

**MDSG, Inc.**  
**PO Box 30377**  
**NEW YORK, NY 10011**

NON-PROFIT ORG.  
 U.S. POSTAGE  
**PAID**  
 Permit No. 116  
 Westfield, N.J.

# MOODS

Serving People with Depression & Manic Depression, Their Families & Friends Since 1981

2005, No. 3, \$2.50

## September Lecture: Self-Destructive Behavior



**Richard O'Connor, PhD**

Celebrated author of *Undoing Depression* and *Undoing Perpetual Stress*, and practicing psychotherapist.

September 12, 2005

**Self-Destructive Behavior, Mood Disorders, and Stress**

### We Get By with a Little Help from our Friends . . .

**MDSG** provides award-winning services to thousands of New Yorkers—over 600 individual support groups a year, the distinguished lecture series, our telephone information service, our website, this newsletter. And all at the lowest possible cost, through volunteers.

The \$5 contribution for meetings doesn't cover all our expenses. We need your help to pay the phone bill, print the newsletter, promote MDSG in the media, and meet other needs.

Annual membership is \$45 for individuals, \$65 for families. Your membership card is a free ticket to support groups and most lectures. Contributions are tax deductible.

**B**inge drinking. Drug use. Overeating. All too often self-destructive behaviors like these accompany mood disorders—but it doesn't have to be that way.

“People sometimes think that the two go hand in hand, that if you're depressed, that's just part of the territory. But self-destructive behavior is something that should sometimes be addressed as an issue on its own,” says Dr. Richard O'Connor, our September lecturer and renowned author of *Undoing Depression* and *Undoing Perpetual Stress*.

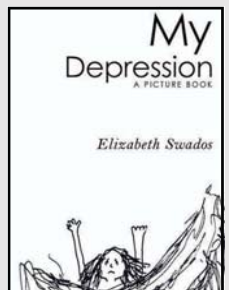
But whatever form it takes, self-destructive behavior can be avoided if we recognize the motivation behind it.

“On some level people see these things as a way to bring some fun into their lives. Most of the time we play by the rules and color inside the lines, but we all have a little 4-year-old inside of us who wants to stick out his tongue and say, ‘You're not the boss of me,’

*(continued, next page)*

While certain acts involve an obvious element of self-harm, other behaviors are more subtle. “There's active self-destruction, when you know something's bad for you and you go out and do it as a form of rebellion, but there's also a form of self-destruction that's passive, and that largely comes because of the lack of energy and focus that comes with depression,” says Dr. O'Connor. Examples include staying home and watching too much television, avoiding exercise, and eating poorly.

<b>Inside...</b>	
<b>Ask the Doctors.....</b>	<b>3</b>
<b>Reader's Corner: Books by Peter Kramer, Elizabeth Swados (right), Lizzie Simon and Brooke Shields.....</b>	<b>4</b>
<b>Moods disorders: the bright side.....</b>	<b>7</b>



Annual Membership		Additional Contribution to MDSG	
To:	MDSG, Inc., P.O. Box 30377, New York, NY 10011	To:	MDSG, Inc., P.O. Box 30377, New York, NY 10011
I enclose:	<input type="checkbox"/> \$45 Individual Annual Membership <input type="checkbox"/> \$65 Family Annual Membership Is this a renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	I enclose:	<input type="checkbox"/> \$50    Patron <input type="checkbox"/> \$250    Benefactor <input type="checkbox"/> \$100    Donor <input type="checkbox"/> \$ 50    Friend _____ Other
Name _____		Name _____	
Address _____		Address _____	
E-mail _____			
<i>Make check payable to "MDSG, Inc."</i>		<i>Make check payable to "MDSG, Inc."</i>	

(Continued from page 1.)

even when we're really our own bosses," says O'Connor.

Find out how to recognize harmful patterns and hear about healthy ways to combat these self-destructive urges. Dr. O'Connor is an MDSG favorite and is back by popular demand. *Don't miss this dynamic speaker!*

And be sure to catch the other first-class lectures in our fall series, too:

### October—What is Standard Care, Best Care for Bipolar Disorder: Review and Update of the American Psychiatric Association Guidelines.

