



Serving people with depression and manic depression, their families and friends since 1981

Weekly Support Groups

Doors open at 7:00 p.m.
Groups begin at 7:30 p.m.

Manhattan West Side on Wednesdays

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic

411 West 114th St (bet. Amsterdam Ave. and Morning-side Drive.)

Manhattan East Side on Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor,

Nathan Perlman Place (bet. 15th & 16th Streets, First & Second Aves)

Support groups allow participants to share their thoughts, feelings and personal experiences in small, confidential gatherings. Separate groups are available for:

- newcomers
- unipolar (depressive)
- bipolar (manic depressive)
- Under-30s
- family and friends.

Groups meet simultaneously. Support groups are free for members, and \$5 for nonmembers.

Upcoming Lectures of Note

Fall 2013

Limited No More: Finding the Resources That Build Purpose and Independence

Dwayne Mayes
Former Director, Howie T. Harp Advocacy/
Peer Specialist Training Center

Tuesday, September 10



Dwayne Mayes is a fighter. He fought his way out of unemployment, homelessness, substance abuse and severe depression to become a stellar advocate for people with psychiatric disabilities. And he doesn't want us to have to fight as long and hard as he did. One of MDSG's favorite speakers, Duane will return to speak to us on September 10, to share his extraordinary journey and coach us on the huge array of resources, motivational tools and "how-to" strategies we can use in our own fight for purpose and independence.

A recipient of the Robin Hood Foundation's "Hero of the Year" award, Dwayne is an expert on how to find employment,

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Good Grief: Preventing Mourning From Becoming Depression



Lois Kroplick, DO
Psychiatrist in Private Practice, Distinguished Fellow of the APA

Tuesday, November 12

The Difference Between Sadness and Depression, and Why it Matters

Jerome Wakefield, DSW
Professor of Social Work and Professor of Psychiatry, New York University

Tuesday, October 8



Depression is the oldest-known mental disorder, first described by Hippocrates in 450 B.C. Sadness and bereavement, on the other hand, probably date back to the dawn of humanity. Although normal sadness after a major loss or trauma can some-

times lead to clinical depression, the two conditions are far from the same.

What are the differences, and why do they matter? Mistaking sadness for depression has the power to affect treatment, research funding for mood disorders, and stigma. On October 8 Jerome Wakefield, the author of the award-winning book, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder* will help us understand this hidden issue. He'll discuss the epidemic number of people being mis-

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Loss happens to all of us. But when you have a mood disorder, grief can trigger depression all too easily. What can we do to help ourselves process loss in a healthy way? How can we tell if our mourning consists of normal sadness, or if we're heading down an abnormal path? What tools can we use to heal faster and more effectively? How can we modify our self-talk to keep ourselves from getting stuck in grief and guilt?

Dr. Lois Kroplick will join us on November 12 to help us explore this intriguing and

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Psychology Space by Li Faustino, PhD

Q. I am depressed. My mother was also depressed. Will I have to take medication like she did?

Since depression, Bipolar Disorder and anxiety have a very strong genetic component, it is not uncommon to have family members with mood problems. However, you don't want to assume that your prognosis is the same as your relative's. Medicine has changed a lot over the years, and in the past many people were misdiagnosed or had fewer treatment options. Thus looking at family history alone makes it hard to predict the best treatment for you.

On the other hand, your family history can be very useful in getting an accurate diagnosis for you. For in-

stance, if bipolar illness runs in your family, your psychiatrist may use caution in prescribing an antidepressant because it may trigger a manic episode.

The good news is this: each illness and each individual is different. This means that family history can be helpful in many ways, even choosing the right treatment, but ultimately, your outcome (including the choice to take medication), is all your own.

Q: Do all therapists want to talk about the past? I just want to talk about what is going on now.

This question brings up two topics: the theoretical orientation of the therapist, and your collaborative relationship with him or her.

There are several types of treatment that focus on the present, with some flexibility to look at past patterns of behaviors and thoughts. Some of these, especially Cognitive-Behavioral Therapy (CBT), have been shown to be effective in treating depression. Other therapies explore your past more deeply by looking at childhood experiences, attachment to parents, and unresolved emotional moments of the past. This type of therapy usually takes more time.

Many therapists, including me, believe that although some problems of today can be relieved with short-term therapies, your symptoms will probably recur unless the deeper issues at play are resolved.

