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THE SPECTRUM

The Depression and Bipolar Support Alliance–Greater Chicago, DBSA–GC, publication for members, friends and family, and health professionals

Inside This Issue

Memories or Goals: Past or Future

By John Jurowicz, PhD

Living in the past with memories, or living for the future with goals: what is your choice?

An early pioneer in the relatively modern treatment of mental disorders, Sigmund Freud, believed that the past has a lot to do with whatever problems that we have today. Some of the past events are personally so awful that they have to be stored in our unconscious memory. Although we may not be conscious of these events from the past, they still effect our behavior today. According to Freud, achieving insight into unconsciously held material is critical for changing unwanted behavior, the kind of behavior that may be symptomatic of mental disorders. Freud's colleague, C.G. Jung, further believed that material stored in a collective unconscious may have originated over thousands of years and is transferred from generation to generation. He called this material archetypes, which we all share. He also believed in a personal unconscious where unpleasant personal material is stored. The past was the dominant factor to be considered when attempting to understand and deal with a person's behaviors and concerns. And it was hidden and not easily accessed.

This group of theorists are often called the determinists because they generally believe that events extrinsic to the individual are responsible for thinking, feeling, and behavior. We are made to act, think, and feel in certain ways because of things that happened to us. One theorist emerging from that tradition was Alfred Adler, who wound up looking in the other direction toward the future. Adler believed that all people are goal directed, looking toward, and working for the future. Adler led us from dwelling in the past to moving toward the future. After all, the past is gone; the deeds are done. There is nothing we can do about it. But we can do something about our personal future; it is in our hands. Choosing the wrong goals or going down the wrong path can lead to problems.

Besides believing that people are goal oriented, Adler also believed that people are social and have a desire to belong, to participate with other people, to make social contributions. Each person develops a unique life style that emerges from how the person interprets interior and exterior experiences. This attitude toward life, or life style, is expressed through relationships with oneself, other people, the world. Each person, then, is uniquely different than any other person, with an approach to life that is created by that person. The person develops a life style goal in addition to immediate goals. Emotions provide the energy to work toward attainment of the goals.

Adlerians believe that people act in ways that are consistent with their life style goals. A main question is "What is the use for this behavior in the person's life?" Even though part of metal disorders may be organic, no two people are alike. Some people deal with the situation better than other people deal with it. Adlerians believe that having a mental disorder is a part of life that must be dealt with through encouragement, socialization, medication, education – not through isolation and stigmatization. A person with a mental disorder still has to decide about what to do about the disorder and about life's tasks. The purpose of Adlerian counseling/therapy is to attain a sense of belonging, a feeling of competence, and to strengthen the courage to participate in life. Social treat-

Please see **Memories or Goals** *on next page*

President's Letter

Dear Members and Friends,

Happy New Year! May we all have a healthy and peaceful 2012.

Yes, it is I Our entire board leadership was reelected for another two year term. I am also pleased to introduce two new board members, John Ross who also facilitates our veterans' group and Khiem Huynh who has been a volunteer. Remember to look at *The Spectrum's* roster of board members, most of whom have served for many years.

It is a new year and it behooves us to be optimistic. I know! It is hard to do in these economic times of real hardship. The once aspired-to middle class is dwindling. People who have been on the lower rungs of the economic ladder find themselves barely on the ladder, clinging to the sides, holding on. For those of us who have jobs, we thank our lucky stars and try to keep the good karma going by helping others in every way we can. I say again, we must try to be optimistic because as the old song goes "a spoonful of sugar helps the medicine go down." When times are tough, we do need to reach down for whatever gets us through. A bit of laughter, a kindness given or received, these are small things, but they help us.

Optimism only goes so far, however. We need to be pro–active with our politicians. This is an election year. Be wary of the misrepresentations, do your due diligence, read up on both sides of an issue. Do not depend on just one source for your news. Get involved in local politics; it is a great training ground. Advocate for your passion, be it mental health issues, child welfare, animal rights, etc. So many causes, so little time! Volunteer whenever able, contribute when you can. Remember, this country has seen worse times, and the people were able to overcome in spite of the politics. Let's trump that with optimism and hard work.