In light of recent research on the efficacy of anti-psychotic drugs in treating bipolar disease, the APA has updated its treatment guidelines. James C.-Y. Chou, MD a researcher and clinician on the faculty and NYU School of Medicine and a leading expert on pharmacological treatment for bipolar disorder will discuss these important changes.

### November—Talk Therapy for Mood Disorders: Many Different Types. Which is Best for You?

Confused about the variety of talk therapy approaches out there? John F. Clarkin, PhD, president of the Society for Psychotherapy Research, professor at Cornell University, and one of the top professionals in the field, will clue you in on the details.

For lecture dates, times and locations, see page 5.

Mood Disorders Support Group  
New York  
**MOODS**  
Copyright © 2005 by the  
Mood Disorders Support Group, Inc.  
All rights reserved.  
\$2.50 per issue. Inquire about  
bulk orders.  
MDSG is affiliated with the Depression and  
Bipolar Support Alliance.  
  
P.O. Box 30377, New York, NY 10011  
Phone (212) 533-MDSG  
FAX (212) 675-0218  
E-mail address: info@mdsg.org  
Web site: www.mdsg.org

**Sarah Schmidt**  
Editor

**Betsy Naylor**  
Chair

**Ivan K. Goldberg, M.D.**  
Medical Advisor

**Michael Horowitz**  
Webmaster

All information in the newsletter is intended for general knowledge only and is not a substitute for medical advice or treatment for a specific medical condition.

Letters to the editor and other submissions are welcome and will be printed at the discretion of the newsletter editor. Contributions sent via mail go to:  
Newsletter Contributions,  
MDSG-NY  
PO Box 30377 New York,  
NY 10011  
E-mails should be sent to  
[newsletter@mdsg.org](mailto:newsletter@mdsg.org)

## A Funny Thing Happened on the Way to My Shrink's . . .

Depression. Anxiety. Therapy. Where's the humor in these difficult topics? All over the place, if you know where to look. Just listen to what some of our culture's critics, comedians and cartoonists have had to say.

"After twelve years in therapy, my psychiatrist told me something that brought tears to my eyes. He said, 'no hablo ingles' ." — Ronnie Shakes

"I've developed a new philosophy...I only dread one day at a time." — Charles Schulz

"I envy paranoids; they actually feel people are paying attention to them." — Susan Sontag

"Maybe if we lie down our brains will work." — Jerry Seinfeld

"Life is full of misery, pain and tremendous suffering, and it's all over much too quickly."— Woody Allen

"We experience moments absolutely free from worry. These brief respites are called panic." — Cullen Hightower

"Life is just a bowl of pits." — Rodney Dangerfield

"He who laughs last is probably depressed." — H.S. Smetanka



## Archived Lectures Available by Mail

Did you miss a lecture of great interest to you? Recordings of past lectures are available through the mail. The most recent lectures (beginning with #47) are on cd; previous lectures are on cassette tape.

<u>Tape #</u>	<u>Date</u>	<u>Presenter</u>	<u>Subject</u>
49	6/13/05	Peter Kramer, MD	At Last—Confronting Depression* <b>NEW!</b>
48	5/2/05	Lois Kroplick, MD	Fresh Insights into Mood Disorders in Women*
47	4/4/05	Issie Greenberg, PhD	Obesity, Weight Control, and Psychiatric Meds*
46	3/7/05	Jack M. Gorman, MD	New Meds, Best Meds and What's in the Pipeline
45	1/10/05	Michael Terman, PhD	Light and Negative Air Ion Therapy for SAD, sub-SAD, Depression
44	12/6/04	Joseph Nieder, MD (moderator)	Panel: Antidepressant Medications for Children and Adolescents
43	11/1/04	Richard Rosenthal, MD	Mood Disorders and Substance Abuse
42	10/4/04	Frank M. Mondimore, MD	Bipolar and Unipolar Depression: Same or Different
41	9/13/04	Jon Freeman, PhD	Sleep Disorders and Mood Disorders
40	6/7/04	Richard O'Connor, PhD	The Perpetual Stress Response
39	5/3/04	Ivan Goldberg, MD	Ask the Doctor: The Latest Research Findings
38	4/12/04	Paul H. Wender MD	ADHD and Its Impact on Mood Disorders.
37	3/1/04	David P. Bernstein PhD	What's Personality Got To Do With It?
36	2/2/04	Anne Sheffield	Subject: Love, Sex, Relationships and Mood Disorders.
35	1/5/04	Donald F. Klein MD	What's Typical About Atypical Depression?
34	12/1/03	Panel of Employment Lawyers	Working the Workforce
33	11/3/03	Heidi Wehring Pharm D	Medications: Getting the Full Effect, Losing the Side Effects
32	10/13/03	Francis Mas MD	Identification and Treatment of Mixed States
31	9/8/03	Stephen J. Donovan MD	Anger, Irritability and Mood Disorders
30	6/2/03	Michael Craig Miller MD	The Latest in Mood Disorders
29	5/5/03	James J. Fyfe, PhD	Confrontations Between the Police and the Mentally Ill
28	4/7/03	David Hellerstein, MD	Ask the Psychiatrist Anything
27	3/3/03	Sarah H. Lisanby, MD	Transcranial Magnetic Stimulation and Mood Disorders
26	2/3/03	David J. Miklowitz, PhD	Can You Survive Bipolar Disorder?
25	1/6/03	Robert Cancro, MD	Different Types of Depression & Their Treatments

