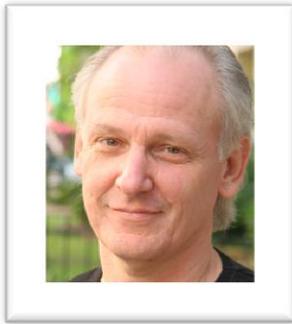


A Number of Interesting Facts by Paul Urbanski, Chair



For 34 years, those who have come to MDSG-NY have sat across from each other and witnessed the strength and stamina of their fellow group members, heard stories of courage, and been consistently impressed by the resilience of each other.

To make this possible, countless people behind the scenes give of themselves. So I would like to tell you a bit about the volunteer facilitators in our organization -- and encourage you to join them in keeping our organization strong. Here are some figures to give you an idea of how dedicated our facilitators are:

672 Each year our facilitators provide approximately 672 support groups (more than 280 on Wednesday and 380 on Friday).

33 Each facilitator runs approximately 33 groups a year. Some of them have been running groups for 15 years or longer (15 years X 33 groups = 495 groups). That is a lot of support groups.

27 We currently have 27 active facilitators, eight of whom have recently completed our training program.

16 Our 16-hour facilitator training program includes spending time with our medical advisor to learn important information on bipolar and depressive disorders, and to come up to speed on the most current treatments. Our volunteers also spend time with seasoned facilitators, learning how to create a safe and supportive environment, how to manage difficult situations, and how to make sure each group member is given an opportunity to share.

2 Following the training program, our newly minted facilitators work with experienced facilitators for 2 months to continue learning, absorb various styles, and find their own style of guiding groups.

MDSG-NY is incredibly fortunate to have these wonderful,

dedicated people who give of their time each week, year in and year out. But while the numbers tell one story, I'd also like to share why they volunteer, in their own words:

"I owe most of my gratitude to MDSG. When I was diagnosed and thought all was lost the folks in group gave me hope. When I lost my job and I could not get out of bed a friend from MDSG came to my door with food, love, and support. Now I volunteer as a facilitator and a site coordinator and continue to spread the hope." Ruthie

"MDSG has saved and changed my life! The support has broken the isolation and gave me tools to implement to improve and manage my mental condition. I found hope and comfort seeing others recover and become productive again." Nathan

"What amazes me is how comforting it is to just be in the same room as others who can empathize, let alone how helpful the conversations are for people in the group. It's the feeling of being understood, even when in a group of strangers, that is so powerful." Dena

The next time you're at an MDSG-NY support group, please take a moment to thank your facilitator. Your words of appreciation mean a lot.

Support Groups

We'd love to see you at one of MDSG's weekly support groups. These groups allow participants to share their thoughts, feelings and personal experiences in small, confidential gatherings. Separate groups are available for newcomers, unipolar (depressive), Bipolar, Under-30s, and family and friends. Doors open at 7:00 p.m., and groups begin at 7:30 p.m.

Manhattan West Side Support Group meets on Wednesdays at 7:30

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic, 411 West 114th Street (b/w Amsterdam and Riverside)

Manhattan East Side Support Group meets on Fridays at 7:30

Beth Israel Medical Center Bernstein Pavilion, 2nd Floor, Nathan Perlman Place (b/w 15th and 16th Streets, First and Second Aves)

Volunteer-run, Volunteer-supported

MDSG is a volunteer-run organization that operates primarily on funds received through your donations. We rely on your generosity to function.

There are many ways you can help us keep things running smoothly, ranging from volunteering (a little

or a lot, with skills or not) to making a financial contribution (any size is welcome).

Talk to someone at our sign-in desk any Wednesday or Friday evening to volunteer. Or make a donation today online.

Visit
MDSG.org.

Click on **DONATE NOW!**

And support the organization that supports you!

Summer Movie: Infinitely Polar Bear

Infinitely Polar Bear is the story of a Bipolar father raising two young daughters while his wife goes off to business school. And while that may sound like a classic set-up for another Hollywood misrepresentation of what it's like to live with mental illness, the reviews have been surprisingly positive.