Peace,

Judy Sturm

I'm Here **by Carol Schweiger**

I'm in here, but I've been blessed,
My outside can look so distressed,
To those who knew me long before
An unknown force opened the door:
Taking my mind, shaking it up.
Now life's maneuvers can be tough.
Calls to friends to say hello
Go by ignored which hurts me so.
My heart feels broke but all I know
Is that I must push on or go
Straight down a path of no return.
Keep my chin up, do not turn,
Or I will lose sight of my path
To learn how to escape the wrath
Of dark caverns, deeply distressed,
And wild, high sprees so unsurpassed
That when I crash, fall to the ground
And hit so hard I can't rebound.
So I hold onto help I've found,
DBSA makes my world go round!

Memories or Goals *continued from previous page*

ment and involvement in community activities are frequently key elements in Adlerian therapy.

It appears that Adlerian psychology has something important to say to us. Although the past happened and although a mental disorder may be part of our lives as part of heredity, how do we wish to deal with it.? Some people dwell on unfortunate causes and past events; some people deny. The challenge of Adlerian thought is to move forward, to set up positive goals for the future, and to work toward those goals in a real and purposeful way. Much of DBSA-GC's philosophy and programs are built on these ideas. This is the place to come. We can help you to set up your goals and successfully achieve them. Please join us as often as your life style permits and become a member of our social community of support, resource, education, and encouragement.

The Spectrum Staff

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The Spectrum, Volume 26 , Number 1, January–February 2012,

All contributions are encouraged. *The Spectrum's* contents are not intended to provide advice for individual problems. Such advice should be offered only by a person familiar with the detailed circumstance in which the problem arises. Please direct submissions including "Ask the Doctor" questions to editor: jurowicz@aol . com

DBSA–GC Mission Statement

The Depression and Bipolar Support Alliance–Greater Chicago, a non-profit, self-help group of lay persons, endeavors to help people whose lives are affected by mood disorders to better their lives**:**

By offering emotional support and practical advice for dealing with the illness.

By educating those with the illness, their families and friends, government officials, and the general public as to the causes, symptoms, treatments, and the personal and social costs of mood disorders.

By counteracting the isolation caused by such illness, providing a sense of community, sharing the experience of the illness and its management.

By restoring self-esteem so as to empower members to live responsibly, to be fulfilled, and with as much enjoyment as can be achieved.

January 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 HAPPY NEW YEAR	2 Evanston Hospital Support Group 6:30 pm	3 Evanston Hospital Support Group 3:00 pm	4 Palatine Support Group 7:00 pm	5 Northwestern Support Group 6:30 pm	6	7
8	9 Chicago Devon Bank Educational Meeting 7:15 pm	10	11	12	13	14
15	16 Board Meeting 7:00 pm	17 Evanston Hospital Support Group 3:00 pm	18 Palatine Support Group 7:00 pm	19 Northwestern Support Group 6:30 pm	20	21
22	23 Chicago Support Groups 7:15 pm	24	25	26	27	28
29	30	31				

February 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Palatine Support Group 7:00 pm	2 Northwestern Support Group 6:30 pm	3	4
5	6 Evanston Hospital Support Group 6:30 pm	7 Evanston Hospital Support Group 3:00 pm	8	9	10	11
12	13 Chicago Devon Bank Educational Meeting 7:15 pm	14 HAPPY VALENTINES DAY	15 Palatine Support Group 7:00 pm	16 Northwestern Support Group 6:30 pm	17	18
19	20 Board Meeting 7:00 pm	21 Evanston Hospital Support Group 3:00 pm	22	23	24	25
26	27 Chicago Support Groups 7:15 pm	28	29 LEAP YEAR DAY			

Event Locations

Chicago—Devon Bank, 6445 N. Western Ave., (Lower Level), Chicago, Illinois
Educational Meeting–2nd Monday of the month
Support Groups–4th Monday of the month

Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois
Support Groups–1st Monday (Room G-952)and 1st & 3rd Tuesdays of the month [check main desk for room].

Northwestern Hospital, Feinberg Pavilion, 251 E. Huron St., Room 2–716, Chicago, Illinois
Support Group–1st & 3rd Thursdays of the month

Palatine Public Library, 700 N. North Court, Meeting Room 3, Palatine, Illinois - Support Group–1st & 3rd Wednesdays of the month

For More Information

Visit the DBSA–GC website, www.dbsa–gc.org

For the national DBSA, www.dbsalliance.org

Contact DBSA–GC

Phone: (773) 465–3280

Fax: (773) 465–3385

E-mail: wecanhelp@dbsa–gc.org

DBSA–GC appreciates the generosity of the Devon Bank for donating space for many of our programs, Northwestern Memorial Hospital, Evanston Hospital, Palatine Public Library, and Chicago Lakeshore Hospital for providing meeting places for monthly meetings, and Evanston Hospital for the use of their Frank Auditorium for our annual Symposium. We thank you all.