All lectures are available for \$13 each (including postage and handling) or \$25 for two, \$35 for three.

To order, write a letter requesting any lecture by number, *make check out to MDSG Inc.* and send to:  
**Lecture Recordings c/o MDSG PO Box 30377, New York, NY 10011**

\* available on cd

## Tell It Like It Is

### Support Group Advice from The Folks in the Know

By Dena Croog

Want to know the secret to a great support group experience? Just listen to what some of our facilitators have to say.

"I always get the most out of the groups when I'm focused on simply listening to others. The thoughtfulness and courage individuals display weekly at the support groups is a constant inspiration." --Paul

"Speak up for yourself and listen to others. This is the MDSG 1-2 punch. See you in the ring, I mean circle."

--Carl

"Don't 'Dear Abby.'" --Max

"My most meaningful groups take place when members are willing to risk telling us their experiences from deep inside. They share their shame, their fear, their self-hatred. Not finding the judgment or ridicule usual in the non-MDSG world, group members offer identification and support and warmth. Such openness can lead to getting better." --Betsy

And keep these ten guidelines in mind when attending an MDSG support group :

- 1) Groups provide a *safe* environment where you can share thoughts and feelings.
- 2) Everything is *confidential*—what's said in the group stays in the group.
- 3) Always remember to display *kindness, courtesy* and *consideration* for your fellow group members.
- 4) Don't interrupt when others are speaking.
- 5) Give everyone a chance to talk.
- 6) Shut off all cell phones and pagers during the group.
- 7) No one is an expert.
- 8) Speak in reference to yourself; ie- "what works for me."
- 9) Steer away from trying to solve other people's issues.
- 10) Support each other by sharing experiences.

Remember this advice and we're sure you'll have a more rewarding experience. As Carl says, "See you in the ring!"

(continued from page 4)

because it means that we are moving closer to a more complete picture of this terrible disease. The more we know about it, the better we will be able to treat it—so we have good reason to believe that untreated depression will one day be a rare thing. As Dr. Kramer concludes his book, "How glorious it will be to free ourselves of depression."

Dr. Peter Kramer can be heard on the National Public Radio program, The Infinite Mind, Sundays at 7 a.m. on WNYC 820 AM. A recording of his June lecture for MDSG "At Last—Confronting Depression," is available by mail. For details, see page 7..

### SHOPPING ON AMAZON? DON'T FORGET— YOU CAN SUPPORT MDSG WITH A SIMPLE CLICK.

MDSG has an affiliation with Amazon.com. If you go to our website (mdsg.org) and click on the Amazon logo, you'll be taken directly to Amazon's site. As long as you have reached their site through ours, MDSG will receive a commission on anything you buy from them -- books, movies, music, or any other merchandise they offer for sale. It's that easy!

## Ask the Doctors with Dr. Ivan Goldberg , Psychopharmacologist...



**Q:** Since antidepressants have the ability to cause mania or hypomania in some people with bipolar disorder, does this mean that someone with bipolar disorder should never take antidepressants?

**A:** Various studies have found that antidepressants cause mania or hypomania in about 17 percent of people with bipolar disorder who are taking mood stabilizers, and may play a role in rapid cycling. Despite this risk, many people with bipolar disorder who are severely depressed require antidepressants to recover from an episode of depression. When anti-

depressants are taken by people with bipolar disorder, they should be taken with a mood stabilizer and should be taken in as low a dose as possible.