If you want to talk about now

and your therapist primarily wants to talk about the past, one possibility is that the two of you are not in a collaborative relationship. Additionally, it is important that you feel ready and safe to explore the past. Your therapist can lead you on this path at an appropriate pace and you may need to talk about this directly. If there is any confusion about the type of treatment you are receiving, it would be best to have a frank discussion so that together you can come up with something that works for both of you.

Limited No More September Lecture cont'd from p. 1

housing, continuing education, social networking opportunities and affordable treatment options. On September 10, he'll give us concrete guidance on how we can access the resources we need to lead successful, satisfying lives. Even if we *feel* our lives are limited by a mood disorder, there are ways to break through the limits to lead a meaningful life.

The Difference Between Sadness and Depression

October Lecture cont'd from p. 1

diagnosed with a depressive disorder, and the serious problems that arise when normal human emotions are classified as an abnormal condition.

Good Grief! November Lecture cont'd from p. 1

important topic. An award-winning therapist and psychopharmacologist, Dr. Kroplick works regularly with people with treatment-resistant depression and Bipolar Disorder. She understands the common pitfalls of grief into which we tend to fall, and can help us know what to do so that we cope better when it's our time to grieve.

Mental Illness Awareness Week is October 6-12, 2013

What can you do? Post on Facebook... write a letter to an elected official...go on a NAMI Walk to raise funds...order free copies of brochures about mental illnesses from SAMSHA or NAMI... tell someone your story... attend an MDSG lecture... watch a movie like *Canvas* or *A Beautiful Mind*... learn something new about your diagnosis... or read a great book!

Mood Disorders Support Group
New York
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MDSG is affiliated with the Depression and Bipolar Support Alliance.

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The Reader's Corner

Betsy Naylor

Quiet: The Power of Introverts in a World That Can't Stop Talking

by Susan Cain, Esq.
Broadway Books,
Paperback, 2013

Our society admires those who speak out. We love those who take action, are comfortable in social situations, and exude certainty. In *Quiet*, author Susan Cain calls this the Extrovert Ideal. She notes that most corporations, schools, and other American institutions are designed and perpetuated by extroverts, and place value on public speaking skills and high energy.

On the opposite end of the spectrum are those who tend to reflect both before and after acting. Cain notes that "Introverts are drawn to the inner world of thought and feeling [while] extroverts [are drawn] to the external life of people and activities. Introverts focus on the meaning they make of events... extroverts plunge into the events." Most of us have a pretty good idea of where we fit on the spectrum.

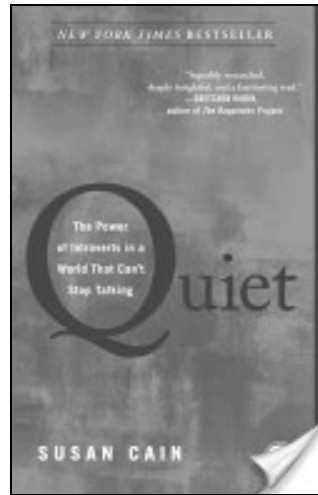
But whether we're naturally introverts or extroverts, people with mood disorders tend to resemble introverts when our mood is down. Then the highly visible, audible and confident world of the extrovert seems far out of reach. This is why I was drawn to this book: to see what power could come out

of being quiet.

How much of introversion or extroversion is inborn? Studies show that 40-50% of our tendency comes from genetics. When developmental psychologist Jerome Kagan showed four-month-old babies unfamiliar toys and pictures, he found that some wailed and kicked their baby legs, while others remained quiet and calm. As teenagers, the ones who wailed as infants tended to be introverts, and were more sensitive to external stimuli. The ones who could tolerate novelty grew up to be extroverts.

The differences aren't always that black and white, of course. On the quiz in the book I came out as an introvert with extrovert tendencies, and introverts do learn to fake extroversion in important situations like interviews. But on the whole, introverts prefer simpler scenarios, such as a meaningful one-to-one conversation, away from the chatter of small talk at parties. (I have always been annoyed when I can't seem to get a word in edgewise.)

Despite the prevalence of the Extrovert Ideal, introverts have a lot to offer. The author began to notice the quiet value of introversion while she was a student at Harvard Law School. Her classmates tended to demand center stage, to exude confidence, to thrive on argument. She was more bookish, which meant she usually did more back-



ground work, and was better prepared. When she chose to speak up (softly), they listened.