[RogerEbert.com](#) raves, "This festival-circuit sleeper is one of those to-be-treasured indie films that revels in real life with all its inherent messiness while sneakily giving your heartstrings a tug."

Perhaps the positive spin comes from the fact that the script is based on the true-life experiences of writer/director Maya Forbes.

NPR's Audie Cornish has done an [interview with Forbes](#) about the reality behind the movie. What comes through most clearly is the love between father and daughter. Forbes found her dad interesting, fun, and -- at times -- challenging.

"Infinitely Polar Bear" is currently showing at the following locations in New York:

City Village
(22 E. 12th St)

Nitehawk Cinema
(136 Metropolitan Avenue, Brooklyn)

Cinema 1, 2, & 3
(3rd Ave at E 60th)

In the News...

Low-field magnetic stimulation has the potential to lift depressive symptoms, according to [a study published by researchers from UCLA](#).

A [new video game](#) has a protagonist who experiences psychosis. Maybe not so fun?

The *New York Times Magazine* recently featured an article by Andrew Solomon on [pregnancy and depression](#).

[What does an fMRI measure?](#) Curious minds want to know...

["Areas of the brain involved in the regulation of emotion develop differently in adolescents with bipolar disorder"](#) according to a new study from Yale University.

Book Review by Betsy Naylor

Shrinks: The Untold Story of Psychiatry

By Jeffrey A. Lieberman, MD
with Ogi Ogas
Illustrated. Little Brown and Company. 2015

Shrinks is the best book I have read in quite a while. Dr. Jeffrey Lieberman takes the title of his book from a disparaging name for psychiatrists. The term derives from head shrinking, voodoo, and other primitive possibilities. The goal of the book is to portray the history of psychiatry in the most realistic way. *Shrinks* is incredibly interesting and full of true stories, well told.

Severe mental illness has always existed in our communities. Those who couldn't be tolerated were ejected to far-off insane asylums. There was no hope for these folks and certainly no help. Then in the 1880's Dr. Emil Kraepelin took an interest in observing asylum residents behaviors. Based on the symptoms they exhibited, he came up with names for their illnesses: dementia praecox (schizophrenia), paranoia, and manic depressive insanity (now called bipolar disorder). Understanding of severe mental illness had begun.

"When people are desperate, they are willing to listen to any explanation and source of hope," Dr. Lieberman writes. The seemingly intractable nature of mental illness gave rise to desperate hopes for a cure. Since a high fever might kill whatever was causing a disease, fever-causing diseases like malaria were injected into patients. Similarly, large doses of insulin were

given to cause insulin shock, and induce seizures and coma. The best-known atrocious deed, the lobotomy, involved taking out a chunk of the brain's frontal lobes, sometimes with an icepick. After this operation, patients were – not-surprisingly – compliant and low-maintenance.

One treatment devised to stir up the brain was electroconvulsive therapy, which actually did make a difference for some who suffered from major depression. A much-refined version is still used today, though many people think of ECT as a treatment of last resort.

A breach emerged in the field of psychiatry after Sigmund Freud made some academic visits to the U.S. and then stayed here in the late 30's. Some psychiatrists absorbed Freudian theory and practice (the couch). But scientific psychiatrists were appalled that so many in their field were taken in by Freud's rigid explanation of behavior. Plus, the Freudians were treating the worried well, not the seriously mentally ill. They became very powerful for the next 40 years, holding university positions, assuming all the leadership positions in psychiatry, and filling many, many offices with couches. All the while, patients with debilitating mental illnesses were not getting better.

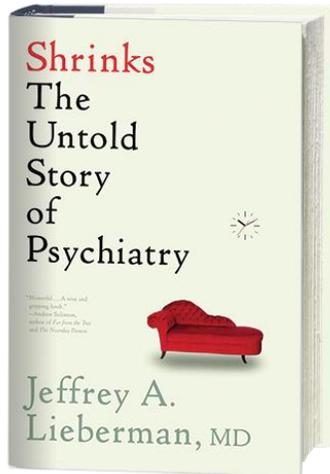
And the outlandish "cures" persisted. In the late 1930's a reputed psychoanalyst, Wilhelm Reich, created a theory of mental illness which involved orgones, a substance which cannot be perceived. He believed people could get better if they climbed into a special box he had built to have their orgones adjusted. This theory and practice was entirely

unsubstantiated, of course, yet people flocked to sit in his box. In 1947 the box grew more sophisticated, and Reich claimed it would cure cancer. The Federal Food and Drug Administration shut him down.

