy's survival, producing research that shows it helps some patients, and casts some light on how. One apparent finding: Just as the therapy lasts longer, it appears that its beneficial effects may often last longer.

The research efforts stem from the fear among practitioners that "we need to establish a new evidence base and we'd better do it soon" said Raymond Levy, clinical director of the hospital's Psychotherapy Research Program.

In October, a review in the Journal of the American Medical Association supported longterm "psychodynamic psychotherapists for patients with complex mental disorders. The review of 23 studies reported that in a pool of more than 1,000 patients, long-term psychodynamic therapy - lasting at least a year, or 50 sessions - was significantly more effective at relieving symptoms than shorter-term therapy.

Similarly, in March, the American Journal of Psychiatry published a study of 41 patients with borderline personality disorder, a condition in which intense spates of neediness may bring on anger or despair.

Those who went through 18 months of intensive psychodynamic therapy and continued with 18 months of weekly group therapy were doing better, five years after treatment ended. They tended to be hospitalized less often, were less likely to be suicidal, needed fewer psychiatric drugs, and tended to function better in life and work.

It stands to reason that long, intense therapy can have lasting effects, said J. Stuart Ablon, director of Mass. General's Psychotherapy Research Program and, with Levy, co-editor of

a new book, "Handbook of Evidence-Based Psychodynamic Psychotherapy."

"When you improve as a result of an understanding of why you were experiencing symptoms, you gain a much better sense of internal control that has obvious implications for your well-being going forward", Ablon said.

Quicker therapy or drugs may alleviate symptoms, he said, but if you do not understand the symptoms' meaning, "they'll come back to bite you some other way."

The Mass. General team belongs to a growing international cadre.

A listserv, or online discussion group, for people interested in empirical research on psychodynamic therapy has grown since it was founded in 2004 to more than 400 members, said Mark Hilsenroth of Memphis University, one of its moderators.

Participants include psychiatrists, psychologists, social workers, even neurologists.

What effect is all this having? Perhaps little on insurers' unwillingness to pay for most

longterm therapy, researchers say. That may change, however, "as evidence accrues," Hilsenroth predicted.

But the research helps the myriad therapists who, though they are not psychoanalysts, incorporate some of Freud's ideas in their work, Hilsenroth said.

"It's saying that some of these things that we've been thinking for a while have some basis to them," he said.

And some might not. The research also aims to determine which practices in therapy help, and which apparently do not.

Michael W. Otto, director of Boston University's Center for Anxiety and Related Disorders and not a Freud fan, sees value in the research, even as he believes that short-term therapy can be more cost-effective and bring a patient relief more rapidly.

But Freudian therapy has so desperately needed scrutiny for so long that he heartily applauds the current research and its potential to help patients, though he worries that researchers are sometimes overenthusiastic about their findings.

"It's time to let research thrive and let Freud rest in peace," he said.

Carey Goldberg can be reached at goldberg@globe.com.
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How to Stay Young — By George Carlin

- Throw out non-essential numbers. This includes age, weight and height. Let the doctors worry about them. That is why you pay them.
- Keep only cheerful friends. The grouches pull you down.
- Keep learning. Learn more about the computer, crafts, gardening, whatever. Never let the brain idle. ~An idle mind is the devil's workshop. " And the devil's name is Alzheimer's.
- Enjoy the simple things.
- Laugh often, long and loud. Laugh until you gasp for breath.
- The tears happen. Endure, grieve and move on. The only person who is with us the entire life is ourselves. Be ALIVE while you are alive.
- Surround yourself with what you love, whether it's family, pets, keepsakes, music, plants, hobbies, whatever. Your home is your refuge.
- Cherish your health: if it is good, preserve it. If it is unstable, improve it. If it is beyond what you can improve, get help.
- Don't take guilt trips. Take a trip to the mall; even to the next county; to a foreign country but NOT to where the guilt is.
- Tell people you love that you love them — at every opportunity.

AND ALWAYS REMEMBER:

Life is not measured by the number of breaths we take, but by the moments that take our breath away.

*LAUGHTER IS A FREE MEDICINE
AVAILABLE TO EVERYONE WITHOUT ANY
SIDE EFFECTS.*

*Source: George Carlin
as seen in*

*The Sad and Glad Times,
July — September 2008.*

*as seen in
The Rollercoaster Times
Winter 2008*

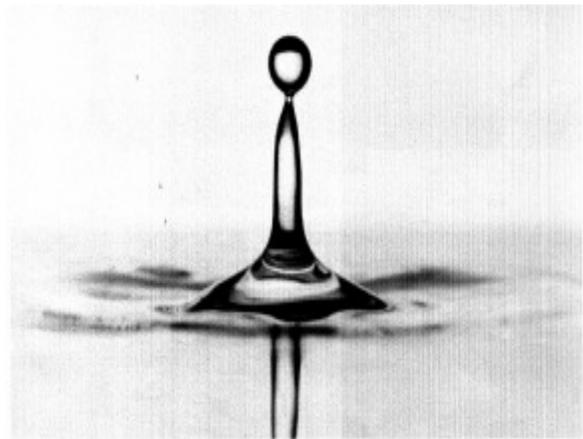


Moods 'Spread Like Ripples Through Friends' Say Scientists

Bad moods are contagious and can spread through friends and family across hundreds of miles, according to new research.

By Stephen Adams

How grumpy people feel can be influenced not only by the state of mind of those closest to us, but also by friends of friends that we have never met, like ripples from "pebbles thrown into a pond", claim scientists.



Moods - good and bad - tended to travel more freely in same-sex groups. Photo: GETTY

Professor James Fowler of the University of California, said each 'unhappy connection' decreased the chance of a person being happy by seven per cent.

However, the effect works both ways with each 'happy connection;' increasing the chance of a person's happiness by nine per cent.

The team led by Dr Nicholas Christakis, a sociologist at Harvard Medical School, and including Professor Fowler, made their conclusions after analysing 53,228 social connections between 5,124 individuals over time.

Dr Christakis said: "If you drop one pebble in a pond, it will create ripples out from the pebble."

He added: "Most people will not be surprised that people with more friends are happier, but what really matters is whether those friends are happy."

Moods .good and bad .tended to travel more freely in same-sex groups, they report in New Scientist

Continued on Page 8 (Moods Spread)