

Fall Lectures

Monday, September 15 Just a Bad Habit... or Something More?



Alicia M. Hirsch, Psy.D
Clinical Director, Mount Sinai Obsessive Compulsive and Related Disorders Program

Have you ever fretted all day about whether or not you left the stove on? Become so afraid of germs that you had to clean frequently? Most people get stuck in a worry occasionally, but thoughts

and behaviors that recur and inhibit our ability to function well merit deeper examination.

At our September 15 lecture we'll explore this issue with Dr. Alicia Hirsch, a specialist in treating a form of anxiety known as Obsessive-Compulsive Disorder (OCD). She'll explain what the differences are between everyday concerns and the kind of problems that drive us to think and do things repeatedly, even though we know that our actions are senseless or excessive.

OCD usually emerges during the teen or young adult years and affects men and women alike. Left untreated, obsessive behaviors and thoughts can become chronic, unbearable and lead to other problems -- including depression.

Yet OCD is highly treatable. There are specific behavioral therapies that alleviate symptoms; finding a specialist who is trained in them can change your life. Dr. Hirsch will discuss all this and more at our September 15 lecture. **Please note that although our lectures are usually held on Tuesdays, this will be held on a Monday.**

Tuesday, October 7 #youngandmoody How to Survive Young Adulthood with a Mood Disorder



Li Faustino, PhD.
Psychologist in Private Practice, MDSG Board Member, Group Facilitator

Life when you're a young adult involves a multitude of challenges: peer pressure, increased responsibility, college stresses, job searches, and just trying to fit in and feel like you have a place in this world. Add a mood

disorder to all that and life becomes exponentially more difficult.

If you are struggling with this, we can help. On Tuesday, October 7, clinical psychologist and longtime MDSG Board member Dr. Li Faustino will discuss what's different about being a member of the #youngandmoody population, and how that affects treatment. Dr. Faustino specializes in work with young adults, and she has keen insight into the symptoms, triggers, stressors, and challenges you and your loved ones face. Better still, she can point us toward the most effective ways to keep on track and get control of mood issues, so that we have real hope for a fulfilling future.

MDSG's lectures are held at the Podell Auditorium in the Bernstein Pavilion at Beth Israel Medical Center, on Nathan Perlman Place between First and Second Aves and 15th and 16th Streets

Doors open at 7:00 p.m., and lecture begins at 7:30 p.m. Cost is \$4 for MDSG members, \$8 for non-members

Tuesday, November 11 From Survivor to Thriver: Barry Shainbaum's Story of Hope



Barry Shainbaum
*Renowned Motivational
Speaker, Broadcaster,
Photographer and Author*

Barry Shainbaum was 18, watching TV with his girlfriend, when out of the blue he hallucinated that he was on the show. That night marked the beginning of a long cycle: extreme mood swings, psychiatric hospitalizations, near-

homelessness and poverty.

Barry was told he would be ill with severe Bipolar Disorder for the rest of his life. Yet his symptoms have been in full remission for more than twenty years now. He has a university degree and a successful business.

How did he do it? How can you?

To hear Barry tell his story (which you absolutely should, on November 11), no miracles were involved. "Persistence is critical," Barry says, "You've *got* to keep searching and striving until you find a hidden door."

Listening to Barry speak is like an antidote to discouragement. His tale is one of determination, hard work, getting educated about all things related to mental health -- and success. Barry believes that courage, effort and knowledge are the key elements to reclaiming our wellbeing. Join us on Tuesday, November 11 for an infusion of hope -- and a lesson in how to write your own story with a happy ending.

Psychology Space

By Li Faustino, PhD.

This issue marks the first time MDSG's newsletter is being delivered electronically. The internet is hardly new, but what occurs in (and via) cyberspace continues to change our lives at a fascinating rate. This raises the question of how the internet, electronic communication and social media affect people with mood disorders.

Many of the advantages and disadvantages of being online hold true for everyone. The internet and social media make it easier to connect with others, to feel liked (and proud) when we get positive feedback on our posts and pictures, and to interact easily with others when we feel down.

On the downside, we may bog down at the computer instead of getting outside, or grow to rely on immediate feedback. While some of the upsides can be life-saving for people with mood disorders, the downsides can have severe repercussions. It is important to be mindful of your own usage patterns and needs when thinking about how you use the internet.

When used wisely and creatively, technology can serve to enhance treatment. There are websites and apps that track moods, and these can help with doctor-patient communication in between sessions and keep a record of fluctuations and patterns over long periods of time. There are apps for nutrition, fitness and measuring heart rate, all of which can contribute to working on staying well. Thought charts and anxiety ratings can monitor your progress on smartphones, tablets or the internet. Even alarm clocks, reminders, lists, and calendars can help keep you on track.