That said, patients taking long term antidepressants have been shown to have about half of the rate of relapses of depression as patients who stopped antidepressants after feeling well and some people will require long-term treatment with an antidepressant to remain depression-free.

Furthermore, lithium has been found to protect against antidepressant-induced mania/hypomania better than other mood stabilizers, while Well-

butrin (bupropion) and the MAO inhibitors are the antidepressants least likely to cause a switch into mania.

Unfortunately, there are still many psychiatrists who refuse to prescribe antidepressants to their patients with bipolar disorder who are depressed. This leads to unnecessary suffering and even to suicide in some cases.

It's worth noting that bipolar depression can also often be controlled by the use of the antidepressant mood stabilizer Lamictal (lamotrigine), which has an even lower risk of inducing mania or rapid cycling than antidepressants.

### ...and Dr. Joe Nieder, Pediatric Psychiatrist

**Q:** My 11-year-old nephew has been having behavioral problems for several years now. He threatens other children, gets into fistfights, breaks windows and has been caught starting fires in the neighborhood. He was put into a classroom for children with behavioral disorders last year, but he doesn't seem to be improving. What might be going on here? Are there medications that can help?

**A:** For an 11 year old with behavior problems, I would first get a complete history. I would

be interested in knowing any family problems or issues that might be related to the behavior. Children can develop behavior problems without any family issues, but events such as divorce, separation, death or loss of a pet can trigger these problems.

If there were no family events, I would look for changes in the school, loss of friends, academic problems, being teased, etc. Being put in a special education class could adversely affect a child's self esteem. I would also look for

symptoms of an earlier disorder, such as ADHD or a conduct disorder. A careful history would include a family history of mood disorders, behavior disorders, or alcohol and drug abuse.

Finally, I would think of medication if there were a strong suggestion of a family mood disorder. What looks like a behavior problem at age 11 could turn out to be the early signs of a mental disorder later in life.



## The Reader's Corner with Betsy Naylor

### *Against Depression*

by Peter Kramer, M.D.  
358 pp. Viking \$25.95

Isn't everyone against depression? If we were, argues Peter Kramer, then wouldn't we want to wipe it out like smallpox or polio? Or at least fully treat all depressed people? Kramer, famous for his book *Listening to Prozac*, has written another provocative book. He says that if we really understood the price we pay for depression, we would want to eradicate it.

But instead, Kramer points out, our society has grown accustomed to depression and even holds some values which contribute to its current status: widespread and under-treated. For example, depression is taken to be part of human nature. Some depressive traits (like quietness) are considered attractive, and some men are drawn to depressed women. It's even become common to view depression as a component of an artistic temperament.

But Kramer debunks the popular idea that depressed people are inherently creative. Rather, he claims people are creative despite of, not because of, their

illness. In Kramer's view there is actually no redeeming value in depression.

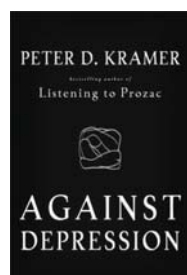
And in fact, there is quite a bit of danger associated with a depressed state, even without factoring in the risk of suicide. As Kramer points out, the physical consequences cannot be ignored. Long bouts of depression and stress cause the body's fight or flight switch to stay on. Stress hormones pour out in

quantities that are harmful. In this state the body is ready to be wounded. Blood platelets get sticky, preparing to clot. The heart beats too fast for too long. Over time, bones loose calcium. Dr.

Kramer even describes some alarming studies which show that depression causes shrinking of two parts of the brain: the hippocampus and part of the prefrontal lobes.

"Depression in the brain looks eerily like depression in the person. It is fragility, brittleness, lack of resilience, a failure to heal. Depression is chronic and progressive, with each episode—perhaps each day!—leaving damage in its wake." But the news isn't all bleak. All of this recent research has an upside

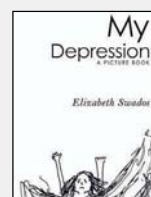
(continued, page 6)



## Book Bits

### *My Depression: A Picture Book*

by Elizabeth Swados  
Hyperion \$16.95



You are not alone. In her new book, Elizabeth Swados draws and writes about emotional states we can all identify with. Each page has a cartoon with captions and sometimes cartoonish comments in a bubble. Some pages are laugh out loud funny, some speak our feelings, and some do both.