Back on the scientific end of the spectrum, some psychiatrists set about looking for physical evidence for the causes of mental illness. Thanks to Eric Kandel (who was once a lecturer at MDSG) and many others, study of the brain was developing using brain imaging. Kandel was able to correlate some parts of the brain with their functions. Others expanded the known body of knowledge of genetics.

This search for biological indicators of mental illness has affected how illnesses are classified. The first formal attempt at diagnoses in the U.S. took place during WWII, when recruiters needed criteria for saying 'fit for service' or 'not fit for service'. The Army put together a list called Medical 203, which was the precursor to what we now call the Diagnostic and Statistical Manual of mental illness, or DSM. (An earlier guide, The Standard, was used by hospitals and institutions.) Each revision to the DSM has brought the two factions of psychiatry – theoretical versus scientific – into high conflict. This was especially true of the DSM-5, which was released in 2013. In the latest release, scientific method appears to have prevailed over observation-based but unproven theory.

Dr. Lieberman has worked his entire professional life to improve the effectiveness of psychiatry. At present, he is Professor and Chairman of Psychiatry at Columbia School of Physicians and Surgeons



and recently stepped down as President of the American Psychiatric Association. In college in the 60's, Dr. Lieberman took some LSD, and the experience opened him to ideas of how chemicals might help a researcher understand the brain, maybe even in a therapeutic way. He's now a believer in psycho-pharmaceuticals. He writes, "Freud ended up leading psychiatrists in an intellectual desert for more than half a century" where evidence of all those expensive hours is lacking. However, Dr. Lieberman notes, "To this day, we don't have a better way of understanding self-defeating, narcissistic, passive-dependent, and passive-aggressive behavior patterns than what Freud proposed."

Shrinks concludes on a strong note of optimism. Lieberman believes we can look forward to improvement in our care. At the very least, you can look forward to reading this book: it's interesting, informative, and a fascinating look at the history of psychiatry.

Summer Depression Quiz

Seasonal Affective Disorder (SAD) is normally associated with the winter months. However, according to the Mayo Clinic and Dr. Normal Rosenthal (who literally wrote the book on SAD), about 10% of people with SAD are affected in the summer months. Here's a quick quiz to see how much you know about this disorder.

1. What do scientists suspect is the cause of summer SAD?
 - a) Sensitivity to sunlight
 - b) Differences in diet between summer and winter
 - c) Weight loss in preparation for bathing suit season
 - d) Vacation envy
2. How does summer SAD differ from winter SAD?
 - a) It doesn't last as long
 - b) It tends to make you agitated instead of lethargic
 - c) You often lose weight instead of gain it
 - d) There are no differences
3. People with SAD who have Bipolar Disorder may find that...
 - a) They tend to be manic in winter and depressed in summer
 - b) They tend to be depressed in winter and manic in summer
 - c) Their mood cycles shift in all seasons

4. SAD isn't the only cause of summer depression. What other things might trigger it?
 - a) The anniversary of a difficult life experience
 - b) Changes in routine
 - c) Financial stress over vacation or summer camp costs
 - d) All of the above, plus others.

Whether you have summer SAD or not, if you find yourself feeling depressed it's wise to get help as soon as you notice a sustained shift in your mood. Early intervention can help prevent worsening symptoms.



Answers to SAD quiz

1. A. Sensitivity to sunlight is one marker for summer SAD. Too much sun can lead to changes in melatonin production, and guess what the immediate precursor is to melatonin? Serotonin.
2. B and C. People who have summer SAD tend to be less depressed and more agitated, and to lose their appetite instead of eating too much.
3. B. People with Bipolar Disorder and SAD may be more likely to be depressed in winter and manic in summer.
4. D. All of the usual triggers apply.