Therapy 101: A Brief Look at Modern Psychotherapy Techniques & How They Can Help

By John Jurowicz, PhD

Quoting from the back cover, "everything you always wanted to know about therapy, and a few things you could never have imagined."

I discovered this small 166 page book by Jeffrey and Minnie Wood in a suburban library and subsequently bought my own inexpensive copy through the internet. It can easily fit into a coat pocket. *Therapy 101* was written primarily for mental health consumers, but professionals also will find it useful as a handy reference.

Therapy 101 begins with an introduction covering such topics as common and treatable mental health problems, choosing the right therapist, how to determine if your therapy is working, and common factors of various therapies. Although all of this information is contained in 24 pages, coverage of the material is surprisingly complete.

Each of the major talk therapies is grouped with similar others into chapters with titles such as *Treatments Supported by Research, Humanistic Treatments, Insight Oriented Treatment,* and even *Famously Failed Therapies.* One chapter is devoted to historically newer treatments such as *Dialectical Behavior Therapy, Motivational Interviewing,* and *Acceptance and Commitment Therapy.* There also is a chapter with medication information and one covering exercise, nutrition, and stress.

This little book covers it all, and then some. At the end of each therapy's brief coverage are websites that the reader can use for more information.

Therapy 101 also offers "Now you try it" exercises for the consumer to try at home or for the mental health professional to suggest to a client. Each exercise is presented in a shaded rectangular box, and the exercise is related to the treatment theory being described. For example, following the explanation of Transpersonal Psychology is the following "Now you try it" box which addresses the reader to "describe your own big picture" philosophy or spiritual beliefs. How do they influence the way you live? Ideally, how would you like them to influence your life?" (p. 83). Following Alfred Adler's Individual Psychology is this exercise: "Contemplate the goal or goals that are influencing your life. Record some ideas about how those goals are influencing the decisions you make in your life. Are those decisions making your life more fulfilling or more distressing? If necessary, how might changing your goals affect the decisions you make, and therefore, how you live your life?" (p.93).

The section describing Cognitive Behavioral Therapy offered the following exercise: "Think of something that's been bothering you lately. Write a sentence or two summarizing the situation and describe how it makes you feel and what your thoughts are about the situation. Then record the evidence that supports how you think about it and the evidence that contradicts how you think about it. Now write a more balanced thought that incorporates all the evidence. Did writing this change the way you feel about the situation that's bothering you?" (p.37).

A brief exercise following Brief Psychodynamic Therapy asks you to "record five worst habits and describe how they interfere with your relationships. What needs to be changes and how could you do it?" (p.32).

These exercises can be done individually and some can be done in a group setting. There are many more of these exercises in *Therapy 101.* I hope that this brief review has piqued the reader's interest enough to get a copy of the book and benefit from its many possibilities. It is certainly worth adding to your personal mental health library.

Therapy 101 was published in 2008 by New Harbinger Publications.

Speaking of resources, I have compiled a five page bibliography of books and articles related to bipolar and depression. These are resources that I have used, and many of them are available in a good public library. I will email you a copy upon request. Send your e-mail address to me at: jurowicz@aol.com

Health Tips

Just For the Taste of It

By Miriam Silvergleid

The use of salt in food is nothing new. There is evidence of salt use from pre-historic times and throughout history. Salt is part of many cultural and religious practices. It is found in our oceans as well as in mines, left there when ancient seas evaporated. We use it for taste, but many medical and dietary experts believe that we should use it with caution.

The Food and Fitness Advisor of Weill Cornell Medical College's newsletter states that according to the Federal Drug Administration, salt is recognized as generally safe to eat. However, too much salt puts us at risk of kidney failure, hypertension, and cardiovascular disease.

The human body needs sodium, one of the components of salt, to help maintain the correct balance of fluids in the body, help transmit nerve impulses, and help with the movement of muscles. The kidneys regulate the amount of sodium in the body. If the kidneys cannot get rid of the extra salt, it can build up. The blood then holds more water, and blood volume increases making the heart work harder.

Mark Steven Pecker, MD, professor of clinical medicine in Weill's Division of Hypertension, points out that the human body needs some salt to function properly. It

Please see **Just or the Taste of It** *on the next page*

Ask the Doctor

Please send your *Ask the Doctor* questions to the editor: jurowicz@aol.com
All questions are welcome.