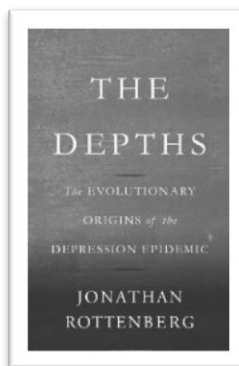
Whatever your usage pattern, remember to check the source of any information or tools found on line. Discuss your plan with your treatment provider, and consider ways to tweak it so that technology is far more friend than foe. You may find that using the internet, smartphones and social media could be an invaluable tool in your treatment.

MDSG Reader's Corner

by Betsy Naylor

The Depths: The Evolutionary Origins of the Depression Epidemic

by Jonathon Rottenberg, PhD Psychology
Basic Books, New York 2014



After thousands of generations of evolution, why does depression still exist? There must be a reason. We get frustrated that medicine does not completely relieve symptoms, let alone cure us. Yet Dr. Jonathan Rottenberg, author of *The Depths: The Evolutionary Origins of the*

Depression Epidemic believes that depression must play a valuable role in survival, or it wouldn't still be around. He argues that while chemical imbalances explain some aspects of depression, the failure to resolve mood issues with medication is evidence that mood is deeply embedded in the evolutionary makeup of *homo sapiens*.

Rottenberg theorizes that depression has its origins in the time when hunter-gatherers first developed emotion. Moods create motivation, helping us seek rewards and learn to avoid dangerous or hopeless situations. Low mood "makes people more deliberate, skeptical, and careful" and allows us to be more accurate judges of whether a goal is attainable or not. This can guide us to clearer decisions.

Hence one advantage depressives offer the world is that they exercise a full spectrum of perception. We are apt to understand a whole situation, including the negatives. Groups need members who can see trouble ahead. This ability to anticipate danger almost certainly helped our ancestors survive.

Yet our need to survive in the wild has diminished, and the role moods play has shifted. In survival mode, it may have been an unresolvable obstacle which sent a proto-human to the protective cocoon of bed, but today people become depressed without environmental triggers. Some are born with a depression-prone temperament, and can't figure out why they feel bad -- and then feel bad about feeling bad! A cycle of I-coulda-shoulda-woulda rumination takes hold.

This may be why many depressed people prefer Cognitive Behavioral Therapy (CBT) to any other therapy. CBT helps people understand their thoughts and how what we think leads to how we feel. In other words, CBT helps raise our mood by changing how we think.

Unfortunately, our moods affect everything we do. Social factors are the strongest drivers of negative mood: public humiliation, ostracism, or the death of someone dear can have a huge impact on how we view the world. Dr. Rottenberg notes that eventually everyone experiences the death of a loved one, and that grief is a strong trigger for depression. But is there a difference between depression and bereavement? The symptoms are remarkably same. The author believes that depression and bereavement-related depression should be considered together. My personal experience of grief is that I feel shock, left behind, and as if I have never been that sad. These are not, however, the thoughts that run through my head during depression, when the circuits of self-criticism are in high gear.

One of the difficulties with depression is that "even those patients who initially respond well to medication are not in the clear. Their depression will more than likely recur." Following an episode, one is prone to kindling, a relighting of the episode. More episodes lead to still more, for the brain has been changed in some way by past depressions. The kindled episodes can happen with a big trigger, a small trigger, or none at all.

It's helpful to look at the pattern of depression in order to gauge how quickly one is likely to recover. Dr. Rottenberg cites studies that indicate that when people take a long time to reach the depths, they also take a long time to recover. A short time to go down in mood was found to be followed by a short time to get better. Similarly, symptoms tend to arrive sequentially, then dissipate in the reverse order that they appeared. For example, a person may begin an episode with insomnia, which is followed by rumination and then isolation. During recovery the isolation is likely to get better first, then the rumination slows, and finally the person begins to get a full night's sleep. Knowing which symptoms you personally tend to have can be helpful in getting early intervention.

I found this book thought-provoking and full of recent information about depression, but not exactly full of promise for the future. It sounds as if we have some strong hard wiring, given that this condition has been making humans miserable since the beginning of emotions. The tools we use now are only partially effective, and most of us will be taking meds for the rest of our lives. *The Depths* does not give us an optimistic view of depression, but we learn that depression is probably a gift of evolution, and thus we can see why it is so persistent.

SIGN UP for electronic delivery of our newsletter. As of September, 2014 we will no longer be providing a print edition of MOODS, and will switch to a monthly format. This will help us decrease costs, provide more timely information, and update you more frequently on news.

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