What Swados has her characters think and say (especially her own) is so true to the reality of being depressed. Nowhere else have I seen such accuracy. When her anxiety turns to rage, she kicks a taxi. Look for the tiny name of the cab company (Gremlin). On the next page, she is watching a *Law and Order* marathon, trying to lie flat on a chair. Her posture illustrates the caption: "The truth is much more dull."

The way she presents her depressed, acting out self, you would never guess how successful she is, a Broadway playwright, composer and so on. Despite her accomplishment and fame, she writes in one caption, "I avoid friends by telling them how successful and busy I am. When in fact the idea of work terrifies me." Give this book to a friend in the hospital. Give it to your misunderstanding family. And give it to yourself. You will find your own feelings in the words and pictures.

### *Detour: My Bipolar Road Trip*

by Lizzie Simon  
Adobe \$13 paperback

An accomplished young woman hits the road to find herself and figure out how to live with her disease. Detours ensue. Recommended especially for 20-somethings.

### *Down Came the Rain*

By Brooke Shields  
Hyperion \$25.95

This public woman shows her private self in a personal account of post-partum depression, a form of depression that is misunderstood, but very common.

## MOOD DISORDERS SUPPORT GROUPS AND LECTURES

### Fall 2005

### Support Groups

Manhattan – West Side/Carnegie Hall  
Every Wednesday

Doors open at 7:00pm, groups begin at 7:30pm  
**Jewish Board of Family and Children Services,**  
Third floor, 120 West 57<sup>th</sup> Street  
(between 6<sup>th</sup> and 7<sup>th</sup> Avenues, east of Carnegie Hall).

Manhattan – East Side/Downtown  
Every Friday

Doors open at 7:00pm, groups begin at 7:30pm,  
**Beth Israel Medical Center,** Bernstein Pavilion,  
2nd floor, Enter on Nathan Perlman Place  
(between 15<sup>th</sup> & 16<sup>th</sup> Sts and 1st & 2nd Avenues)

Support groups enable participants to share personal experiences, thoughts, and feelings in small confidential gatherings. Separate groups are available for newcomers, unipolar (depressive), bipolar (manic depressive), family members, and friends. At *both* locations, all groups meet at the same time, including the Under-30 Group. The support groups are free for members. A \$5 contribution is suggested for non-members.

### Lectures

September 12, 2005

**Richard O'Connor, PhD**  
Celebrated author of *Undoing Depression* and *Undoing Perpetual Stress*; practicing psychotherapist.

**Self-Destructive Behavior, Mood Disorders, and Stress.** Find out how to recognize and fight self-destructive urges. Dr. O'Connor always packs a full house and is back by popular demand. Don't miss this dynamic speaker.\*\*

October 10, 2005

**James C.-Y. Chou, MD**  
Researcher and clinician; faculty, NYU School of Medicine.

**What is Standard Care, Best Care for Bipolar Disease: Review and Update of the American Psychiatric Association Practice Guidelines** Dr. Chou, a leading expert on the psychopharmacology of bipolar disease, will talk about the latest research and the new approaches to treatment.

November 7, 2005

**John F. Clarkin, PhD**  
President, Society for Psychotherapy Research; professor, Cornell University.

**Talk Therapy for Mood Disorders: Many Different Types. Which is Best for You?** Choosing the best approach requires a basic understanding of the differences. Get the lowdown from one of the top professionals in the field.

Lectures are *usually* held **Mondays** (call and listen to message for last minute changes). Doors open at 7:00 pm; lectures begin at 7:30 p.m. in Podell Auditorium, Dazion Pavillion, Beth Israel Medical Center (enter at northwest corner of 1st Avenue and 16th Street). Lectures are free for members. A \$5 contribution is suggested for non-members.  
\*\*Fundraiser: \$10 non-members, \$6 members

Contact us for more information and a copy of our newsletter.  
**THE MOOD DISORDERS SUPPORT GROUP, INC.**  
(212) 533-MDSG

P.O. Box 30377, New York, NY 10011 FAX (212) 675-0218  
e-mail: info@mdsg.org web site: www.mdsg.org