Q: Does depression ever go away?
Will meds be needed forever?

A: My patients suffering from depression often ask if their condition will go away by itself over time. They also frequently inquire as to whether medication will be needed for a limited length of time or for a lifetime.

The answers can be very tricky, as there are a number of forms of depression, ranging from mild situational depression to the severe chronic variety. With mild situational depression there is some environmental trigger, such as a death, divorce or other negative life event, that contributes to a feeling of sadness and/or hopelessness. While symptoms of depression such as problems with sleep, concentration, and memory, might occur, they are temporary. For example, recently much situational depression has come about as a result of the economy. Many people are out of work, and many are in danger of losing their homes as well as their livelihood. With this level of anxiety, mild depression is quite prevalent. Often, these people do not seek out professional treatment and their depression lifts over time, usually when they "accept" the life situation or the life situation improves. Some do seek out professional help, and with appropriate medication and cognitive-behavioral psychotherapy, the depression is usually alleviated in six to nine months.

However, with chronic depression, especially severe, the depression is of a physiological as well as psychological nature. In these cases the triggers occur more often, the negative thoughts and feelings are more severe, and the person is far less able to function adequately. A person suffering from severe depression might also suffer from sleep deprivation, free floating anxiety, OCD and other symptomatic behavior patterns. Many of these people will have been hospitalized one or more times. Persons with severe depression of a chronic nature will most likely need to take medication indefinitely, usually for their entire life.

So, early differential diagnosis of depression is a most important first step in treatment. This diagnosis leads to an appropriate treatment regimen. With mild depression, especially situational, cognitive-behavioral therapy may be the only recommendation for treatment. With moderate to severe depression with a physiological component, medication will be recommended, as well as individual and group therapy.

There also may be a family component to depression, either situational and environmental, or hereditary. A differential diagnosis will also assess the advent of such additional stressors and their contribution to the type and severity of the depression. In many cases, family treatment is also highly recommended to alter the toxic environment.

So, a simple question becomes complicated. Early adequate differential diagnosis will initiate the process of a proper comprehensive treatment paradigm, leading to the decisions about how long depression might last and how long medication is recommended. As always, I continue to recommend the DBSA website for further information, as well as DBSA support groups to learn of the experiences of others with similar questions and concerns.

Dr. Manuel S. Silverman

Just For the Taste of It *continued from the previous page*

is essential for life, but people with certain medical issues, such as rising blood pressure, must learn and be able to adapt to needed changes in salt consumption. For these people, a low salt diet may be helpful.

The salt shaker only provides a minimum of our salt intake. The majority comes from processed foods such as soups, dairy products, and baked goods. Salt is an ingredient in these foods to help with preservation and to enhance flavor and texture. Look for the sodium content on the label. The Weill newsletter points out that since salt is such a ubiquitous ingredient in foods, we have become accustomed to it, and since our sense of smell becomes less sharp as we age, we become more reliant on taste, making salt even more important.

The 2010 Dietary Guidelines for Americans recommend that we limit salt consumption to no more than 2,300 mg . per day, which is about one teaspoon. Elderly people with hypertension and African Americans are advised to keep their intake at 1,500 mg. or less per day.

Although salt is necessary, it can be too much of a good thing. Management of our salt intake can lead to a healthier and longer life.

Educational Meetings Report

by Hank Trenkle, PCSS

Peer Support Specialists, November 14, 2011

The speaker for our November education meeting was Lisa Goodale, ACSW, LSW and VP of training for DBSA National. She began her talk with giving a history of DBSA and reminded us that the first chapter was our own DBSA–GC.

She stated that National does not advocate any specific treatment plan and that includes medication, therapy or diet. National is an unbiased source of information and is staffed with people with mood disorders. National's board consists of 25 people and half of that number has to have a mood disorder. Currently, National is heavily involved in teaching people with mood disorders to become Peer Specialists. This training involves teaching prospective Peer Specialists to develop good listening skills and not to tell patients what to do, but, rather, have the patients state what their definition of recovery is and have the patients talk about what in their life they are dissatisfied with, and then have the patients state their own ways to overcome this dissatisfaction. Peer Specialists are employed in V.A. hospitals, hospitals, and homeless shelters. This mode of treatment started in Georgia.

Ms. Goodale advocated keeping a daily chart to monitor a person's moods so this information can be shown to a doctor. This chart/calendar can chart a person's mood, sleep and life events.