Introverts tend to value solitude, to be more creative and to enjoy cooperative tasks more than extroverts. They are adept problem-solvers: in one study participants were given a printout of a maze, and the introverts studied the map before beginning. If they made a mistake, they spent more time looking at the map before resuming their work. Extroverts, in contrast, began the puzzle right away – and when they had to start over, went faster than in the beginning! "Introverts are 'geared to inspect' and extroverts are 'geared to respond'". Fortunately, it takes both kinds of people to get a job done.

One of my favorite lines in the book was a quote from Robert Rubin, who was Secretary of the Treasury during the Clinton administration, and a dyed-in-the-

wool introvert. Cain records him as saying "Some people are more certain of everything than I am of anything." Despite working in the midst of the high-extroversion world of politics, Rubin had a great deal of quiet competence and insight.

What does *Quiet* tell us about our tendency toward introversion when we're depressed? First, that even when we have trouble asserting ourselves in the world, we still have something to offer. Second, we can take a lesson from Susan Cain's advice to extroverts: "Train yourself to spend energy on what's truly meaningful to you... Teach yourself to pause and reflect when warning signs appear... Seek out counterparts... who can help rein you in and compensate for your blind spots."

The people around us – including those at MDSG – can help us compensate, and work with us to overcome some of the introvert-like difficulties we face.

The Mood Disorders Support Group

Upcoming Lectures — Fall 2013

Held at the Podell Auditorium, Bernstein Pavilion, Beth Israel Medical Center

Enter at Nathan Perlman Place between First and Second Avenues and 15th and 16th St. Doors open at 7:00 p.m., lectures begin at 7:30 p.m. \$4 for members, \$8 for non-members.

Sept 10
Tuesday
7:30 p.m.

Limited No More: Finding the Resources That Build Purpose and Independence

Duane Mayes

Former Director of the Howie T. Harp Advocacy/Peer Specialist Training Center

This inspirational speaker will reduce the amount of perspiration you need to find the resources that allow you to lead a life of purpose. Whether you're seeking housing, work, benefits or just plain hope, you'll want to attend.

Oct 8
Tuesday
7:30 p.m.

The Difference Between Sadness and Depression, and Why it Matters

Jerome Wakefield, DSW

Professor of Social Work and Professor of Psychiatry, New York University

One problem with the current national "epidemic" of depression is that some of it is normal sadness brought on by grief or life changes. Why does that matter to those of us who suffer from the real thing? Find out how this trend impacts research funding, stigma, and the treatment options open to you.

Nov 12
Tuesday
7:30 p.m.

Good Grief: Preventing Mourning From Becoming Depression

Lois Kroplick, DO

Psychiatrist in Private Practice, Distinguished Fellow of the APA

Grief comes to us all, but not all of us handle it as well as we might. Dr. Kroplick will help us build a toolbox to handle grief the healthy way, and teach us how to know if our reactions to loss are normal or something to worry about.

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Manhattan West Side

Wednesdays

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Psychiatric Clinic

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(between Amsterdam and Morningside)

Manhattan East Side/Downtown

Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd
floor

Nathan Perlman Place (between 15th & 16th
Streets, and First & Second Aves)

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Your contributions are tax-deductible. Thank you for your support.

Got a Smartphone or Tablet? Get Some Help!

The world of technology is making progress in providing real help to people with Bipolar Disorder and other mental illnesses. An iPhone clearly isn't going to replace visits to your therapist or your medications, but valuable applications do exist which can help you track moods, relax, and practice mindfulness. Talk to your treatment provider if you think one or more of these apps might be helpful to you. And let us know if you find others that are worth sharing!

Healthline.com's review of Bipolar mood-tracking apps rated these three as tops:

iMoodJournal – sends you reminders to record your moods at times you specify, and allows you to hashtag your emotions, meds and sleep patterns to track longer-term trends.

MoodTracker – by the Cheryl T Herman Foundation, includes the usual mood-chart along with a psychiatric video library and relaxation and meditation exercises.

eMoods Bipolar Mood Tracker – lets you track your daily highs and lows, sleep, medications, and other symptom and email them to your therapist.

PsychCentral.com's [Top Ten](#) list of apps is limited to those based on established treatments. For relaxation and sleep-related help they recommended:

BellyBio – uses your iPhone to monitor your breathing with biofeedback.

eCBT Calm – helps you reduce stress and correct negative thinking.

Deep Sleep with Andrew Johnson – for guided muscle relaxation.

iSleepEasy – guided meditation with your choice of music or animal sounds.

Mindful Magazine reviewed mindfulness apps in their April 2013 edition, and recommended the following:

Headspace – includes a body scan, tips, and allows you to set reminders and track progress (free 10-day trial!)

The Mindfulness App – comes with 3, 5, 15 and 30 minute guided meditations.

Mindfulness Meditation from Mental Workout – less talk, downloadable support talks.

Hope for Weight Loss

A new NIMH study shows that weight loss is possible for people with Bipolar Disorder and other mental illnesses, even if they're taking three or more medications. The key finding: locating exercise classes at outpatient facilities makes fitness more do-able and weight-loss sustainable..

According to the NIMH, the study run by Johns Hopkins University randomly assigned 291 participants to one of two groups. For six months the control group received standard information about nutrition and physical activity, while the test group received exercise classes three times a week and a weekly weight loss class. The result: participants in the exercise classes lost more weight than the controls – and they

continued to lose weight after the program was over, and did not regain it.

What does this mean for us? Well, until every therapist and treatment facility offers a gym or pool, we'll probably have to continue with the DIY plan. But the study does serve as a reminder that finding exercise options that are easy and convenient makes a difference. Getting regular exercise is also known to ease symptoms of depression.

Here in New York, Shape Up NYC offers FREE classes and programs in parks in all five boroughs. Check out the offerings at www.nycgovparks.org/programs/recreation/shape-up-nyc Take a look! Better yet, give it a try!

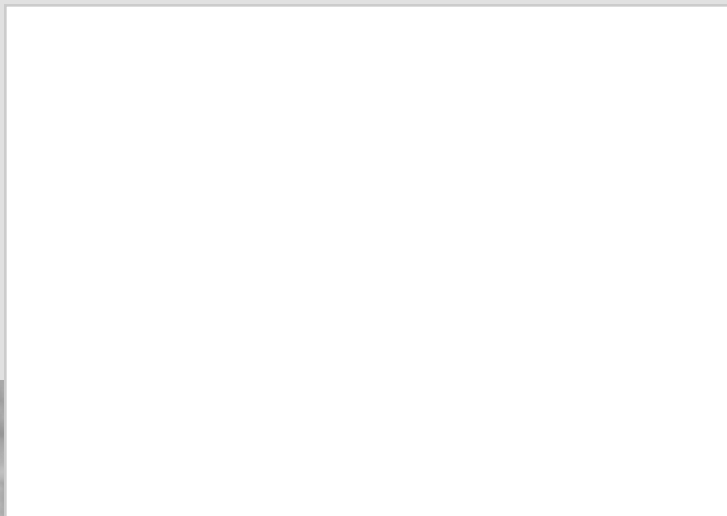
Did you know...

- Men and women recovering from alcohol abuse often relapse because of different triggers. Men are more likely to relapse in social-drinking situations, while women tend to turn to drink when they're feeling down. This may be why programs like AA – which focus on providing alternative social networks and social support – attract more men than women. Source: *Scientific American Mind* August 2013, citing a study at Mass General Hospital
- Flu during pregnancy can increase the child's risk of developing Bipolar Disorder as an adult by a factor of four. There is some evidence that the risk factor increases even more if the flu occurs during the second or third trimester. Source: *Science News*, May 14, 2013
- The Family Center for Bi-

polar at Beth Israel has launched a new program called TREAT (Teen Risk-reduction Early-recognition Assessment and Treatment), which focuses on providing treatment to children and adolescents who have or are at risk of developing Bipolar Disorder.

- A study from the University of British Columbia suggests that Tylenol may relieve existential pain as well as physical discomfort. However, it was noted that extended use of acetaminophen is also associated with liver failure, and no clinical recommendations were provided. Source: *PsychCentral.com*

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Stay Healthy, Keep MDSG Healthy

We all know it takes a huge amount of work to keep ourselves stable and healthy. MDSG plays a key role in supporting us in those efforts. The cost of membership and lecture admission doesn't come close to covering our expenses. Your financial support is crucial. Please give what you can.

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