What is needed are more patients willing to work with researchers so more can be learned about the illnesses. The University of Michigan's steering committee for research did not receive millions of dollars for research as they could not find enough volunteers for a study.

There is information on National's web site regarding research projects and information on how to live successfully with a mood disorder. You can view it at :

www.dbsalliance.org

The Four Stages of Bipolar Recovery

by John Jurowicz, PhD

The following stages are taken from *The Bipolar Handbook: Real-life Questions with Up-to-Date Answers* (2006) by Wes Burgess. At what stage do you find yourself? What do you need to do to get to the next stage?

Stage 1 – Accepting that there is something wrong with you that requires treatment.

Affirmation: "I am not perfect"

Stage 2 - Accepting that you must take medication and make sacrifices every day to maintain your health.

Affirmation: "I cannot always know what is best for me. I must follow rules that I did not make up."

Stage 3 - Accepting that you truly have a disease called bipolar disorder that will never go away.

Affirmation: "My life will not be flawless, but I will work to ensure that my life is good."

Stage 4 - Accepting that you make a lifetime commitment to learn all you can about bipolar disorder and taking responsibility for the details of your health at all times.

Affirmation: "I cannot rely on fate. I will take responsibility for myself and create my own destiny."

January & February Educational Meetings

DEVON BANK (LOWER LEVEL) 6445 N. WESTERN AVE. AT 7:15 PM

January 9th Educational Meeting

Diet and Mood Disorders, Does and Don'ts

Our January 9th speaker will be Alisa Levine, RD, LDN, a registered dietician, and independent nutrition practitioner. Her specialty is education in nutrition for wellness and disease prevention in the adult population. She will speak on the best diet for people with mood disorders and how proper nutrition can help those with the illnesses of depression, bipolar disorder, and anxiety disorders.

While we all know the role nutritious and healthy food plays in our general health, we also know that many of the available medications are accompanied by side effects that can cause serious weight gain. Alisa Levine will speak to this issue and answer the many questions we may have regarding what we should be eating and what we should avoid. This will be a presentation that promises to benefit us all.

PLEASE NOTE: ONE (1) CEU IS NOW AVAILABLE AT EACH EDUCATIONAL MEETING TO PROFESSIONAL ATTENDEES FOR NO CHARGE. JUST ASK AT THE MEETING.

February 13th Educational Meeting

Fred Friedman, His Personal Journey, and Yours

Our February 13th speaker will be our own Fred Friedman, JD. Fred is a member of DBSA-GC's Board of Directors as well as those of Thresholds, NAMI, and Next Steps, an organization he founded. He is well known as an advocate for mental health in Chicago, Illinois, and nationally. Current legal, political, and recovery issues that are critically important in mental health circles today are always part of his agenda.

His talk will center about his three take-a-ways: First, anyone can get sick and getting sick can have disastrous consequences. Second, anyone can get better. And third, it is your responsibility to make it better. Fred's personal journey from a practicing civil rights attorney to homelessness and recovery, and the way he shares his insights and acquired experiences means that we should all be there and share the evening with him on February 13th.

Depression and Bipolar Support Alliance—Greater Chicago Membership & Donation Form

Please mail with your check to: DBSA-GC, 6666 N. Western Avenue, Chicago, IL 60645-5024

Circle: **NEW**, **RENEWAL**, and/or **DONATION**

For new membership or renewal, please check one**:**

INDIVIDUAL	**$ 20** ____
FAMILY	**$ 30** ____
PROFESSIONAL	**$ 50** ____
LIFETIME	**$250** ____

If a donation, please check:

□ DBSA-GC may publicly acknowledge this gift.

□ Please keep my gift anonymous.

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Evanston Hospital

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NEW OPPORTUNITIES FOR INFORMATION AND INTERACTION

ASK THE DOCTOR

A new DBSA-GC weekly call-in television program on CAN-TV, Channel 21,

Thursdays at 4:00 pm,

hosted by our resident doctor, Manny Silverman,

with help from Valerie Shepherd and Carol Schweiger.

Viewers will have the opportunity to gain knowledge of DBSA-GC, our programs,

and cutting-edge approaches in the field of mental health.

EVANSTON HOSPITAL 3:00 PM SUPPORT GROUP NOW TWICE A MONTH

We are happy to announce that in January our Evanston Hospital afternoon Support Group will expand to two afternoon sessions per month. We will now meet on both the 1st and 3rd Tuesdays of each month at 3:00 pm. Check at the hospital's main desk for the room assignment. (More information is on page 3.)